# Enrollment/ Registration Form

**4-H Year: 2016-2017**

## McLeod County

☐ New Member ☐ Re-enrolling Member

**Club Name:** _____

**Event/Activity Name:** _____

**Family Last Name:** _____
*(this name will be used on mailing labels)*

**Family Phone:** _____

**Family Email:** _____

**Please return this form to:**
Extension Regional Office, St. Cloud
3601 18th Street South, Suite 113
St. Cloud, MN 56301-6012

## Member Information ** indicates required fields*

| | | | |
|---|---|---|---|
| *** First Name** | | *** Middle Name** | |
| *** Last Name** | | **Email** | |
| *** Mailing Address** | | *** City, State, ZIP** | |
| *** Birth Date** | | *** Gender** | ☐ Male ☐ Female |
| *** Primary Phone** | | **Member Cell Phone** | |
| **I wish to receive notices via text messages** | ☐ Yes ☐ No | **Cell Phone Provider - required to receive texts** | |

## Parent / Guardian 1 ** indicates required fields*

| | | | |
|---|---|---|---|
| *** First and Last Name** | | **Cell Phone** | |
| **Work Phone** | | | |

## Parent / Guardian 2

| | | | |
|---|---|---|---|
| **First and Last Name** | | **Cell Phone** | |
| **Work Phone** | | **Home Phone** | |

## Second Household *(Should correspondence be sent to this household too? ☐ Yes ☐ No)*

| | | | |
|---|---|---|---|
| **Family Name** | | **First Names** | |
| **Primary Phone** | | **Email** | |
| **Address** | | **City, State, ZIP** | |

## Emergency Contact *(Individual contacted if Parent(s)/Guardian(s) cannot be reached)*

| | | | |
|---|---|---|---|
| **First and Last Name** | | **Home/work/other Phone** | |
| **Cell Phone** | | **Relationship** | |

## Demographic Enrollment Data ** indicates required fields*

| | | |
|---|---|---|
| *** Ethnicity** | Are you of Hispanic ethnicity? ☐ No ☐ Yes (please indicate both an ethnicity and race) | |
| **Race** | ☐ White<br>☐ Black<br>☐ American Indian or Alaskan Native | ☐ Native Hawaiian or Pacific Islander<br>☐ Asian<br>☐ Prefer Not to State |
| *** Residence** | ☐ Farm (rural area where ag. products are sold)<br>☐ Town under 10,000 and rural non-farm<br>☐ Town / City 10,000 - 50,000 and its suburbs | ☐ Suburb of city more than 50,000<br>☐ Central city more than 50,000 |
| **Military** | ☐ I have a parent serving in the military | ☐ I have a sibling serving in the military |
| Branch / Component | ☐ Air Force ☐ Army ☐ Coast Guard ☐ Marines ☐ Navy / ☐ Active ☐ Natl Guard ☐ Reserves | |

| | | | |
|---|---|---|---|
| *** School Grade** | | *** School Name** | |

**Member Name:** _____

4-H Year: 2016-2017

## Demographic Enrollment Data *(continued)*

| | |
|---|---|
| **Is this the first time anyone in your family has been involved in 4-H?** | ☐ Yes ☐ No |

**We would like to better understand the youth that we reach through Minnesota 4-H and their families. Your responses will be kept confidential and will only be used to describe the group of 4-H youth across the county and state so that we can measure our goal to reach a diverse group of youth.**

| **Please select your household income for the last 12 months:** | | **Please select the highest education level of any parent/guardian in the household:** | |
|---|---|---|---|
| ☐ Under $15,000 | ☐ $50,000 – 74,999 | ☐ Not applicable or unknown | ☐ college or university graduation (two or four year degree completion) |
| ☐ $15,000 – 24,999 | ☐ $75,000 – 99,000 | ☐ Partial high school | ☐ Graduate/professional training |
| ☐ $25,000 – 34,999 | ☐ $100,000 and over | ☐ High school graduate or GED certificate | ☐ I prefer not to provide this information |
| ☐ $35,000 – 44,999 | ☐ I prefer not to state | ☐ Some college, including vocational/ technical | |
| ☐ $45,000 – 49,999 | | | |

## Health Information ** indicates required fields*

***Please be accurate yet concise. In the event of an emergency, this may be the only immediate source of information.***

