

Instructions for Enrollment



- Write in the name of your Chapter.
- Fill in the blanks for name, address, etc. On the First Name blank, put the name you wish to be identified as, example – William is your full name, but you would rather be called Bill, please put in Bill on the blank.
- Please enter email addresses for the FFA member and the parents. We would also like to use email to get information to our FFA member and their families. If you have additional family members who would also like to get information, enter their email address at the bottom of the page.
- Place a check mark beside the Project areas you wish to be informed about. (**Animals identified as part of a 4-H project cannot** also be identified or exhibited as an FFA project or vice versa. Exhibitors in 4-H classes are not eligible to exhibit in a similar department of the FFA divisions or vice-versa.)
- Note any disabilities you want the Extension Office to be aware of.
- FFA members need to review the Enrollment form for mistakes.
- FFA member and parent or guardian should read the Iowa 4-H Medical Information on the back of enrollment form and sign in the appropriate spaces.
- Parent or guardian and FFA member should review the Liability Statement on the back of the health form and sign in the appropriate space.
- Parent or guardian and FFA member should review the Publicity Release on the back of the health form and sign in the appropriate space.
- Chapter advisor should review the form and sign the form.
- Send the enrollment form with signatures to: Iowa County Extension, PO Box 720, 223 W. Welsh St, Williamsburg, IA 52361.
- FFA Members will not be allowed to show at the Iowa County Fair without having an enrollment form, code of ethics, medical form and Livestock ID's filled out and on file in the Iowa County Extension Office, by May 15th.**

FFA ENROLLMENT FORM

IOWA COUNTY

CHAPTER: _____

FOR OFFICE USE ONLY

County Code: 048	Chapter Code: _____	Member Code: _____
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Last Name: _____ First Name: _____

Mailing Address: _____ City: _____ Zip: _____

Family/Parent e-mail Address: _____ FFA Member e-mail Address _____

School: _____ Home Phone # _____ Sex: _____

Birthday: ____/____/____ Age: _____ Grade in School (As of Sept 15) _____

Primary Parent(s)/Guardian _____

Additional Parent and Mailing Address _____

Ethnic (Circle One): White Black Am.Indian/Alaskan Hispanic Asian

Project Area	√
Beef – Breeding	
Beef – Market	
Dairy	
Dog	
FFA Photography	
Horse – Owned	
Horse – Leased	
Poultry	
Rabbit	
Sheep – Breeding	
Sheep – Market	
Swine	
Ag Mechanics	



I want the Extension Office to be aware of the following disability: _____

Chapter Advisor Signature: _____ Date: _____

Return this completed form to Iowa County Extension, PO Box 720, 223 W. Welsh St, Williamsburg, IA 52361. Your name will be added mailing lists to receive announcements about events such as beef, swine and sheep weigh-ins, due date for livestock ID's.



IOWA YOUTH CODE OF ETHICS

Youth are expected to be sincere, honest and act in sportsmanlike ways at all times. Youth represent the entire program and their behavior reflects on their parents, leaders, club and the entire youth program. All adults involved with the youth program, leaders as well as parents, are expected to set positive examples and serve as positive role models by what they say and do. Any youth who breaks the Code of Ethics or allows another person (adult or peer) to talk them into violating the Code of Ethics agrees to forfeit all prizes, awards and premiums. The youth may also be prohibited from exhibiting at this and future exhibitions including the Iowa State Fair and other county, state or regional exhibitions.

Youth agree to follow these guidelines:

1. I will do my own work, appropriate for my age and physical and mental development. This includes research and writing of exhibit explanations, preparing exhibits (such as sewing, cooking, refinishing, etc), care and grooming of animals, etc. Adult assistance should help guide and support me, not do it for me.
2. All exhibits will be a true representation of my work. Any attempt to take credit for other's work, alter the conformation of animals, or alter their performance is prohibited. Copyright violation or allowing others to complete your exhibit is considered misrepresentation and is prohibited.
3. I will treat all people and animals with respect. I will provide appropriate care for animals.
4. I will present exhibits that are safe for consumption. All food exhibits will be safe to exhibit and for judges to evaluate. Other exhibits will be safe for judges to evaluate and for exhibition.
5. All food animals that may be harvested immediately following the show shall be safe for consumers, and shall have met all withdrawal times for all medications, and be free of violative drug residue.
6. If any animal requires medical treatment while at the fair or exhibition, only the Official Fair Veterinarian may administer the treatment. All medications that are administered shall be done according to the label instructions of the medication used.
7. My animal's appearance or performance shall not be altered by any means, including medications, external applications and surgical procedures. Any animal that is found to have changed its appearance or its performance shall be disqualified from the show, and have penalties assessed against the exhibitor, parent and/or guardian by the management of the fair or exhibition.
8. I will follow all ownership and possession rules and, if requested, will provide the necessary documentation.
9. I will follow all livestock health requirements for this fair or exhibition, according to the state health requirements as printed in the Premium Book of the fair or exhibition. I will provide animal health certificates from a licensed veterinarian upon request from the management of the fair or exhibition.
10. By my entering an animal in this fair or exhibition, I am giving consent to the management of the fair or exhibition to obtain any specimens of urine, saliva, blood, or other substances from the animal to be used in testing. If the laboratory report on the analysis of any sample indicates a presence of forbidden drugs, this shall be evidence such substance has been administered to the animal either internally or externally. It is presumed that the sample tested by the laboratory to which it is sent is the one taken from the animal in question, its integrity is preserved and all procedures of said collection and preservation, transfer to the laboratory and analysis of the sample are correct and accurate and the report received from the laboratory pertains to the sample taken from the animal in question and correctly reflects the condition of the animal at the time the sample was taken, with the burden on the exhibitor, parent and/or guardian to prove otherwise.
11. I am responsible for my exhibit and I will not allow others to violate this Code on my behalf. By my entering an exhibit in this fair or exhibition I will accept any disciplinary action taken by the management of this fair or exhibition for any violation of this Code of Ethics and any other rules of competition of the fair or exhibition without recourse against the fair or exhibition.
12. I want my exhibit to be an example of how to accept what life has to offer, both good and not so good, and how to live with and learn from the outcome.
13. I will not be involved in any illegal activities while participating in 4-H and FFA events, including but not limited to alcohol, tobacco or drug use.

I agree to conduct myself in an honest, ethical, and upstanding manner and I understand that disciplinary actions will result if these rules are violated. I understand that I am expected to represent the program in a positive manner. I have read, understand and agree to follow this Code of Ethics, and any other rules of competition of the fair or exhibition as printed in its Premium Book.

Exhibitor's Signature (Required)

Date

Exhibitor's Name (Print)

Parent/Guardian's Signature (Required)

Date

Parent/Guardian's (Print)

IOWA STATE UNIVERSITY
University Extension

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Many materials can be made available in alternative formats for ADA clients. To file a complaint of discrimination, write USDA, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, DC 20350-9410 or call 203-720-5964.

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.



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*): _____

(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)
