

Harrison County 2008-2009 Program Year 4-H Enrollment Form

Club: _____

FOR OFFICE USE ONLY

County Code: **043** Club Code: _____ Member Code: _____

Category (Circle One): 1) Member 2) Discovering 4-H 3) Organizational Leader 4) Activity Leader
 5) Project Leader 6) Resource Leader 7) Special

Enrollment Type (Circle One): N-New Enrollment R-Re-Enrollment Home Phone # _____

Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ State: ____ Zip: _____

School: _____ Year In 4-H: _____

Youth Leader ____ Gender: M F Birthday: ____/____/____ 4-H Age: _____ Grade _____
(on September 15, 2008)

Other 4-H Memberships: _____ 4-H'ers E-mail: _____

Leader Type (circle one): 1) Direct Volunteer 2) Indirect Volunteer 3) Middle Manager

Ethnic Group (circle one) 1) Hispanic 2) Not Hispanic

Race (circle one): 1) White 2) Black 3) Alaskan/Am. Ind. 4) Asian 5) Hawaiian/Pac. Island
 6) White and Black 7) White and Am. Ind. 8) Black and Am. Ind. 9) White and Asian 10) Not Listed

Residence (circle one): 1) Farm 2) Rural Area/10,000 3) Town/10-50,000 4) Suburb/50,000 5) City/50,000

Project Name	Project Code	Need Literature Yes/No	Year in Project
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____

Please refer to the 4-H "Pick a Project" paper for project material costs before ordering. Animal identification forms will be sent automatically. Check with your club leader for your club's policy on paying for cost publications.

Please complete the parent information on the next page.....

Please return this form as soon as possible. No project enrollments/changes accepted after May 1, 2009.

Do you require an accommodation for a disability to participate in this program? _____

I give permission to have my image/voice used by ISU Extension for educational purposes. I understand that my image/voice will be used to help illustrate and explain the educational programs of ISU Extension.

Member Signature _____ **Leader Signature** _____

Parent Guardian Signature _____ **Date** _____

2008-2009 4-H Enrollment Parent Information Form

Harrison County

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Parent Code 1: _____

Parent Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Occupation (optional): _____

Parent Type (circle one): Primary Parent Additional Parent Other

Legal Guardian: Yes / No Send Mailing: Yes / No E-mail: _____

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Additional Contact Code 2: _____

Addition Contact Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Contact Type (circle one): Primary Contact Additional Contact Other

Legal Guardian: Yes / No Send Mailing: Yes / No E-mail _____

THIS BOX FOR OFFICE USE ONLY

Additional Contact Code 3: _____

Addition Contact Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Contact Type (circle one): Primary Contact Additional Contact Other

Legal Guardian: Yes / No Send Mailing: Yes / No E-mail _____

PROJECT (OR UNIT) NAME

PROJECT CODE

NEEDPROJECT MANUAL ?

