4-H Enrollment Form

Name of 4-H Group/Unit ___________________________________________ Year: __________________

Member Name: __________________________________________________

Address: _________________________________________________________

Phone: (_) __________________ Email: _____________________________

Gender*: Male ___ Female ___ Date of Birth: ___________________ Grade: _______ School Attending: ________________

Do you Live*: __________ Farm
(Choose only one) __________ Town under 10,000 or rural non-farm
________ City 10,000-50,000 people
________ City over 50,000 people
________ Military Installation:

Do you have parent/guardian(s) active in the military? Yes ______ No ______
If yes, circle all that apply: Army ___ Air Force ___ Navy ___ Marines ___ Coast Guard ___ National Guard (Air & Army) ___ Reserves

Ethnic group*: A. Choose One ___ Hispanic or Latino ___ Non-Hispanic or Latino
B. Choose all that apply:
________ White or Caucasian
________ Black or African American
________ American Indian or Alaska Native
________ Asian
________ Native Hawaiian or other Pacific Islander
________ Other

Parent or Guardian: ______________________________________________

Address: _________________________________________________________

Phone: _______ Daytime/Cell phone _______ Home phone _______ Email (If applicable)

Additional Parent or Guardian: _______________________________________

Address: _________________________________________________________

Phone: _______ Daytime/Cell phone _______ Home phone _______ Email (If applicable)

1. A parent or guardian should sign below whichever statement you wish to apply to the youth’s involvement in 4-H programs.

I agree to allow 4-H to take photographs/audio/video of my child for use in 4-H and other N.C. Cooperative Extension educational, promotional, and/or marketing materials. Neither individual addresses nor telephone numbers will be published within these materials.

I do not wish for 4-H to take photographs of my child for use in 4-H or N.C. Cooperative extension educational, promotional, or marketing purposes.

2. The enrolling youth is bound by the NC 4-H Code of Conduct and Disciplinary Procedure for 4-H events and activities. The youth should initial here if he/she has received and reviewed the NC 4-H Code of Conduct and Disciplinary Procedure for 4-H events and activities.

* This information is required for all federally assisted programs and is solely used for the purpose of determining compliance with Federal civil rights laws; your responses will not affect consideration of your application. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.

NC STATE UNIVERSITY

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Revised 11/13/09

office use only

4-H Membership # ________
Date entered: __________
4-H MEDICAL INFORMATION AND INFORMED CONSENT FOR TREATMENT
FOR NC 4-H SPONSORED EVENTS

4-H'ers Name________________________

PLEASE READ AND COMPLETE THE FOLLOWING FORM. THIS FORM MUST BE PRESENTED AT THE OFFICIAL REGISTRATION FOR THE 4-H SPONSORED EVENT BEING ATTENDED.

I. Medical Information

Known allergies to foods, drugs, insect stings or bites, etc.: ________________________________

Special medical concerns or conditions that event supervisors should know about, including contagious illnesses, epilepsy, asthma, diabetes, previous injuries to bones/joints, etc.: ________________________________

List special dietary needs: ________________________________

Medications currently being taken (name of medication, dose, and frequency): ________________________________

Family Physician: Name ________________________________ Phone # (___) __________

Address ______________________________________

II. Insurance Information

The 4-H program purchases insurance for youth participants for many sponsored events. In some cases, this coverage will not pay for some medical expenses and it may be necessary to bill the family or your insurance company.

Health Insurance Company ________________________________ Health Insurance Company Address

Policy # ________________________________ Phone Company Telephone

Number (___) ________________________________

III.

If you are a person with a disability and desire any assistive devices, services or other accommodations to participate in this activity, please contact _______ [name, office] at _______ [phone number/TTY] during business hours of 8 a.m. and 5 p.m. to discuss accommodations at least _______ [hours/days] prior to the activity.

Signatures Acknowledging Parts I, II, and III

Parent's/Guardian's signature __________________________________ Date: ____________

Participant's Signature: __________________________________ Date: ____________

Parent/Guardian telephone #: Home __________________ Work __________________

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Must be completed each year by 4-H’er and Parent/Guardian. If health history changes within that year, it is the 4-H’er & Parent/Guardian’s responsibility for updating information.

Approved as of 3/02/06
North Carolina 4-H and County 4-H
Photographic, Video, and Audio
Optional Publicity Release

I do or do NOT give permission to North Carolina State University, through its Cooperative Extension program for North Carolina 4-H, and County Extension staff, to take photographs and/or record video and/or audio or otherwise record images and likenesses of me and/or my property and to use these for 4-H Youth Development nonprofit educational, promotional, and/or marketing materials. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I expressly release North Carolina State University, its agents, employees, licensees and assigns from and any and all claims which I may have for invasion of privacy, right of publicity, defamation, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast or exhibition of such recordings of my image, voice, or likeness.

I understand this permission is entirely optional, and that participants who do not give permission will remain eligible for 4-H services, benefits, and privileges the same as those who do give permission.

Participant Name (please print): ________________________________

Participant Signature: __________________________ Date: __________

If individual is under the age of 18, consent of the legal parent or guardian is needed.

Parent/Guardian signature: ________________________________

Parent/Guardian name (please print): ________________________________

Signature: __________________________ Date: __________
IV.  Informed Consent

In the event that a participant needs minor medical care from 4-H or more significant medical care from a qualified health care provider, including in rare cases possible hospitalization and/or surgery, the parent/guardian is asked to sign the informed consent form below. In case of serious medical condition, 4-H will make every effort to notify the parents, but the first priority may be providing care to the participant.

Authorization to Consent to Health Care for Minor

I, ____________________________, of ___________________________, County, am the custodial parent having legal custody of ____________________________, a minor child, age ________, born ____________________________. I authorize any adult(s) acting as agents (including official volunteers) or employees of the ____________________________ 4-H program and in whose care the minor child has been entrusted, to do any acts which may be necessary or proper to provide for the health care of the minor child, including, but not limited to, the power (i) to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person for such health care, and (ii) to consent to and authorize any health care, including administration of anesthesia, X-ray examination, performance of operations, and other procedures by physicians, dentists, and other medical personnel except the withholding or withdrawal of life sustaining procedures.

This consent shall be effective for one year from the date of the execution.

Custodial Parent Signature _______________________________________________ Date ________

STATE OF NORTH CAROLINA
COUNTY OF ____________________________

On this _______ day of ________________, 20____, personally appeared before me the said named, ____________________________, to me known and known to me to be the person described in and who executed the foregoing instrument and he (or she) acknowledged that he (or she) executed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

My commission expires __________________________________________, 20____.

________________________________
Notary Public

________________________________
(Official Seal)