| | |
|---|---|
| *** Does this participant have any health diagnosis that is important for program staff to know in order to maximize participation and ensure safety and well-being?** | ☐ No relevant health diagnosis for this participant.<br>☐ Yes, this participant has a physical disability, a learning disability, behavioral disorder, and/or mental health diagnosis.<br>***---> If YES, please provide details in the box directly below.*** |
| **Health diagnosis details/ explanations including type of diagnosis and suggested accommodations. (e.g. wheelchair accessible facility).** | |
| *** Does this participant have any specific dietary needs?** | ☐ No special food needs or requests for this participant.<br>☐ Yes, this participants has special food needs or requests based on food allergies (e.g. peanuts), dietary restrictions (e.g. gluten-free), food preferences (e.g. vegetarian) or religious restrictions.<br>***---> If YES, please provide details in the box directly below.*** |
| **Dietary needs details/explanation.** | |
| *** Does this participant have any allergies or reactions to drugs or things in nature?** | ☐ No allergies or reactions for this participant<br>☐ Yes, this participant does have allergies or reactions to drugs or things in nature.<br>***---> If YES, please provide details in the box directly below.*** |
| **Allergies or reactions details/explanation including type of allergy/reaction(s), symptoms and treatment.** | |
| *** Does this participant have any conditions requiring medication (including use of an inhaler)?** | ☐ No medications are needed by this participant.<br>☐ Yes, and assistance is needed with medications<br>☐ Yes, and this member is capable of self-administering medications<br>***---> If YES, please provide details in the box directly below.*** |
| **Medication details/explanation including name of medication(s), purpose of medication(s), and frequency of use.** | |
| *** Is the participant's Tetanus Immunization current?** | ☐ No ☐ Yes ☐ Not sure<br>____/____/____ Date of immunization (if known) |
| *** Does the participant have any other health related conditions or require any other health related accommodations? (e.g. CPAP machine)** | ☐ No, this participant does not have any other health related conditions or require any additional health related accommodations.<br>☐ Yes, this participant has a health related condition or health related accommodation needed that has not been previously described.<br>***--> If YES, please provide details in the box directly below.*** |
| **Additional health related condition or health related accommodation, please provide details.** | |

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**McLeod County**

**Member Name:** _____

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**4-H is all about trying new things; you can find any project interest you may have. For project resources, contact your local Extension office at 320-484-4334 or visit [www.4-H.umn.edu/projects](www.4-H.umn.edu/projects)**

## Cloverbud Enrollment: *(for youth in Kindergarten through Grades 2)*

- ☐ Cloverbuds: A Discovery 4-H Program
- ☐ Cloverbud: Beef
- ☐ Cloverbud: Clothing
- ☐ Cloverbud: Dairy
- ☐ Cloverbud: Demonstrations
- ☐ Cloverbud: Fashion Revue
- ☐ Cloverbud: Favorite Food Show
- ☐ Cloverbud: Goat
- ☐ Cloverbud: Horse
- ☐ Cloverbud: Llama
- ☐ Cloverbud: Performing Arts
- ☐ Cloverbud: Poultry
- ☐ Cloverbud: Rabbit
- ☐ Cloverbud: Sheep
- ☐ Cloverbud: Swine

## Project Enrollment: *(for youth in Grades 3 and up)*

Place a checkmark next to the projects that you plan to explore this year. You must enroll in at least one project. You may be invited to attend events or workshops and receive notices based on projects you selected. You will be encouraged to complete a project record for each of the projects you select. Ask your club leader or Extension staff if you have questions.

- ☐ Aerospace
- ☐ Aquatic Robotics
- ☐ Beef
- ☐ Bicycle
- ☐ Cat
- ☐ Child & Family Development
- ☐ Citizenship
- ☐ Clothing & Textiles includes Fashion Revue
- ☐ Computer
- ☐ Consumer Education
- ☐ Crafts & Fine Arts
- ☐ Crop Sciences
- ☐ Dairy
- ☐ Demonstrations
- ☐ Dog
- ☐ Electric
- ☐ Engineering Design
- ☐ Entomology
- ☐ Exploring Animals
- ☐ Exploring the Environment
- ☐ Favorite Food Show
- ☐ Fishing Sports
- ☐ Flower Gardening
- ☐ Food & Nutrition/Food Preservation
- ☐ Favorite Foods Show
- ☐ Forest Resources
- ☐ Fruit
- ☐ Geology
- ☐ Goat – Dairy
- ☐ Goat – Meat
- ☐ Global Connections
- ☐ Health
- ☐ Home Environment
- ☐ Horse
- ☐ Horse Related
- ☐ Horse Training
- ☐ Horseless Horse
- ☐ Indoor Gardening
- ☐ Lawn & Landscape
- ☐ Lama (llamas & alpacas)
- ☐ Needle Arts
- ☐ Performing Arts
- ☐ Pets
- ☐ Photography
- ☐ Plant & Soil Sciences
- ☐ Potatoes
- ☐ Poultry (& pigeons)
- ☐ Quilting
- ☐ Rabbits
- ☐ Robotics
- ☐ Rube Goldberg Machines
- ☐ Safety
- ☐ Self-determined
- ☐ Sheep
- ☐ Shooting Sports/Wildlife Management
- ☐ Shop (wood &/or metal)
- ☐ Small Engines
- ☐ Swine
- ☐ Tractor
- ☐ Vegetable Gardening
- ☐ Veterinary Science
- ☐ Video
- ☐ Water & Wetlands
- ☐ Wildlife Biology
- ☐ Youth Leadership

