

Enrollment or Registration Form

4-H Year: 2016-2017



YELLOW MEDICINE COUNTY

New Member Re-enrolling Member

Club Name: _____

Family Last Name: _____

(this name will be used on mailing labels)

Family Phone: _____

Family Email: _____

Please return this form to:
Yellow Medicine Extension Office
PO Box 128
1000 10th Ave. Ste. 1
Clarkfield, MN 56223

Member Information * indicates required fields

* First Name	* Middle Name
* Last Name	Email
* Mailing Address	* City, State, ZIP
* Birth Date	* Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
* Primary Phone	Member Cell Phone
I wish to receive notices via text messages <input type="checkbox"/> Yes <input type="checkbox"/> 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? <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 ag. 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"/> I have a parent serving in the military <input type="checkbox"/> I have a sibling serving in the military	
Branch / Component	<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy / <input type="checkbox"/> Active <input type="checkbox"/> Natl Guard <input type="checkbox"/> 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:

- Under \$15,000
- \$15,000 – 24,999
- \$25,000 – 34,999
- \$35,000 – 44,999
- \$45,000 – 49,999
- \$50,000 – 74,999
- \$75,000 – 99,000
- \$100,000 and over
- I prefer not to state

Please select the highest education level of any parent/guardian in the household:

- Not applicable or unknown
- Partial high school
- High school graduate or GED certificate
- Some college, including vocational/technical
- college or university graduation (two or four year degree completion)
- Graduate/professional training
- I prefer not to provide this information

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.
- Yes, this participant has a physical disability, a learning disability, behavioral disorder, and/or mental health diagnosis.

---> 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.
- Yes, this participant 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.

---> 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
- Yes, this participant does have allergies or reactions to drugs or things in nature.

---> 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.
- Yes, and assistance is needed with medications
- Yes, and this member is capable of self-administering medications

---> 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
- ____/____/____ 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.
- Yes, this participant has a health related condition or health related accommodation needed that has not been previously described.

---> If YES, please provide details in the box directly below.

Additional health related condition or health related accommodation, please provide details.

Member Name: _____

4-H Year: 2016-2017



YELLOW MEDICINE COUNTY

4-H is all about trying new things; you can find any project interest you may have. For project resources, contact the Yellow Medicine County Extension office at 320-669-4471 or visit www.4-H.umn.edu/projects

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

- Cloverbuds: A Discovery 4-H Program

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.

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

Activity Interests: *(some activities may be grade dependent)*

Place a checkmark next to the activities you are interested in receiving more information about. Ask your club leader or Extension staff if you have questions.

- | | | |
|--|--|---|
| <input type="checkbox"/> 4-H Promotion | <input type="checkbox"/> Share the Fun (participant or volunteer) | <input type="checkbox"/> Cloverbuds |
| <input type="checkbox"/> 4-H Resident Camp (gr. 3-6) | <input type="checkbox"/> State Ambassador (gr. 8+) | <input type="checkbox"/> Plant Sciences |
| <input type="checkbox"/> Camp Counselor (gr. 9+) | <input type="checkbox"/> State Arts-In (gr. 6+) | <input type="checkbox"/> Natural Resources |
| <input type="checkbox"/> Cloverbud Day Camps | <input type="checkbox"/> Summer 4-H Programming (participant or volunteer) | <input type="checkbox"/> Shooting Sports/Wildlife Management - Archery |
| <input type="checkbox"/> County Ambassador (gr. 7+) | | <input type="checkbox"/> Expressive & Communication Arts, Performing Arts, Demonstrations |
| <input type="checkbox"/> County Fair Volunteer | | |
| <input type="checkbox"/> County Leader's Council | | |
| <input type="checkbox"/> Executive Board | | |
| <input type="checkbox"/> Extension Committee Youth | | |
| <input type="checkbox"/> Exploring Youth Leadership/Citizenship | | |
| <input type="checkbox"/> Fair Office Assistance | | |
| <input type="checkbox"/> Food Stand Volunteer | | |
| <input type="checkbox"/> Nurse/Doctor/EMT | | |
| <input type="checkbox"/> Photographer | | |
| <input type="checkbox"/> Project Bowl (participant or volunteer) | | |
- Project Development Committees:**
- | | |
|---|--|
| <input type="checkbox"/> Beef | |
| <input type="checkbox"/> Dairy | |
| <input type="checkbox"/> Goat | |
| <input type="checkbox"/> Rabbit | |
| <input type="checkbox"/> Poultry | |
| <input type="checkbox"/> Sheep | |
| <input type="checkbox"/> Swine | |
| <input type="checkbox"/> Cats/Dogs/Pets/Vet Science/Exploring Animals | |
- Judging Teams:**
- | |
|---|
| <input type="checkbox"/> Consumer Decisions |
| <input type="checkbox"/> Dairy |
| <input type="checkbox"/> General Livestock |
| <input type="checkbox"/> Horse |
| <input type="checkbox"/> Horse Hippology |
| <input type="checkbox"/> Poultry |
| <input type="checkbox"/> Rabbit |

Authorization Statements

4-H Year: 2016-2017



County/Sovereign Nation: Yellow Medicine 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