

Postal Mail Email

Name	County	Family Email	Correspondence Pref.
First Name		Last Name	
Preferred Name		Mailing Address	
City		State	
Zip Code		Birth Date	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Primary Phone	
Cell Phone		Work Phone	

Parent / Guardian 1

First Name	Last Name
Cell Phone	Work Phone
Work Extension	

Parent / Guardian 2

First Name	Last Name
Cell Phone	Work Phone
Work Extension	Address
Address 2	City
State	Zip Code
Home Phone	Email

Second Household

Send Correspondence <input type="checkbox"/> No <input type="checkbox"/> Yes	Correspondence Pref. <input type="checkbox"/> Postal Mail <input type="checkbox"/> Email
Family Name	First Names
Primary Phone	Mailing Title
Address	Address 2
City	State
Zip Code	Email

Emergency Contact

Name	Phone
Email	Relationship

Enrollment

Ethnicity	Are you of Hispanic ethnicity? <input type="checkbox"/> No <input type="checkbox"/> Yes	(please indicate both an ethnicity and race)
Race	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Prefer Not to State
Residence	<input type="checkbox"/> Farm (rural area where agricultural products are sold) <input type="checkbox"/> Town under 10,000 and rural non-farm <input type="checkbox"/> Town / City 10,000 - 50,000 and its suburbs	<input type="checkbox"/> Suburb of city more than 50,000 <input type="checkbox"/> Central city more than 50,000
Military	<input type="checkbox"/> No one in my family is serving in the military <input type="checkbox"/> I have a sibling serving in the military	<input type="checkbox"/> I have a parent serving in the military
Branch	<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> DOD Civilian <input type="checkbox"/> Marines <input type="checkbox"/> Navy	

4hOnline

Component Active Duty National Guard Reserves

Grade _____ **School Name** _____

School Type Public School Private Homeschool / Alternative
 School Special Magnet / Specialized School
 Education Vocational Charter School
 Education

Clubs

Enroll	Club	Volunteer Title
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<input type="checkbox"/>		

Projects

Enroll	Project	Club	Volunteer Title	Years In
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<input type="checkbox"/>				

Member Signature _____ **Date** _____

Parent / Guardian Signature _____ **Date** _____



Please Print

First Name:		Last Name:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Age:
Address:			
City/State:		Zip Code:	County:
Home/Work Phone:	Cell Phone:	Email:	
As a participant do you need an accommodation for a disability? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, please list:		Do you have any food allergies? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, please list:	

New Mexico 4-H Code of Conduct

I pledge my Head to clearer thinking, means a 4-H'er is committed to learn the knowledge and skills to enable them to make wise decisions through opportunities that develop independence. By gaining a sense of independence, the 4-H'er is committed to exercise self-discipline, personal responsibility and become an independent thinker. Therefore, the youth, by signing this contract, agrees to conduct him or herself in a responsible manner and abide by all expectations as stated. **Participation may be terminated at the discretion of authorized CES Agent or the State 4-H Program Leader pursuant to rules and regulations established by New Mexico 4-H.**

Expectations

- Possession or consumption of alcoholic beverages is prohibited.
- Possession or use of harmful non-prescribed drugs is prohibited.
- Smoking or using other tobacco products is prohibited.
- Participants will show respect for the property and facilities used during the event and will assume financial responsibility for any damages they cause.
- Unauthorized absence from the event premises is not permitted.
- Participants will observe the curfew times as set forth in the event program and remain in their assigned room. Boys and girls are not allowed to be in each other's rooms for any reason.
- Participants will adhere to the State and National 4-H Event Clothing Guidelines.
- Participants will not threaten physical harm or take action with physical harm or verbal abuse.
- Cheating or misrepresentation at any 4-H event is prohibited.
- Participants will adhere to any and all rules at the designated 4-H event they are attending.

If I break this agreement, I understand the following disciplinary actions will be taken:

- I will be sent home immediately at my own expense and forfeit all 4-H awards and trips.
- I will be suspended from attending any State 4-H event for one year (defined as through that same event the following year) from the time of infraction.
- I will not be allowed at any time during the suspension year to represent 4-H in any leadership position on the county, state, or national level.
- I will not be allowed to represent 4-H at any state, regional, or national event during the suspension year.
- Second offenders will be ineligible to participate in any state, regional, or national event or hold a leadership position for the remainder of their 4-H career.
- I understand that the consumption, possession, or use of alcohol or harmful non-prescribed drugs by a minor is against the law, and I know that I may be reported to the proper authorities.
- I understand that failure to adhere to this agreement may result in disenrollment from the New Mexico 4-H Program.

