

Clover Kids Toolbox

Section E

Forms

Group Member Enrollment Forms



Postal Mail Email

Name	County	Family Email	Correspondence Pref.
Email		First Name	
Last Name		Mailing Address	
City		State	
Zip Code		Birth Date	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Primary Phone	
Cell Phone		Years in 4-H	

Parent / Guardian 1

First Name	Last Name
Cell Phone	Work Phone

Parent / Guardian 2

First Name	Last Name
Cell Phone	Work Phone
Email	

Second Household

Send Correspondence	<input type="checkbox"/> No <input type="checkbox"/> Yes	Correspondence Pref.	<input type="checkbox"/> Postal Mail <input type="checkbox"/> Email
Family Name		First Names	
Primary Phone		Address	
City		State	
Zip Code		Email	

Emergency Contact

Name	Phone
Email	Relationship

Enrollment

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"/> Native Hawaiian or Pacific Islander	
	<input type="checkbox"/> Black	<input type="checkbox"/> Asian	
	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Prefer Not to State	
Residence	<input type="checkbox"/> Farm (rural area where agricultural products are sold)	<input type="checkbox"/> Suburb of city more than 50,000	
	<input type="checkbox"/> Town under 10,000 and rural non-farm	<input type="checkbox"/> Central city more than 50,000	
	<input type="checkbox"/> Town / City 10,000 - 50,000 and its suburbs		
Military	<input type="checkbox"/> No one in my family is serving in the military	<input type="checkbox"/> I have a parent serving in the military	
	<input type="checkbox"/> Myself, and/or my spouse, is currently 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 Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves		
Grade	School Name		
School Type	<input type="checkbox"/> Public School	<input type="checkbox"/> Homeschool / Alternative	
	<input type="checkbox"/> Private School	<input type="checkbox"/> Magnet / Specialized School	
	<input type="checkbox"/> Special Education	<input type="checkbox"/> Charter School	
	<input type="checkbox"/> Vocational Education		



4hOnline

Clubs

Enroll	Club	Volunteer Title
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(Enroll)
(New Club)

Projects

Enroll	Project	Club	Volunteer Title	Years In
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(Enroll)
(New Project)
(New Project)
(New Project)
(New Project)
(New Project)
(New Project)
(New Project)
(New Project)
(New Project)

BEHAVIOR EXPECTATIONS: As a 4-H member: It is important to follow the directions of the 4-H Club leader(s) at all times. As a 4-H member and guardian: I understand that as a participant and/or guardian I have the responsibility to help make all 4-H activities a safe experience for everyone through my behavior and conduct. I also understand the importance of following rules, directions, and policies and agree to follow them.

Member Signature _____ Date _____

Parent / Guardian Signature _____ Date _____

County Only					
Fee Paid	Date	Cash/Check No.	Medical Release	Ethics Form	Photo Permission



Iowa 4-H Medical Information/Release Form (Non 4-H Club Members - Youth)

_____ Year

Keep original in County Office.

PARTICIPANT INFORMATION

Participant's Name _____

Permanent Address _____

City, State, Zip _____

Date of Birth _____ Gender _____

Home Phone _____

MEDICAL EMERGENCY CONTACT INFORMATION

Person to Contact First

Name _____

Relation to Participant _____

Daytime Phone _____

Evening Phone _____

E-mail _____

Name of Family Doctor _____

Name of Dentist _____

Backup Contact (Relative or Friend)

Name _____

Relation to Participant _____

Daytime Phone _____

Evening Phone _____

E-mail _____

Office Number _____

Office Number _____

INSURANCE POLICY INFORMATION

The above-named participant is covered by health insurance. Yes** No*

* If no, initial this line stating that you do not have health insurance and are aware that Iowa State University/University Extension/4-H does not carry any health insurance for you. _____

** If yes, provide the following information which is required by Iowa State University to expedite treatment and to facilitate the billing process.

Policy Holder's (P.H.) Name _____ P.H.'s Date of Birth _____

Address _____ Relation to Participant _____

City, State, Zip _____ Occupation _____

P.H.'s Employer's Name/Address _____

Insurance Company Name _____

Policy # _____ Plan # _____

HEALTH INFORMATION (Please Print)

Does the child have any of the following conditions or a history of any of the following conditions? (**Check all that apply.**)

- | | | |
|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Fainting Spells |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Heart or cardio-vascular problems/disease |
| <input type="checkbox"/> Convulsions/seizure | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Chronic bone, muscle or joint injuries |
| <input type="checkbox"/> Migraine headaches | <input type="checkbox"/> Other condition(s): (Please list) _____ | |

Allergies or reactions: (**Check all that apply.**)

- | | | | | |
|---|---|---|---------------------------------|----------------------------------|
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Penicillin | <input type="checkbox"/> Dairy | <input type="checkbox"/> Gluten | <input type="checkbox"/> Peanuts |
| <input type="checkbox"/> Insect bites or stings | <input type="checkbox"/> Ivy/oak/sumac toxins | <input type="checkbox"/> Other (list) _____ | | |

Is your child currently on any prescribed or over-the counter medication? (If so, please record the condition/ailment, name of medication, dosage, time(s) of day, prescribing physician.)

