

Club/Group Name: _____ Club/Group Leader: _____

Enrolling as: Youth Member **OR** Adult Volunteer: General Club Ldr. Project Ldr. Activity Ldr. Resource Ldr.

Participant Name: _____
(First) (MI) (Last)

Birth Date: ____/____/____ Primary Phone: (____) _____ Work Phone: (____) _____

Mobile Phone: (____) _____ Permission to receive Yes
text messages from 4-H No Wireless Carrier: _____

Primary Email: _____ Other Email: _____

School: (youth only): _____ Grade: _____ Yr. in 4-H: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name (Printed): _____
Youth Only (First) (MI) (Last)

Military Family: (Check applicable box)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Active Army | <input type="checkbox"/> Army Guard | <input type="checkbox"/> Army Reserve | <input type="checkbox"/> Active Air Force |
| <input type="checkbox"/> Air Guard | <input type="checkbox"/> Air Force Reserve | <input type="checkbox"/> Active Navy | <input type="checkbox"/> Naval Reserve |
| <input type="checkbox"/> Active Marine Corps | <input type="checkbox"/> Marine Corps Reserve | <input type="checkbox"/> Active Coast Guard | <input type="checkbox"/> Coast Guard Reserve |

Health Considerations:

Has health considerations Health consideration: _____

Please provide us with this optional data so that we may report to our Federal partners

Ethnicity: (Check one): Yes – Hispanic or Latino Ethnicity **OR** No – Not Hispanic or Latino Ethnicity

Gender: (Check one): Female **OR** Male

Residence: (Check one): Farm Rural/Town <10,000 Town/City, 10,000-50,000 Suburb City >50,000

Racial Groups: (Check all that apply): Asian White Black American Indian Hawaiian/Pacific Is. Other

Project Name

Example: Photography _____

Project Year

1 _____

Participant Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

4-H Volunteer/Leader Signature: _____

Date: _____

2015 Washington 4-H Project List

Animal Sciences

Amphibians
Beef*
Cat
Cavy
Dairy Cattle*

Dog

Dog Care & Training
Service Dog

Equine

Equine Science*
Horseless Horse
Horsemanship*

Explore the World of Small Animals

Goat

Dairy Goat*
Meat Goat*
Novelty Goat*
Pygmy Goat
Utility Goat*

Llama*

Pets

Poultry

Rabbit

Sheep*

Swine*

Veterinary Science

Self-Det. Animal Science

Engineering & Technology

Aerospace

Bicycle

Computer

Electricity

Geospatial

Robotics

Small Engines

Woodworking

Self-Det. Engineering & Technology

Environmental Stewardship

Environmental Stewardship

Backyards & Beyond

Exploring Your Environment

Forestry

Sportfishing

There's No New Water

Wind Energy

Shooting Sports

Archery*

Black Powder/Muzzle Loading*

Hunting*

Pistol*

Riflery*

Shotgun*

Self-Det. Environ. Stewardship

Expressive Arts

Communications

Performing Arts

Performing Arts

Theatre Arts

Photography

Visual Arts

Creative Arts

Latino Cultural Arts

Visual Arts

Self-Det. Expressive Arts

Family & Consumer Sciences

Clothing & Textiles

Consumer Education

Consumer Savvy

Financial Champions

Reading/Financial Literacy

Family Living

Adventures in Family Living

Kids on the Grow!

Foods & Nutrition

Foods & Cultures

Food & Nutrition

Food Preservation*

Microwave Magic

Native Foods

STEPS to a Healthy Teen

What's on Your Plate?

