



Iowa 4-H Club Member Enrollment and Medical Information/Release Form

Postal Mail Email

Name	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

Emergency Contact

Name	Phone	Relation to Participant
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Enrollment

Ethnicity Are you of Hispanic ethnicity? No 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"/> I have a sibling serving in the military	

Branch Air Force Army Coast Guard DOD Civilian Marines Navy

Component Active Duty National Guard Reserves

Grade **School Name**

School Type

<input type="checkbox"/> Public School	<input type="checkbox"/> Homeschool / Alternative	<input type="checkbox"/> Vocational Education
<input type="checkbox"/> Private School	<input type="checkbox"/> Magnet / Specialized School	
<input type="checkbox"/> Special Education	<input type="checkbox"/> Charter School	

Health Conditions

Does your child have any Medical Conditions? Yes No

If Yes, please list :

Does your child have any allergies Yes No

If Yes, please list :

Is your child currently on any prescribed or over-the-counter medication? Yes No

If Yes, please list :

Clubs

Enroll	Club
<input type="checkbox"/> (Enroll)	
(New Club)	
(New Club)	
(New Club)	

Projects

Enroll	Project
<input type="checkbox"/> (Enroll)	
(New Project)	
(New Project)	
(New Project)	
(New Project)	
(New Project)	
(New Project)	
(New Project)	
(New Project)	
(New Project)	
(New Project)	
(New Project)	
(New Project)	
(New Project)	
(New Project)	

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. I agree to follow the Code of Conduct for Iowa 4-H Youth and Families.

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 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 ISUEO or County Agricultural Extension District staff or volunteers 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 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 ISUEO or county extension staff or volunteers to secure and administer treatment for my child, including hospitalization. _____initial _____date

PUBLICITY/IMAGE/VOICE PERMISSION

The Iowa State University Extension and Outreach 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 agreement below will be considered permission for Iowa State University, the County Agricultural Extension District, 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. _____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.)*

- Any 4-H staff person with a valid driver's license
- Any screened and approved 4-H volunteer with a valid driver's license
- Any family member with a valid driver's license
- My child is not allowed to travel with anyone but a parent

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 my youth 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 Outreach, County Agricultural Extension Districts, 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

PROGRAM EVALUATION AND RESEARCH PERMISSION

The Iowa State University Extension and Outreach 4-H Program annually assesses the extent to which youths' engagement in 4-H learning experiences impact their lives. The overall purpose of Iowa 4-H's program evaluation and research efforts is to inform and improve 4-H educational learning experiences with all Iowa youth.

Throughout the 4-H programming year, youth enrolled in 4-H learning experiences may be asked via a self-assessment tool to share perceptions of changes in their knowledge and actions/practices related to engagement in healthy living, STEM, citizenship and leadership, and/or communication and the arts learning experiences. The youth self-assessments do not ask for youths' names. Youths' self-assessment responses are kept confidential and results are reported in aggregate.

The Iowa 4-H Program is also working collaboratively with the Iowa Department of Education to determine if there are differences in academic variables such as, but not limited to, grades, test scores, school attendance, and course enrollment of youth who are engaged in 4-H learning experiences compared to youth who are not engaged in 4-H learning opportunities. Additionally, demographic data, such as, but not limited to youths' ethnicity, race, and gender will also be reviewed to better understand if youth engagement in 4-H learning experiences helps to close achievement gaps as outlined by the Iowa Department of Education. The Iowa 4-H Program will work closely with the Iowa Department of Education to ensure that any data released is not personally identifiable and that any data received, analyzed, or preserved is in strict compliance with the requirements within the Family Educational Rights and Privacy Act (FERPA) and Iowa State University's Human Subject Policies.

You are free to decide not to have your child participate in any Iowa 4-H program evaluation or research project, or to withdraw your child at any time, without adversely affecting your child's Iowa 4-H participation. If you decide to withdraw your child from an Iowa 4-H program evaluation or research project, please contact Leslie Stonehocker, 4-H Data Manager, at ljstone@iastate.edu. Your decision will not result in any loss or benefits to which your child is otherwise entitled.

YOU ARE VOLUNTARILY MAKING A DECISION WHETHER OR NOT TO ALLOW YOUR CHILD TO PARTICIPATE IN 4-H PROGRAM EVALUATION AND RESEARCH EFFORTS. YOUR SIGNATURE CERTIFIES YOU HAVE DECIDED TO ALLOW YOUR CHILD TO PARTICIPATE HAVING READ AND UNDERSTOOD THE INFORMATION PRESENTED.

_____ Parent or Guardian Signature

_____ Date