

Name: _____ 4-H County: _____ 4-H District: _____ Program Year: 20____



Florida 4-H Participation Form



Note: This form must be completed by the participant and/or parent/guardian in order to participate in the 4-H program. **All items must be completed, if the response is not applicable, indicate by using N/A.** This form must be present while traveling to, and during each event. Failure to complete this form in its entirety will result in the person being ineligible to participate in 4-H activities.

Name _____ Birth Date: ____/____/____ 4-H Age: _____
Last First

Home Address: _____ ☐ Youth ☐ Adult ☐ Female ☐ Male

City, State, Zip: _____ Home Phone: (____) _____

Primary Emergency Contact: _____ Work Phone: (____) _____

Email: _____ Cell Phone: (____) _____

Alternate Emergency Contact: _____ Telephone: (____) _____

Name of Family Doctor: _____ Work Phone: (____) _____

Health Insurance Company: _____ Policy #: _____

Name of Insured: _____ Relationship to Participant: _____

Health History

Does the participant, have, or at any time had, any of the following? Check "Yes" or "No" for each item. Please explain "Yes" answers (noting the # of the item) in the space below or on an additional sheet of paper if necessary. Reporting conditions will not prevent a person from attending and will be kept confidential.

- | | Yes | No |
|-----------------------------------|--------------------------|--------------------------|
| 1) Asthma..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Bronchitis | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Convulsions..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Diabetes | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Ear Infection..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Fainting..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Heart Condition | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Headaches..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) Hypoglycemia | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) Serious Insect Stings..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 11) Wear Glasses | <input type="checkbox"/> | <input type="checkbox"/> |
| 12) Wear Contact Lenses..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 13) Penicillin Allergy | <input type="checkbox"/> | <input type="checkbox"/> |
| 14) Aspirin Allergy | <input type="checkbox"/> | <input type="checkbox"/> |
| 15) Tetanus Allergy | <input type="checkbox"/> | <input type="checkbox"/> |
| 16) Other Drug Allergies..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 17) Food Allergies..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 18) Poison Ivy, Oak or Sumac..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 19) Other Allergies..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 20) Other Health Conditions..... | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain "Yes" answers and provide information on recent medical issues (including injuries and surgeries), allergies reactions, special dietary regulations, present medications, any specific activities to be restricted and other comments.

The following over-the-counter medications may be administered to my child, without contacting me.

- | | | | |
|--|------------------------------------|--|--|
| <input type="checkbox"/> Antihistamine | <input type="checkbox"/> Antacid | <input type="checkbox"/> Ibuprofen (Advil) | <input type="checkbox"/> Acetaminophen (Tylenol) |
| <input type="checkbox"/> Decongestant | <input type="checkbox"/> Dramamine | <input type="checkbox"/> Hydrocortisone | <input type="checkbox"/> Polysporin (topical antibiotic) |
| <input type="checkbox"/> Other _____ <input type="checkbox"/> Please contact me for permission to administer ANY over-the-counter medications. | | | |

Parent/Guardian Signature: _____ Date: _____

You must complete both sides.

Last Name: _____ First Name: _____ 4-H County: _____

Florida 4-H Participation Form: Youth and Adults

Official Authorizations

Florida 4-H Events—Youth/Adult Code of Conduct: As a participant in Florida 4-H Events, I have the responsibility of representing Florida 4-H programs to the public. I am expected to conduct myself in a manner that will bring honor to me, my family and 4-H. To do that I must: 1) obey local, state and federal laws. Follow policies set for county, district, state or national 4-H youth programs. I am responsible to know the rules for the event. 2) Speak and act in a responsible, courteous and respectful way. 3) Act responsibly to maintain a safe environment for all participants. Report threats to the well being of a participant. 4) Know that the use or possession of tobacco, alcohol and illegal drugs is prohibited at all 4-H events. 5) Know that the possession or use of firearms is prohibited, except when part of an approved shooting sports educational program. 6) Respect all persons, facilities and vehicles. I will be responsible for any damage caused resulting from my behavior. Know that harassment of any type is illegal. 7) Help others have a pleasant experience by making every attempt to include all participants in activities. 8) Be in the assigned program areas (example—dorms, cabins, programs etc.) at all times. If I am unable to attend, I will tell the adult in charge. 9) Dress appropriately for each event. 10) Not use a cell phone during any scheduled events.

