Florida 4-H Youth Development Enrollment Form

This form is for a (circle one): New Enrollment Re-Enrollment

**Family Profile Information**

Club Name: ___________________________________ Club 4-H Project: __________________________

Family Last Name: ____________________________ 4-H County: ________________________________

Address: ____________________________________ City: ___________________ Zip: ____________

Family Email Address: ________________________ Member Email: __________________________

To receive Jackson County 4-H Updates by e-mail, go to [http://subscribe.ifas.ufl.edu/](http://subscribe.ifas.ufl.edu/) to create a free subscription account.

**Member Profile Information**

First Name: _______________ Middle Name: ___________ Last Name: _____________________________

Preferred Name: ______________ Address: (if different) __________________________________________

City: _______________ State: _______________ Zip Code: _________________________________

Birth Date: _________________ 4-H Age on September 1 (start of 4-H year): _______________

Grade: _______ School: ___________________________ School is in my 4-H County? □ Yes □ No

Parent/Guardian 1: First Name: _______________ Last Name: _______________________________

Work Phone: (_____) ________________________ Cell Phone: (_____) _______________________

Parent/Guardian 2: First Name: _______________ Last Name: _______________________________

Work Phone: (_____) ________________________ Cell Phone: (_____) _______________________

□ Cloverbud □ Junior □ Intermediate □ Senior □ Teen Volunteer

(4-H ages 5-7) (4-H ages 8-10) (4-H ages 11-13) (4-H ages 14-18) (4-H ages 13-18)

Gender: □ Male □ Female Residence: □ Farm □ Town Under 10,000 or rural non-farm □ Town/city 10,000-50,000

□ Suburb of city more than 50,000 □ Central city more than 50,000

Ethnicity: Are you of Hispanic ethnicity? □ No □ Yes

Race: □ White □ Black □ Asian □ American Indian or Alaskan □ Native Hawaiian or Pacific Islander

Disability: Do you require accommodation for a disability to participate in 4-H programs? □ Yes □ No

Describe Disability/Need:

<table>
<thead>
<tr>
<th>Individual 4-H Project</th>
<th>Years in Project</th>
<th>Project Book Title Needed (go to)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td><a href="http://www.florida4h.org/projects/index/shtml">http://www.florida4h.org/projects/index/shtml</a></td>
</tr>
</tbody>
</table>
Florida 4-H Participation Form

Name: ____________________________ 4-H County: Jackson 4-H District: 2 Program Year: 20

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. Pages 2 and 3 must be present while traveling to, and during each 4-H 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 Name First Name

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. Please provide information on recent medical issues (including injuries and surgeries), allergic reactions, special dietary regulations, present medications, any specific activities to be restricted and other comments. Reporting conditions will not prevent a person from attending and will be kept confidential.

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

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

□ Antihistamine □ Antacid □ Ibuprofen (Advil) □ Acetaminophen (Tylenol)
□ Decongestant □ Dramamine □ Hydrocortisone □ Polysporin (topical antibiotic)

Other ___________________________ □ Please contact me for permission to administer ANY over-the-counter medications.

Parent/Guardian Signature ___________________________ Date: _____________

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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 competing 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: ______________
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 AND youth enrolling in 4-H.

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