4-H Enrollment Form

Name of 4-H Group/Unit: ___________________________ Year: 2014

Member Name: ___________________________________

Address: _______________________________________

   First               Middle               Last

   Street Address     City                  State Zip Code

Phone: (______) _______ Email: ___________________ County: __________

Gender*:  ☐ Male  ☐ Female Date of Birth: ___________ Grade: _______ School Attending: _______

If re-enrolling in 4-H, how many years have you been in 4-H: _______

Do you live*:  ☐ Farm  ☐ City over 50,000 people
(Choose only one)  ☐ Town under 10,000 people or rural non-farm  ☐ Suburbs of city over 50,000 people
          ☐ City 10,000-50,000 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(US)    Reserves

Ethnic group:* A. Choose One:  ☐ Hispanic or Latino  ☐ Non-Hispanic or Latino

       B. Choose all that apply:
          ☐ White or Caucasian  ☐ Asian
          ☐ Black or African-American  ☐ Native Hawaiian or other Pacific Islander
          ☐ American Indian or Alaska Native  ☐ Other _______

Parent or Guardian: _______________________________________

                        First               Middle               Last

Address: _______________________________________

   First               Middle               Last

   Street Address     City                  State Zip Code

Phone: ___________________________ ___________________________

        Area Code Daytime/Cell phone             Area Code Home phone Email (if applicable)

Additional Parent or Guardian: _______________________________________

                        First               Middle               Last

Address: _______________________________________

   First               Middle               Last

   Street Address     City                  State Zip Code

Phone: ___________________________ ___________________________

        Area Code Daytime/Cell phone             Area Code Home phone Email (if applicable)

1. A parent or guardian should sign below whichever statements 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/audio/video 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 ensuring that this program is administered in a nondiscriminatory manner.

For office use only
4-H Membership # __________

Date entered: _______

Revised 10/21/11.

Distributed in furtherance of the acts of Congress of May 8 and June 30, 1914. North Carolina State University and North Carolina A&T State University commit themselves to positive action to secure equal opportunity regardless of race, color, creed, national origin, religion, sex, age, or disability. In addition, the two Universities welcome all persons without regard to sexual orientation. North Carolina State University, North Carolina A&T State University, U.S. Department of Agriculture, and local governments cooperating.
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
cover some medical expenses and it may be necessary to bill the family or your insurance company.

Health Insurance Company ________________________________ Health Insurance Policy # ________________ 

Health Insurance Company Address __________________________ 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 __________________

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

1of2
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)
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: ____________