*For additional information or clarification related to conduct expectations or disciplinary actions refer to the New Mexico 4-H Policies and Procedures Manual.

I understand that my behavior affects the entire 4-H Community and that I represent myself, my club, county and state 4-H program as well as the overall 4-H Youth Development Program. I have read and understand the expectations and penalties related to the Code of Conduct.

4-H Member's Signature

Date

Parent/Guardian Agreement of Expectations

I have read and understand the expectations and penalties related to the Code of Conduct and agree to be bound by them.

Parent/Guardian Signature (Must be signed by parent or guardian)

Date



New Mexico 4-H Media Release

Participants in NMSU, Cooperative Extension Service, 4-H Youth Development Program events are sometimes photographed and videotaped for use in NMSU promotional and educational materials. I authorize New Mexico State University to record and photograph the image and/or voice of my child for use by New Mexico State University or its assignees in research, educational, and promotional programs. I understand and agree that these audio, video, film, digital, and/or print images may be edited, duplicated, distributed, reproduced, broadcast, used in electronic and web media, and/or reformatted in any form and manner without payment of fees, in perpetuity. If you DO NOT consent to media release, please initial this line _____

New Mexico 4-H Medical Information
Medical Emergency Contact Information

Form with fields for Name, Relationship, Phone, and Alternate Phone for both parent/guardian and participant.

Physician & Insurance Policy Information

Form with fields for health insurance status, insurance company, policy number, policy holder name, physician name, and physician phone.

Health Information

Please indicate if the youth has any of the following medical conditions (check all that apply):

Table with medical conditions: Asthma, Hay Fever, Bronchitis, Fainting Spells, Skin Disease, Ear Infections, Migraine Headaches, Convulsions/Seizures, Muscular/Skeletal, Eye/Ear/Nose/Throat, Diabetes/Hypoglycemia, Stomach/Intestinal, Heart/Cardio Vascular, Emotional/Mental Disorders, Chronic Bone, Muscle or Joint Injuries.

Allergies or Reactions (check all that apply):

Form with fields for Aspirin, Insect Bites/Stings, Penicillin, Ivy/Oak/Sumac, Dairy, Other (please list), Gluten, and Peanuts.

Please list any medications (prescription or non-prescription) the youth is currently taking:

Release of Liability and Medical Authorizations

The health history/special accommodation needs provided is correct and complete to my knowledge. I understand that should information change throughout the course of the 4-H program year, I am responsible for updating this information and providing a revised form to my County Extension Office a minimum of two weeks prior to any county, district or state event.

I hereby release New Mexico State University, the New Mexico State University Cooperative Extension Service, the State of New Mexico or their employees, county 4-H program, the 4-H leaders, and the owners or operators of any property where the activity may take place, from liability in the event of illness, injury or loss occurring to myself or my personal belongings and will make no claim as a result thereof.

4-H Member's Signature

Date

Parent/Guardian Signature (Must be signed by parent or guardian)

Date

Postal Mail Email

Name	County	Family Email	Correspondence Pref.
Email		Prefix	
First Name		Last Name	
Suffix		Preferred Name	
Job Title		Organization Title	
Mailing Address		Mailing Address 2	
City		State	
Zip Code		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Primary Phone		Cell Phone	
Work Phone		Work Extension	
Fax		Years in 4-H	

Enrollment

Ethnicity Are you of Hispanic ethnicity? No Yes (please indicate both an ethnicity and race)

Race

<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> Black	<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Prefer Not to State

Residence

<input type="checkbox"/> Farm (rural area where agricultural products are sold)	<input type="checkbox"/> Suburb of city more than 50,000
<input type="checkbox"/> Town under 10,000 and rural non-farm	<input type="checkbox"/> Central city more than 50,000
<input type="checkbox"/> Town / City 10,000 - 50,000 and its suburbs	

Military

<input type="checkbox"/> No one in my family is serving in the military	<input type="checkbox"/> I have a parent serving in the military
<input type="checkbox"/> I have a sibling serving in the military	<input type="checkbox"/> I have a son/daughter serving in the military
<input type="checkbox"/> Myself, and/or my spouse, is currently serving in the military	

Branch Air Force Army Coast Guard DOD Civilian Marines Navy

Component Active Duty National Guard Reserves

Clubs

Enroll	Club	Volunteer Title
<input type="checkbox"/>		

Projects

Enroll	Project	Club	Volunteer Title	Years In
<input type="checkbox"/>				

Adult Signature _____

Date _____



Please Print

First Name:		Last Name:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Age:
Address:			
City/State:		Zip Code:	County:
Home/Work Phone:	Cell Phone:	Email:	
As a participant do you need an accommodation for a disability? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, please list:		Do you have any food allergies? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, please list:	

