## 4HOnline

### Youth Enrollment Form - New Member

<table>
<thead>
<tr>
<th>Name</th>
<th>County</th>
<th>Family Email</th>
<th>Correspondence Pref.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email</td>
<td></td>
<td>First Name</td>
<td></td>
</tr>
<tr>
<td>Last Name</td>
<td>Mailing Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zip Code</td>
<td>Birth Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
<td>Female</td>
<td>Primary Phone</td>
</tr>
<tr>
<td>Cell Phone</td>
<td>Years in 4-H</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Parent / Guardian 1

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cell Phone</td>
<td>Work Phone</td>
</tr>
</tbody>
</table>

### Parent / Guardian 2

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cell Phone</td>
<td>Work Phone</td>
</tr>
</tbody>
</table>

### Second Household

<table>
<thead>
<tr>
<th>Send Correspondence</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correspondence Pref.</td>
<td>Postal Mail</td>
<td>Email</td>
</tr>
</tbody>
</table>

### Emergency Contact

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email</td>
<td>Relationship</td>
</tr>
</tbody>
</table>

### Enrollment

#### Ethnicity

- [ ] White
- [ ] Black
- [ ] American Indian or Alaskan Native
- [ ] Native Hawaiian or Pacific Islander
- [ ] Asian
- [ ] Prefer Not to State

#### Race

- [ ] Yes
- [ ] No

#### Are you of Hispanic ethnicity?

- [ ] Yes
- [ ] No

#### Residence

- Farm (rural area where agricultural products are sold)
- Town under 10,000 and rural non-farm
- Town / City 10,000 - 50,000 and its suburbs
- Suburb of city more than 50,000
- Central city more than 50,000

#### Military

- No one in my family is serving in the military
- I have a parent serving in the military

#### Branch

- Air Force
- Army
- Coast Guard
- DOD Civilian
- Marines
- Navy

#### Component

- Active Duty
- National Guard
- Reserves

#### Grade

<table>
<thead>
<tr>
<th>School Type</th>
<th>School Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public School</td>
<td>Homeschool / Alternative</td>
</tr>
<tr>
<td>Private School</td>
<td>Magnet / Specialized School</td>
</tr>
<tr>
<td>Special Education</td>
<td>Charter School</td>
</tr>
<tr>
<td>Vocational Education</td>
<td></td>
</tr>
</tbody>
</table>
### Clubs

<table>
<thead>
<tr>
<th>Enroll</th>
<th>Club</th>
<th>Volunteer Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ (Enroll)</td>
<td>(New Club)</td>
<td></td>
</tr>
</tbody>
</table>

### Projects

<table>
<thead>
<tr>
<th>Enroll</th>
<th>Project</th>
<th>Club</th>
<th>Volunteer Title</th>
<th>Years In</th>
</tr>
</thead>
</table>

**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.

<table>
<thead>
<tr>
<th>Member Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Parent / Guardian Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

### County Only

<table>
<thead>
<tr>
<th>Fee Paid</th>
<th>Date</th>
<th>Cash/Check No.</th>
<th>Medical Release</th>
<th>Ethics Form</th>
<th>Photo Permission</th>
</tr>
</thead>
</table>
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
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.)

☐ Asthma ☐ Bronchitis ☐ Fainting Spells
☐ Diabetes ☐ Ear Infections ☐ Heart or cardio-vascular problems/disease
☐ Convulsions/seizure ☐ Hay Fever ☐ Chronic bone, muscle or joint injuries
☐ Migraine headaches ☐ Other condition(s): (Please list) __________________________

Allergies or reactions: (Check all that apply.)

☐ Aspirin ☐ Penicillin ☐ Dairy ☐ Gluten ☐ Peanuts
☐ Insect bites or stings ☐ Ivy/oak/sumac toxins ☐ 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. Nonetheless, I wish to have my child participate as an Iowa 4-H club member 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.

_________________________ Date

Parent or Guardian Signature

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

<table>
<thead>
<tr>
<th>Exhibitor’s Signature (Required)</th>
<th>Date</th>
<th>Exhibitor’s Name (Print)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian’s Signature (Required)</td>
<td>Date</td>
<td>Parent/Guardian’s (Print)</td>
</tr>
</tbody>
</table>

IOWA STATE UNIVERSITY
University Extension

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