

Grays Harbor County 4-H Enrollment Form

C1003E

Club/Group Name: _____ **Club/Group Leader:** _____

Enrolling as: ☐ Youth Member **OR** Adult Volunteer: ☐ General Club Ldr. ☐ Project Ldr. ☐ Activity Ldr. ☐ Resource Ldr.

Participant Name: _____
(First) (MI) (Last)

Birth Date: ____/____/____ **Primary Phone:** (____) _____ **Work Phone:** (____) _____
Permission to receive ☐ Yes
text messages from 4-H ☐ No **Mobile Phone:**(____) _____ **Wireless Carrier:** _____

Primary Email: _____ **Other Email:** _____

School: (youth only): _____ **Grade:** _____ **Yr. in 4-H:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Parent/Guardian Name (Printed): _____
Youth Only (First) (MI) (Last)

Military Family: (Check applicable box)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Active Army | <input type="checkbox"/> Army Guard | <input type="checkbox"/> Army Reserve | <input type="checkbox"/> Active Air Force |
| <input type="checkbox"/> Air Guard | <input type="checkbox"/> Air Force Reserve | <input type="checkbox"/> Active Navy | <input type="checkbox"/> Naval Reserve |
| <input type="checkbox"/> Active Marine Corps | <input type="checkbox"/> Marine Corps Reserve | <input type="checkbox"/> Active Coast Guard | <input type="checkbox"/> Coast Guard Reserve |

Health Considerations:

☐ Has health considerations Health consideration: _____

Please provide us with this optional data so that we may report to our Federal partners

Ethnicity: (Check one): ☐ Yes – Hispanic or Latino Ethnicity **OR** ☐ No – Not Hispanic or Latino Ethnicity

Gender: (Check one): ☐ Female **OR** ☐ Male

Residence: (Check one): ☐ Farm ☐ Rural/Town <10,000 ☐ Town/City, 10,000-50,000 ☐ Suburb ☐ City>50,000

Racial Groups: (Check all that apply): ☐ Asian ☐ White ☐ Black ☐ American Indian ☐ Hawaiian/Pacific Is. ☐ Other

Project Name
Example: Photography _____

Project Year
_____1_____

GRAYS HARBOR COUNTY 4-H CODE OF CONDUCT

The code of conduct shall be signed and dated by each member, volunteer and parent/guardian and returned with the 4-H enrollment forms. A 4-H member or volunteer is not eligible to participate in the Grays Harbor County 4-H Program unless his/her copy is completed.

As a 4-H member or volunteer you have the responsibility of representing all 4-H members to the public. Therefore; you are expected to conduct yourself in a manner that respects individual rights, safety and property of others, and reflects favorably on your state, county and club as well as yourself. You are expected to observe the following guidelines.

1. The possession and use of alcoholic beverages and/or drugs other than prescribed medication is prohibited. Use of tobacco products by youth members is prohibited.
2. Obscene and discriminatory language, roughhousing and insubordination will not be tolerated.
3. Members and leaders must demonstrate respect for each other and the public.
4. Display of overly affectionate attention between individuals is prohibited.
5. Damage to, or destruction of property belonging to others is prohibited.
6. Animal abuse of any kind is prohibited.
7. Display of unsportsmanlike conduct is prohibited.
8. Be an example of how to accept what life has to offer – good and bad – and how to live with the outcome of exhibiting your project.
9. Wear neat, clean and appropriate attire; including shoes or boots at all times.

Report any infractions to the superintendent/club leader/event coordinator.

Penalties for infraction(s) may include any or all of the following:

- Placing the member on probation for involvement in further 4-H events and/or termination of 4-H membership.
- Assessing the member the cost of damages and repairs in the event of damage or destruction of property.
- Releasing the member to the nearest law enforcement agency and/or the proper authorities.
- Withholding premiums and/or sending the member home from 4-H activities or events.

Parents will be notified if penalties are necessary.

For members and parents:

We understand the reason for this agreement is to ensure the safety of the 4-H member and to ensure conduct and behavior that will result in each participant receiving the full benefit of enjoyment and educational experience from this event. It is not intended to place undue restrictions upon participants.

For members and volunteers:

I have read the Code of Conduct and agree to abide by its rules. I understand that infractions of this code will result in any or all of the penalties listed above.

For parents:

I have read the code of conduct and understand that I am responsible for my child or ward's behavior.

I give permission to the staff in charge to administer the code.

☐ **As a member/volunteer I have read the Code of Conduct and agree to abide by it's rules. I understand that infractions of this code will result in any or all of the penalties listed above.**

☐ **As a parent I have read the Code of Conduct and understand that I am responsible for my child or ward's behavior. I give permission to the staff in charge to administer the code.**

PRINTED NAME OF PARTICIPANT: _____

ASSUMPTION OF RISK - October 1, 2014 – September 30, 2015

I understand that there are risks in participating in 4-H Youth Development events and activities associated with Washington State University (WSU).

In consideration for and as a condition of being allowed to participate in this voluntary activity, I agree to take full responsibility for any and all risks that exist, including the risk of death or injury to my child or self or loss or damage to my property. I understand that there may be risks that WSU cannot predict or foresee, and I also assume full responsibility for those risks.