YES ___ NO ___

YES ___ NO ___

YES ___ NO ___

YES ___ NO ___

YES ___ NO ___

2008-2009 4-H PROJECT TITLES AND NUMBERS

Aerospace Stage 2 (4011) Stage 3 (4012) Stage 4 (4013) Rockets Away! (4014)	Clothing, Sewing Unit 1 (5116) Unit 2 (5117) Unit 3 (5118)	Food & Nutrition Unit 1 (5211) Unit 2 (5212) Unit 3 (5213) Unit 4 (5214)	Music (8710) Outdoor Advtrs. Hiking (8650) Camping (8651) Backpacking (8652)	Self-Determined (8910) Sheep-Breeding Level 1 (1611) Level 2 (1612) Level 3 (1613)
Automotive (4211)	Communication Acting (8111) Puppetry (8112) Stagecraft (8113) Comm, Level 1 (8114) Comm, Level 2 (8115) Comm, Level 3 (8116)	Forestry Unit 1 (7061) Unit 2 (7062) Unit 3 (7063)	Pets Birds (1811) Cats Level 1 (18121) Level 2 (18122) Level 3 (18123) Fish (1813) Gerbils (1814) Guinea Pigs & Cavy (1815) Hamsters (1816) Other Pets (1817)	Sheep-Market Level 1 (1614) Level 2 (1615) Level 3 (1616)
Beef-Breeding Level 1 (1011) Level 2 (1012) Level 3 (1013)	Consumer & Mgmt. Money Fundamentals (5411) Money Moves (5412)	Goats-Dairy Level 1 (1071) Level 2 (1072) Level 3 (1073)	Photography Unit 1 (8511) Unit 2 (8512) Unit 3 (8513)	Small Engines Unit 1 (4511) Unit 2 (4512) Unit 3 (4513)
Beef-Market Level 1 (1014) Level 2 (1015) Level 3 (1016) Bottle/ Bucket Calf (1030) Feeder Calf (1033)	Consumer Savvy Level 1 (5413) Level 2 (5414) Level 3 (5415)	Goats-Meat Level 1 (1074) Level 2 (1075) Level 3 (1076)	Plant Science Exploring Plants (7411) Plant Reproduction (7412) Ears to You (7413)	Sport Fishing Unit 1 (2115) Unit 2 (2116) Unit 3 (2117)
Bicycle Adventures Level 1 (4310) Level 2 (4311) Level 3 (4312)	Crop Production Level 1 (7011) Level 2 (7012) Level 3 (7013) Other Crops (7014)	Health First Aid (8310) Staying Healthy (8311) Keeping Fit (8312)	Swine-Breeding Level 1 (1711) Level 2 (1712) Level 3 (1713)	Swine-Market Level 1 (1714) Level 2 (1715) Level 3 (1716)
Child Development Unit 1 (5011) Unit 2 (5012) Unit 3 (5013)	Dairy Cattle Level 1 (1051) Level 2 (1052) Level 3 (1053) Bottle/ Bucket Calf (1030)	Home Improvement Disc. Design (5311) Furniture Facts (5312) Accessory Accents (5313) Fabric Furnishings (5314) Survival Skills (5315)	Poultry Level 1 (1411) Level 2 (1412) Level 3 (1413)	Tractor (4411)
Citizenship Me, My Family & Friends (8061) My Neighborhood (8062) My Clubs (8063) My Government (8064) My World (8065) Walk in My Shoes (8068) Public Adventures (8070)	Dog Level 1 (1111) Level 2 (1112) Level 3 (1113)	Horse and Pony Horseless Horse (1210) Level 2 (1211) Level 3 (1212) Level 4 (1213) Level 5 (1214)	Rabbit Level 1 (1511) Level 2 (1512) Level 3 (1513)	Veterinary Science Unit 1 (2311) Unit 2 (2312) Unit 3 (2313)
Clothing Unit 1 (5111) Unit 2 (5112)	Electric/Electronics Unit 1 (6111) Unit 2 (6112) Unit 3 (6113) Unit 4 (6114)	Horticulture Flower Gardening & Ornamentals (7111) Veg. Gdn. 1 (7112) Veg. Gdn. 2 (7113) Veg. Gdn. 3 (7114) Veg. Gdn. 4 (7115) Home Grounds Imp. (7116)	Robotics Robotics 1 (8933) Robotics 2 (8934)	Visual Art Unit 1 (8211) Unit 2 (8212)
Clothing Decisions Unit 1 (5114) Unit 2 (5115)	Entomology Level 1 (2210) Level 2 (2211) Level 3 (2212)	Leadership Level 1 (8410) Level 2 (8411) Level 3 (8412)	Safety (8810)	Welding (4110)
Discovering 4-H (all 3rd grade 4-H'ers) (9130)	Environment Level 1 (2110) Level 2 (2111) Level 3 (2112)		Safety & Ed. Shooting Sports (8811)	Wildlife (9110)
			Science & Technology Unit 1 (8931) Unit 2 (8932)	Woodworking Unit 1 (4611) Unit 2 (4612) Unit 3 (4613) Unit 4 (4614)

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Issued in furtherance of Cooperative Extension work, Acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture. Jack Payne, Director, Cooperative Extension Service, Iowa State University of Science and Technology, Ames, Iowa.

Harrison County Policy for Third Grade (Discovering) 4-H Members

(Parents and Leaders Please Note) On September 15, 1997, Harrison County adopted the Iowa State University policy for third grade (Discovering) 4-H members:

The purpose for conducting a Discovering 4-H program is to allow third-grade youth an opportunity to sample 4-H activities and projects in a non-competitive manner. Discovering 4-H members may participate in some fair classes where the youngster will receive a ribbon based on their participation and not on the quality of the project. Discovering 4-H members will not participate competitively with 4th grade and older 4-H members.

All projects and activities (including communications) in the 4-H Exhibit Building have been conforming to this policy and will continue to be non-competitive for Discovering 4-H'ers.

Discovering 4-H members in Harrison County will be able to participate in non-competitive classes with the following: cat, dog, poultry, rabbit, lambs, goats, and bucket/bottle calves. They must properly enroll in these project areas and complete identification sheets in order to show at the Harrison County Fair.

Animal projects that are excluded from participation by Discovering 4-H members will be market beef, breeding heifers, feeder calves, dairy, swine and horses.

Discovering 4-H'ers are not eligible to compete in showmanship classes in any livestock project.

Parents and leaders who have questions should contact the Harrison County Extension office.



Iowa 4-H Medical Information/Release Form

(Club Member)

Year _____

Keep original in County Office.

PARTICIPANT INFORMATION

Participant's Name _____

Name of Club _____

Permanent Address _____

Date of Birth _____ Gender _____

City, State, Zip _____

Home Phone _____

MEDICAL EMERGENCY CONTACT INFORMATION

Person to Contact First
Friend)

Backup Contact (Relative or

Name _____

Name _____

Relation to Participant _____

Relation to Participant _____

Daytime Phone _____

Daytime Phone _____

Evening Phone _____

Evening Phone _____

E-mail _____

E-mail _____

Name of Family Doctor _____

Office Number _____

Name of Dentist _____

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)

4H-3039B
August 2007

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 (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)

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