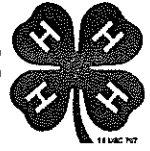




2014-2015 Wisconsin 4-H Member Enrollment

Please Print Information



Family Email _____ 4-H Club _____
 Last Name _____ First Name _____ MI _____
 Street / Mailing Address _____
 City _____ State _____ Zip _____
 Date of Birth ____/____/____ Gender: Male Female
 Home Phone (____) _____ Cell Phone (____) _____
 I Prefer: USPS Mail E-mail Communication
 I wish to receive notices via text message: Yes No Cell Phone Company _____
 Year in 4-H (Incl. this yr.) _____ Member Email (if different from family): _____

Parent/Guardian(s) Residing at the Same Address as the Member

Name(s) _____	_____
Cell Phone (____) _____	_____
Work Phone (____) _____	_____
E-mail _____	_____

Parent/Guardian(s) Residing at a Different Address From the Member

Send correspondence to this household: Yes No via: USPS Mail E-mail Communication

Parent/Guardian Name(s) _____
 Home Phone (____) _____
 Street / Mailing Address _____
 City _____ State _____ Zip _____
 Parent/Guardian's E-mail _____

Emergency Contact Name(s) _____ Relationship to Member _____
 Home Phone (____) _____ Cell Phone (____) _____

Ethnicity (Check one): Hispanic or Latino **OR** Not Hispanic or Latino

Race (Check all that apply): White Black or African American
American Indian or Alaskan Native Asian
Native Hawaiian or Other Pacific Islander Prefer Not to State

Residence: Farm Rural Non-Farm or Town less than 10,000 Town/City 10,000-50,000
Suburb of City over 50,000 City over 50,000

Are you a leadership position (Youth Leader, Club Officer, etc.)?: Yes No

If yes, what is your leadership role? _____

Is your parent/guardian/sibling

a member of the military? Yes No If yes, Which Branch? _____

Grade _____ School Name _____



An EEO/AA employer, the University of Wisconsin-Extension provides equal opportunities in employment and Cooperative Extension programming including Title IX and American with Disabilities Requirements.



2014-2015 Wisconsin 4-H Member Enrollment



Please Print Information

Yes No I grant 4-H Youth Development, UW-Extension and the University of Wisconsin Board of Regents the right to publish, and copyright my image (including audio, moving image or photography) for educational programs, websites, and promotion of its programs.

Yes No I require an accommodation for a disability to participate in this program.

Project Enrollment

<u>Year in Project</u>	<u>Project</u>	<u>Need Literature</u>
_____	_____	Yes or No
_____	_____	Yes or No
_____	_____	Yes or No
_____	_____	Yes or No
_____	_____	Yes or No
_____	_____	Yes or No
_____	_____	Yes or No
_____	_____	Yes or No
_____	_____	Yes or No
_____	_____	Yes or No
_____	_____	Yes or No
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_____	_____	Yes or No
_____	_____	Yes or No
_____	_____	Yes or No
_____	_____	Yes or No
_____	_____	Yes or No
_____	_____	Yes or No
_____	_____	Yes or No
_____	_____	Yes or No
_____	_____	Yes or No
_____	_____	Yes or No
_____	_____	Yes or No

Member Signature _____ Leader Signature _____

Parent/Guardian Signature _____ Date _____

Agreement for Assumption of Risk, Indemnification, Release, and Consent for Emergency Treatment

I, _____ (print name), age _____, desire to participate voluntarily in the _____ County 4-H Youth Development programs conducted by the _____ County UW Extension, _____ County 4-H Leaders' Association, Inc., and the Board of Regents of the University of Wisconsin System, doing business as the University of Wisconsin – Extension.

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT THE _____ COUNTY 4-H YOUTH DEVELOPMENT _____ OF THE UW-EXTENSION AT TELEPHONE NUMBER _____.

Assumption of Risks:

I understand that not all risks can be foreseen and there are some risks which are unpredictable. I understand that certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I am aware of the risks of participation, which include, but are not limited to, the possibility of physical injury, fatigue, bruises, contusions, broken bones, concussion, paralysis, and even death. I understand that the county and university have advised me to seek the advice of my physician before participating in the _____ County 4-H Youth Development program. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for my by the _____ County UW Extension, _____ County 4-H Leaders' Association, Inc., or the Board of Regents of the University of Wisconsin System. **I know, understand, and appreciate the risks that are inherent in the above-listed programs and activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

Signature: _____ Date: _____
(Parent or Guardian must sign if participant is under 18*)

Hold Harmless, Indemnity and Release:

In consideration of my participation in these activities, I, for myself, spouse, heirs, personal representatives, estate or assigns, agree to defend, hold harmless, indemnify and release, the _____ County UW Extension, _____ County 4-H Leaders' Association, Inc., the Board of Regents of the University of Wisconsin System and their officers, employees, agents and volunteers who are involved, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the above-listed program. This release includes claims based on the negligence of the _____ County UW Extension, _____ County 4-H Leaders' Association, Inc., the Board of Regents of the University of Wisconsin System and their officers, employees, agents and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. **I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.**

Signature: _____ Date: _____
(Parent or Guardian must sign if participant is under 18*)

Consent for Emergency Treatment:

I authorize the _____ County UW Extension, _____ County 4-H Leaders' Association, Inc., or the Board of Regents of the University of Wisconsin System and their designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Signature: _____ Date: _____
(Parent or Guardian must sign if participant is under 18*)

*If your son, daughter or ward will be under 18 while participating in the _____ County 4-H Youth Development program at the University of Wisconsin – Extension it is our policy to request your agreement to the above terms, on behalf of your minor son, daughter or ward.

Wisconsin 4-H Youth Development Code of Conduct

As a 4-H participant, I will:

- adhere to program rules, curfews, dress codes, policies, and rules of the facility being used.
- conduct myself in a courteous, respectful manner, use appropriate language, exhibit good sportsmanship, and provide a positive role model.
- comply with local, state and federal laws.
- abstain from use of alcohol, illicit drugs, and tobacco during 4-H events and activities.
- fully participate in scheduled activities and orientations.
- respect others' property and privacy rights.
- abstain from child abuse (physical, sexual, emotional and neglect), harassment, hazing and bullying.
- accept personal responsibility for behavior including any financial damage.
- adhere to safety rules .

Consequences for violating any part of this Code of Conduct may include, but are not limited to:

- removal from participation in the event in which the Code of Conduct has been violated (at the individual's expense).
- suspension of membership.
- sanctions on participation in future 4-H events.
- forfeiture or repayment of financial support for the event.
- removal from leadership positions held.
- loss of status as a "member in good standing."

It is the responsibility of all program participants to reinforce the code of conduct and intervene when necessary to enforce the rules.

I have shared the code of conduct with my son, daughter or ward. We have read, understand, and agree to the above.

Member Signature _____ **Date** _____

Parent Signature _____ **Date** _____