Membership in the 4-H Youth Development Program may involve participation in a wide variety of activities such as, but not limited to: club meetings (mounted or unmounted), shows, clinics, working with animals, physical education activities, water-sports, food preparation, woodworking, crafts, and travel. Risks in participating include, but are not limited to: temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, orthopedic damage, head, neck or spinal injuries, loss or use of arms and/or legs, eye damage, disfigurement, burns, drowning or death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of traveling to or from the 4-H Youth Development Program activities that cannot be specifically listed. Further, I recognize that the actions of other participants in the activity may cause harm or loss to my child, self or property.

PARENT OR GUARDIAN'S RELEASE OF CLAIMS AND LIABILITY

I release, the state of Washington, the Regents of WSU, WSU, any subdivision or unit of WSU, its officers, employees, and agents, from any and all liability, claims, costs, expenses, injuries and/or losses to person or property, which I may sustain and/or sustain as a result of death or injury of my child, as a result of or connected with participation in the above event. My child's participation includes, but is not limited to, travel to and from the event in a private or public vehicle, any activity connected with the event itself, and use of state equipment or facilities for the event whether on or off WSU property.

I have carefully read this document, understand its contents and am fully informed about this program and circumstances. I am aware that this document is a contract with WSU and the program sponsors. I sign it freely and voluntarily.

WRITTEN NOTICE OF PASSIVE CONSENT

As a participant in the 4-H Program you or your child may be asked to help with the evaluation of the program to tell us how well the program is working. You or your child may be asked to complete a written survey about what you/they learned from participating in the program. We estimate that it will take participants approximately 10 minutes to complete the survey.

Participation in the evaluation is not required. If you or your child decide not to participate, it will not affect participation in this or future WSU Extension programs. If you or your child do not want to answer some questions on the survey, that is okay. The survey responses will be anonymous, and participant responses will not be identified in any way.

If you or your child does not want to participate in the evaluation of the 4-H Program or you have questions about the evaluation, please contact Tracie Hanson at: tracie.hanson@wsu.edu or (360) 482-2934.

IMAGE AND VOICE RECORDINGS CONSENT

Participant, and his/her parent or guardian (as appropriate), hereby grant permission to Washington State University (WSU) to be photographed or otherwise have images or voice recordings made (including but not limited to digital photographs, video or digital moving images, and/or voice recordings), for WSU publication or promotional purposes in any medium (including but not limited to print media, newspaper, television, video, motion picture, or Web site on the Internet). We additionally consent to the use of the student (or adult) participant's name and/or interview comments in connection with WSU publication or promotional purposes in print media, newspaper, television, video, motion picture, or Web site on the Internet. We understand that consent to use of the student participant's likeness or voice recordings is not a condition of participating in the activity and that consent can be refused without any impact in the ability to fully participate in the program. No inducements or promises beyond our acceptance of an opportunity to promote WSU and its programs have been given to the persons signing below. Any other use of images and/or recordings, my name, and/or interview comments requires advance permission. We understand that we can revoke this consent at any time upon notice to WSU, at which time either, or both of us will sign a copy of the denial (below) for use of images or voice recordings.

☐ **We agree** OR ☐ **We do not agree** to use of digital images or voice recordings as set forth above:
(Check one)

☐ I have read, understand and consent to the foregoing statements. I am the parent or guardian of the child (minor under the age of eighteen, or other person legally incompetent to contract), whose name is set forth on this form OR I am an enrolled member or volunteer over the age of eighteen.

PRINTED NAME OF PARTICIPANT: _____

EMERGENCY MEDICAL CONSENT – October 1, 2014-September 30, 2015
Washington State University – Grays Harbor County 4-H Youth Development Program

In an emergency requiring medical attention or a situation reasonably believed by Washington State University (WSU) authorized agents including 4-H staff to be an emergency; I authorize WSU and its authorized agents to obtain emergency medical care for myself (as an enrolled member or volunteer over 18) or my enrolled child. I will be responsible for any expenses incurred in so doing including but not limited to care by health care professionals, hospital care, and ambulance or other services. In addition, the health care provider has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

NOTE: Minors may consent to certain services in Washington. I hold harmless and agree to indemnify Washington State University, its authorized agents and employees and the event staff from decisions to seek emergency treatment. I voluntarily sign this authorization in consideration for permission for my child to participate in the 4-H Youth Development Program. I have read it, and I understand its content and significance.

Health-Care Providers:

Name of participant's primary doctor(s): _____ Phone: (_____) _____

Name of dentist(s)/orthodontist(s): _____ Phone: (_____) _____

Medical Alerts: _____
(severe allergies / life-threatening conditions / chronic illnesses)

Medical Insurance Information:

This participant is covered by family medical and/or hospital insurance ☐ Yes ☐ No

Primary Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Company Phone Number (_____) _____

Secondary Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Company Phone Number (_____) _____

Name of another person to contact in case of emergency if you are not available: _____

Phone: (_____) _____ E-mail: _____

Relationship to participant: _____

☐ I have read, understand and consent to the foregoing statements. I am the parent or guardian of the child (minor under the age of eighteen, or other person legally incompetent to contract), whose name is set forth on this form OR I am an enrolled member or volunteer over the age of eighteen.

Participant Signature: _____ **Date:** _____
(required)

Parent/Guardian Signature: _____ **Date:** _____
(required)

4-H Volunteer/Leader Signature: _____ **Date:** _____
(required)