Participant: Yes ☐ No ☐ I have read the Florida 4-H Code of Conduct above and agree to live up to the expectations. I realize my failure to do so could result in a loss of privileges during the event and in the future.

Verification by Parent/Guardian or Adult Participant—

Yes ☐ No ☐ I understand and agree to the Florida 4-H Events Youth/Adult Code of Conduct above—considered a Parent/Guardian or Adult Participant Signature.

Medical Release: I understand participants will be supervised and that, if serious illness or injury develops, medical and/or hospital care will be given. I hereby give my permission to the attending physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child, or myself and affirm that the information set forth in the Health History is true and correct to the best of my knowledge and belief. I realize the event's insurance will cover only a portion of the medical costs and I, or my personal insurance, may be responsible for the remaining expenses. You must complete the medical information on the back of this sheet.

Yes ☐ No ☐ I understand & Agree to the Medical Release, considered a Parent/Guardian or Adult Participant Signature.

General Release: I hereby release the Florida 4-H Foundation, local extension boards, the University of Florida, the State of Florida, and their agents, trustees, officers and employees, from all claims, demands and causes of actions of any kind, including the claims of negligence, which may arise from participation of myself or my minor child in any Florida 4-H sponsored activity, and this release is specifically granted in consideration of the services, programs and activities being provided by Florida 4-H.

Yes ☐ No ☐ I understand and agree to the General Release—considered a Parent/Adult or Adult Participant Signature.

If you, or your child, may not participate in any of the below items you must ☒ "No".

Publicity Release: I authorize UF IFAS Extension and the Florida 4-H Foundation or their assignees to record and photograph my image and/or voice (or that of my child if under 18) for use in research, educational and promotional programs. I also recognize that these audio, video and image recordings are the property of UF IFAS Extension and the Florida 4-H Foundation.

☐ No, I do not authorize use of my—or my child's individual image or voice.

Survey & Evaluation Release: I hereby establish my willingness to participate as an adult (i.e. 4-H leader, other volunteer, parent/guardian, site manager, etc.) and give permission for my child (under 18 years of age) to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program. I understand that participation in surveys and evaluations is voluntary and that my child and I may choose not to participate and may withdraw from surveys and evaluations without impact on my or my child's eligibility to participate in the 4-H program. I understand that my child or I may be asked for consent before completing a survey or an evaluation.

☐ No, I am not willing to participate—or give permission for my child to participate—in any program evaluation.

Member Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

You must complete both sides.

Directions for Florida 4-H

Participation Form

This form is to be completed at least once per year for all 4-H members. Adults are required to use this form for state events and activities. All participants should review and update their form before each out-of-county event. Below are explanations for sections where questions are anticipated.

Date of Birth and Age: Optional for adults.

Primary Emergency Contact: Parent or Guardian of youth; Spouse, or other contact for adults.

County/District: Where participant is enrolled or registered for 4-H; not necessarily the county they live in.

Address: Participant's primary mailing address.

E-mail: for Individual youth is optional, but useful for activity coordinators.

A **Family E-mail** is required for access to online enrollment.

Alternate Emergency Contact: Someone other than the Primary Emergency Contact. Please include their phone number to the right of their name.

Family Doctor: If consultation is needed, please include the doctor's phone number to the right of their name.

Name of Insured: List the individual who the insurance is provided through. Relationship could be: self, father, mother, spouse, etc. Please note the event's insurance will only cover a portion of the individual's medical costs and you, or your personal insurance, may be responsible for additional expenses.

Health History: This section is important to help the activity coordinators and health care providers be aware of serious or special medical issues and diagnose problems. It is the parents' or participants' responsibility to keep this and other sections current. Please use the blank/lined section to provide details on any serious conditions that need explanation. Be sure to include any medications the participant is currently using.

Youth/Adult Code of Conduct: All participants (regardless of age) must read and sign this section. Adults are included in this section for the purpose of maintaining effective role models and chaperones.

Publicity Release: Only needs to be checked if the participant refuses to allow their voice or image to be recorded.

Survey and Evaluation Release: This permission only needs to be checked if the participant refuses to be involved in any program evaluation.

Verification: Must be signed by adult participants, parents, or guardians. Youth participants 18 years and older may sign, but a parent or guardian signature is preferred.