## Authorization Statements

**4-H Year: 2016-2017**

**McLeod County**

**Member Name:** _____

- **Code of Conduct.** We have read, accept, and will abide by the full University of Minnesota Extension 4-H Youth Development (Minnesota 4-H) **Code of Conduct for Youth AND Code of Conduct for Parents** including the introduction and the statements describing expected behavior. I understand that the expectations apply throughout Minnesota 4-H. I also understand that infractions of the Minnesota 4-H Code of Conduct will result in consequences and that these consequences apply throughout Minnesota 4-H. I will accept the consequences determined by University of Minnesota Extension 4-H Youth Development. (*NOTE: The Minnesota 4-H Code of Conduct s also available online at www.4-H.umn.edu/policy or as a printed copy from the County Extension Office.)*

- **Medical Authorization.** If an injury or illness develops during an activity or event, medical care will be provided and parent/guardian will be notified as soon as possible. We/ I authorize each of the following: (a) the health history and medical information I have provided is correct and the member has permission to engage in all program activities as noted. We/I understand that it is our responsibility to provide updates (including changes in health conditions, medical coverage, or activity restrictions) throughout the program year and prior to any events/activities in which the member intends to participate; (b) if an injury or other medical condition occurs or arises, We/I grant permission for medical treatment to be obtained for the member and authorize the physician and/or the other medical staff to employ such diagnostic procedures and medical treatment as deemed necessary; c) We/I authorize the release of any medical records necessary for treatment, referral, billing, or insurance purposes; and (d) We/I understand that we are financially responsible for charges and hereby guarantee full payment to the attending physicians and/or health care unit, beyond the amount covered by 4-H accident insurance.

- **Transportation Consent.** I give permission for my minor child to be transported in a motor vehicle to and from 4-H activities for all events during the 4-H Year. Group transportation is not required for participation in 4-H activities and I understand that I can provide transportation for my child if I wish. I understand that my child is expected to follow all applicable rules for riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other adult supervisors or volunteers. I have read, understand, and discussed with my child that they (i) will be traveling in a motor vehicle driven by an adult and they are to wear their safety-belt while traveling; (ii) are expected to respect the vehicle they ride in and the people they travel with during the trip; and (iii) are to remain in their seats and not be disruptive to the driver of the vehicle. I recognize that activities involving motor vehicle transportation may pose a risk of personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects. I have been advised of the potential risks, I have full knowledge of the risks involved, and assume any expenses that may be incurred in the event of an accident, illness, or injury, whether I have authorized such expenses or not.

- **Media Release.** We/I give permission to Minnesota 4-H and its employees or representatives to take photographs, video, or audio footage of members and/or their property for use in any media format, now or hereafter known for future educational programs to help promote 4-H. We/I release to Minnesota 4-H all rights to exhibit this work publicly or privately in an educational/promotional format without compensation or additional consideration. (*NOTE: For information on opting out of the photo release, contact local Extension staff: www.4-H.umn.edu/county)*

- **Privacy Statement.** The contact and health information requested on the Member Enrollment Form and Authorization Sheet is private. The information will be used as necessary to assist the member in the event of an emergency, to help ensure safe participation by the member in 4-H programs, and to provide information to the member about 4-H programs. You are not legally required to provide any of the requested information. You may not be allowed to participate, though, in 4-H or in specific programs if you fail to provide the requested information. Information will be shared within 4-H and the University of Minnesota for the uses described above and may be released to outside organizations and government bodies in limited circumstances, as authorized by state or federal law. (*NOTE: Minnesota 4-H limits information posted online to first name, last name, parent/guardian names, grade, club, county and point of participation (event title, placing, awards, etc.)*

- **Waiver and Release.** Furthermore, We/I agree that all activities and use of all facilities relating to participation in 4-H activities, including transportation to and from such activities, shall be undertaken at the sole risk of the member/family and that Regents of the University of Minnesota, its officers, representatives, agents, employees, leaders, and members of any 4-H program shall not be liable for any claims, demands, injuries, damage, actions or causes of action, whatsoever, to me, my family, or my property arising out of or connected with participation in 4-H programs/events or the premises where the programs/events occur and we/I do hereby expressly forever release, discharge, and hold harmless Regents of the University of Minnesota, its officers, representatives, agents, employees, leaders, and members of the 4-H program from all such claims, demands, injuries, damage to person or property, actions or causes of action, including but not limited to all acts of active or passive negligence on the part of the University of Minnesota, any 4-H program, their servants, agents, or employees. We/I do not, however, release these individuals and entities from liability for intentional, willful or wanton acts and this release shall not be construed to include such acts.

By signing below, the parent/guardian agrees that the information included with this enrollment is complete and accurate; the parent/guardian also agrees to each of the above statements on his or her own behalf and on behalf of the member; the member, if eighteen years or older, agrees, on his or her own behalf, that the information included with this enrollment is complete and accurate and to each of the above statements; the member, if under eighteen years old, agrees to abide by the Code of Conduct.

_____ _____
Member Signature Date

_____ _____
Parent/guardian Signature Date

_____ _____
Parent/guardian Signature Date

Revised 7/15/16