

2011-2012 BREMER COUNTY 4-H ENROLLMENT FORM

Circle One:	C - Clover	N - New Enrollment	R - Re-Enrollment
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4-H CLUB _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Birthdate: _____ Gender : _____ Primary Phone: _____ Years in Clover Kids (K-3rd grade): _____ Years in 4-H (4th- 12th grade): _____
_____/_____/_____ (M/F): _____

Parent #1: _____ Cell Phone: _____ Work Phone: _____

Parent #2: _____ Cell Phone: _____ Work Phone: _____

Parent #2's address, if different from parent #1: _____

Email _____

Ethnicity (circle all that apply): White Black Hispanic American Indian Alaskan Native Native Hawaiian Pacific Islander Asian Prefer Not To State

Residency (check one): _____ Farm _____ Town _____ Grade: _____ Name of School: _____

List of Non-Livestock projects are on the back of this form

PRE-ENROLLMENT FOR ANIMAL PROJECTS REQUIRED (circle all that apply)

Youth need to be enrolled in the animal project by May 15th to exhibit at fair.

Beef – Breeding Beef	Beef - Market Beef	Bottle Bucket Calf or Lamb
Dairy Cattle	Dog	Goats - Dairy Goats
Goats - Meat Goats	Horse & Pony	Pets
Poultry	Rabbit	Sheep - Breeding Sheep
Sheep - Market Sheep	Swine	Swine - Market Swine

Member Signature _____ Parent/Guardian Signature _____

Leader Signature _____ Date _____

PROJECT CATEGORY

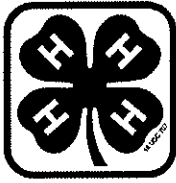
Name	Division
Animal Science	Animals
Veterinary Science	Animals
Crop Production	Ag & Natural Resources
Environment and Sustainability	Ag & Natural Resources
Horticulture	Ag & Natural Resources
Outdoor Adventures	Ag & Natural Resources
Safety and Education in Shooting	Ag & Natural Resources
Sports	Ag & Natural Resources
Other Agriculture and Natural Resources	Ag & Natural Resources
Music	Creative Arts
Photography	Creative Arts
Visual Arts	Creative Arts
Child Development	Family & Consumer Sciences
Clothing and Fashion	Family & Consumer Sciences
Consumer Management	Family & Consumer Sciences
Food & Nutrition	Family & Consumer Sciences
Health	Family & Consumer Sciences
Home Improvement	Family & Consumer Sciences
Sewing and Needle Arts	Family & Consumer Sciences
Other Family and Consumer Science	Family & Consumer Sciences
Citizenship	Personal Development
Communication	Personal Development
Leadership	Personal Development
Self-Determined	Personal Development
4-H Poster Communication	Personal Development
Digital Storytelling	Science, Engineering & Technology
Mechanics	Science, Engineering & Technology
Woodworking	Science, Engineering & Technology
Science, Engineering & Technology	Science, Engineering & Technology

IOWA STATE UNIVERSITY
Extension and Outreach

and justice for all . . .

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Iowa 4-H Medical Information/Release Form (Club Member)

2011-2012 Year

Keep original in County Office.

PARTICIPANT INFORMATION

Participant's Name _____
Permanent Address _____
City, State, Zip _____

Name of Club _____
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

I understand that ISU Extension purchases a primary accident insurance policy to cover 4-H members during authorized 4-H events and activities. I understand that I (parent or guardian) am responsible for any medical expenses that are excluded from the policy or exceed the policy limits. _____initial _____date

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): _____

TO BE READ AND SIGNED BY PARTICIPANT

BEHAVIOR EXPECTATIONS OF THE PARTICIPANT

It is important to follow the directions of the 4-H Club 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

(over)

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 first aid 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 to the attending physicians or health care unit (other than those covered by an ISU Extension accident insurance plan). 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 4-H program leader.

_____initial _____date

TRANSPORTATION

I am giving my permission for my child to be transported during an authorized 4-H 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 Club activities.
- My child to drive his/her vehicle to this 4-H activities or events.
- My child to transport other 4-H Club 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 Club 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 CLUB 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 club 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 as an Iowa 4-H club member in the 4-H club 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)