Date of last tetanus shot (approximate if necessary): _____

4H-3039B-Y
August 2007

(over)

TO BE READ AND SIGNED BY PARTICIPANT

BEHAVIOR EXPECTATIONS OF THE PARTICIPANT

It is important to follow the directions of the adult leader(s) at all times. I understand that as a participant I have the responsibility to help make the activity a safe experience for everyone through my behavior and conduct. I also understand the danger of not following rules and directions and agree to follow them.

Participant Signature

Date

TO BE READ AND SIGNED BY PARENT OR GUARDIAN

I understand that my child must be healthy and reasonably fit in order to safely participate in 4-H recreation activities and that I will inform the program leader(s) of any medication, ailment, condition, or injury that may affect his/her ability to participate safely.

MEDICAL EMERGENCY PARENTAL PERMISSION*

The health history for my child is correct and complete to my knowledge. If an injury or other medical condition occurs or arises, I hereby give permission to the ISU Extension staff or volunteer to provide routine health care and seek emergency treatment including x-rays or routine tests. I agree to the release of any record necessary for treatment, referral, billing or insurance purposes. I understand that I am financially responsible for charges and hereby guarantee full payment to the attending physicians or health care unit. In the event of an emergency where I cannot decide for my child, I give permission to the physician/hospital selected by the ISU Extension staff or volunteer to secure and administer treatment for my child, including hospitalization. (*If you cannot sign this section of the form for any reason, contact the County Extension Director regarding a legal waiver in order to attend and participate.)

_____initial _____date

PUBLICITY/IMAGE/VOICE PERMISSION

The Iowa State University Extension 4-H Program normally takes photographs, video, and/or tape recording of our programs. During activities, a photograph or video/audio recording may be taken of you or your child. Unless you request otherwise, your initial below will be considered permission for Iowa State University and the 4-H Program to photograph, film, audio/video tape, record and/or televise your image and/or voice or the image and/or voice of your child for use in any publications or promotional materials, in any medium now known or developed in the future without any restrictions. If you object to ISU using you or your child's image or voice in this manner, please notify the adult leader. _____initial _____date

TRANSPORTATION

I am giving my permission for my child to be transported during an authorized activity or event. I give my permission for: **(Check all that apply.)**

- My child to ride with any adult volunteer driver.
- My child to ride with an authorized adult volunteer driver who has completed an MVR check.
- My child to ride in another youth's (18 or younger) vehicle to 4-H activities.
- My child to drive his/her vehicle to 4-H activities or events.
- My child to transport other 4-H participants in his/her or my vehicle.

I understand that if personally-owned vehicles are used as transportation to and from Iowa State University (ISU) 4-H events or activities, that the owner of the vehicle is responsible for any liability that might occur during the transportation. ISU does not provide coverage for any property damage, personal injury or liability that may occur while using personal vehicles. Vehicle owners are required to carry automobile liability insurance as required by the State of Iowa.

_____initial _____date

4-H ASSUMPTION OF RISK AND RELEASE OF LIABILITY *(Please read carefully.)*

I give permission for _____ to participate in the 4-H program. I understand that 4-H project activities/events may involve certain risks of physical activity and possible injury and that Iowa State University and its 4-H program will provide each participant with reasonable care, but that ISU cannot guarantee that my child will remain free of injury. In addition, some 4-H projects including but not limited to: shooting sports, horse or livestock projects, water activities, and other sporting activities have a higher degree of risk. I nonetheless wish to have my child participate in the 4-H program and ASSUME the RISK of participating. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS the State of Iowa, the Board of Regents of the State of Iowa, ISU and ISU Extension and their officers, employees and agents (hereinafter the RELEASEES) from any and all claim and/or cause of action arising out of and related to any injury, loss, penalties, damage, settlement, costs or other expenses or liabilities that occur as a result of my child's participation in the 4-H program. This release, however, is not intended to release the above-mentioned RELEASEES from liability arising out of their sole negligence.

Parent or Guardian Signature

Date

(Must be signed by the parent or guardian if the participant is under 18 years old)



Clover Kids

Where children experience the joy of learning
in a supportive, creative, challenging and fun environment.



Field Trip Permission Form

Description of Event/Activity _____

Please fill out this form completely.

Event/Activity Permission:

I give permission for _____ (child's full name) to
participate in the following Clover Kids activity _____
(activity/destination) on _____ (date).
Child's Full Name
Activity/Destination
Date

Parent/Guardian can be reached during the fieldtrip:

Parent/Guardian _____ Phone _____

Place/address _____

The following people are available and can be reached during the field trip:

Name Relationship Phone Cell Phone

Name Relationship Phone Cell Phone

Parent/Guardian signature: _____ Date _____

Parent/Guardian printed name: _____

Clover Kids Leaders: Keep this form with your copy of the Medical Information Form.