New Mexico 4-H Code of Conduct for Adults

The positive influence of caring, capable and responsible adults plays an important role in the lives of youth and the 4-H Youth Development Program. Adults working with 4-H youth are charged to lead by example and create a sense of belonging for the youth they support. Therefore, the adult, by signing this form agrees to conduct him or herself in a responsible manner and abide by all expectations as stated. **Participation may be terminated at the discretion of authorized CES Agent or the State 4-H Program Leader pursuant to rules and regulations established by New Mexico 4-H.**

Expectations

- To cooperate with, support and empower adult staff and youth leadership as they facilitate the 4-H program.
- To oversee the health, safety, and whereabouts of the young people I am responsible for.
- To act as an informal mentor to young participants and model appropriate behavior.
- To abide by the same rules as the youth, spelled out in the Code of Conduct and Clothing Guidelines; including full participation and no use or possession of alcohol, drugs or weapons, before, during or after an event and until the youth are released from my responsibility.
- To orient youth participants as to expectations of dress, manners, safety, punctuality, etc., for the event and to answer concerns and questions of the youth.
- To enforce all written and signed behavior expectations established for youth participating in the 4-H Youth Development Program.
- To consult with local and/or state 4-H program contacts in determining appropriate disciplinary action in the case of inappropriate youth behavior.
- To refrain from causing or demonstrating conflict with other parents, volunteers, chaperones or agents in front of the youth.
- To act in the best interest of the youth in the event of an emergency.
- To communicate with fellow adults and youth in an appropriate manner with no swearing, cursing or abusive language in all forms of communication, including social media.
- To not use my position of trust for personal advantage or profit/gain through any form of communication, including social media.
- To avoid sexual contact of any type with youth and/or personal displays of affection with other adults in the presence of youth.
- To not ignore situations involving bullying, hazing or harassment, nor fail to intervene if youth are being threatened, humiliated or intimidated by other youth or adults.
- If I will be transporting youth for any 4-H activity, I certify that I:
 - Have a valid driver's license.
 - Understand the responsibilities of safe driving.
 - Have vehicle insurance, individual liability and medical coverage:
 - Insurance Company _____ Policy # _____
 - Have no prior convictions for driving while impaired or driving while under the influence of alcohol or drugs.

*For additional information or clarification related to conduct expectations or disciplinary actions refer to the New Mexico 4-H Policies and Procedures Manual.

I understand that as an adult I should model positive behaviors and lead by example. Also, I understand that my behavior not only affect the youth under my direct supervision but the entire 4-H Youth Development Program and that I represent myself, my club, county and state as well as the overall 4-H Program. Therefore, I have read and understand the expectations related to the Code of Conduct for Adults and agree to be bound by it.

Signature _____

Date _____



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Medical Emergency Contact Information

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Physician & Insurance Policy Information

Form with fields for health insurance status, insurance company, policy number, policy holder name, physician name, and physician phone.

Health Information

Please indicate if you have any of the following medical conditions (check all that apply):

Table with medical conditions: Asthma, Hay Fever, Bronchitis, Fainting Spells, Skin Disease, Ear Infections, Migraine Headaches, Convulsions/Seizures, Muscular/Skeletal, Eye/Ear/Nose/Throat, Diabetes/Hypoglycemia, Stomach/Intestinal, Heart/Cardio Vascular, Emotional/Mental Disorders, Chronic Bone, Muscle or Joint Injuries.

Allergies or Reactions (check all that apply):

Form with fields for Aspirin, Penicillin, Dairy, Gluten, Peanuts, Insect Bites/Stings, Ivy/Oak/Sumac, and Other (please list):

Please list any medications (prescription or non-prescription) you are currently taking:

Blank lines for listing medications.

Release of Liability and Medical Authorizations

The health history provided is correct and complete to my knowledge. I understand that should information change throughout the course of the 4-H program year, I am responsible for updating this information and providing a revised form to my County Extension Office. If an injury or other medical condition occurs or arises and I am incapacitated, I hereby give permission to the designated 4-H Program representative to consent on my behalf to routine medical treatment and/or seek emergency medical treatment. I further authorize any licensed medical person/facility to treat me. I agree to assume full financial responsibility for any medical services provided.

I hereby release New Mexico State University, the New Mexico State University Cooperative Extension Service, the State of New Mexico or their employees, county 4-H program, the 4-H leaders, and the owners or operators of any property where the activity may take place, from liability in the event of illness, injury or loss occurring to myself or my personal belongings and will make no claim as a result thereof. I also understand that some activities/events may involve certain risks associated with physical activity or potential harm, including recreational games/activities and travel by motor vehicle to off-site activities.

Signature

Date