EFNEP Youth Project

Food Sense

Needle Arts

Self-Det. Family & Consumer Science

Interdisciplinary

Adventure Education

Challenge

Portable Challenge

Outdoor Adventures

Ag in the Classroom

Build Your Future

Plant Sciences

Entomology

Butterfly WINGS

Entomology

Garden

Garden

MG-Led Gardening

Plant Science

Self-Det. Plant Science

Social Sciences

...And My World

Citizenship

Citizenship

Know Your Government

Service Learning

Entrepreneurship

Health

Health

Health Rocks

Introduction to 4-H

Exploring 4-H

Just Outside the Door

Leadership

Self-Det. Social Science

*Youth must be in 3rd Grade and be age 8 before 1/1/15 to enroll in these projects

THURSTON COUNTY 4-H CODE OF CONDUCT

The code of conduct shall be signed and dated by each youth member and parent/guardian as appropriate and returned with the 4-H enrollment forms. A 4-H member is not eligible to participate in the Thurston County 4-H Program, Thurston County Fair, nor any camp or workshop conducted by the Thurston County 4-H unless his/her signed copy is completed. In addition, the emergency information must be completed for each member.

As a 4-H member you have the responsibility of representing all 4-H members to the public. Therefore, you are expected to conduct yourself in a manner that respects individual rights, safety and property of others, and reflects favorably on your state, county and club as well as yourself. You are expected to observe the following guidelines.

1. The possession and use of alcoholic beverages and/or drugs other than prescribed medication is prohibited. Use of tobacco products by youth members is prohibited.
2. Obscene and discriminatory language, roughhousing and insubordination will not be tolerated.
3. Members and leaders must demonstrate respect for each other and the public.
4. Display of overly affectionate attention between individuals is prohibited.
5. Damage to, or destruction of property belonging to others is prohibited.
6. Animal abuse of any kind is prohibited.
7. Display of unsportsmanlike conduct is prohibited.
8. Be an example of how to accept what life has to offer – good and bad – and how to live with the outcome of exhibiting your project.
9. Wear neat, clean and appropriate attire; including shoes or boots at all times.

Report any infractions to the superintendent/club leader/event coordinator.

Penalties for infraction(s) may include any or all of the following:

- Placing the member on probation for involvement in further 4-H events and/or termination of 4-H membership.
- Assessing the member the cost of damages and repairs in the event of damage or destruction of property.
- Releasing the member to the nearest law enforcement agency and/or the proper authorities.
- Withholding premiums and/or sending the member home from 4-H activities or events.

Parents will be notified if penalties are necessary.

For members and parents:

We understand the reason for this agreement is to ensure the safety of the 4-H member and to ensure conduct and behavior that will result in each participant receiving the full benefit of enjoyment and educational experience from this event. It is not intended to place undue restrictions upon participants.

For members:

I have read the Code of Conduct and agree to abide by its rules. I understand that infractions of this code will result in any or all of the penalties listed above.

Member Signature

Date

For parents:

I have read the code of conduct and understand that I am responsible for my child or ward's behavior. I give permission to the staff in charge to administer the code.

Parent or Guardian Signature

Date

PRINTED NAME OF PARTICIPANT: _____

ASSUMPTION OF RISK October 1, 2014 – September 30, 2015

I understand that there are risks in participating in 4-H Youth Development events and activities associated with Washington State University (WSU).

In consideration for and as a condition of being allowed to participate in this voluntary activity, I agree to take full responsibility for any and all risks that exist, including the risk of death or injury to my child or self or loss or damage to my property. I understand that there may be risks that WSU cannot predict or foresee, and I also assume full responsibility for those risks.

Membership in the 4-H Youth Development Program may involve participation in a wide variety of activities such as, but not limited to: club meetings (mounted or un-mounted), shows, clinics, working with animals, physical education activities, water-sports, food preparation, woodworking, crafts, and travel. Risks in participating include, but are not limited to: temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, orthopedic damage, head, neck or spinal injuries, loss or use of arms and/or legs, eye damage, disfigurement, burns, drowning or death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of traveling to or from the 4-H Youth Development Program activities that cannot be specifically listed. Further, I recognize that the actions of other participants in the activity may cause harm or loss to my child, self or property.

PARENT OR GUARDIAN'S RELEASE OF CLAIMS AND LIABILITY

I release, the state of Washington, the Regents of WSU, WSU, any subdivision or unit of WSU, its officers, employees, and agents, from any and all liability, claims, costs, expenses, injuries and/or losses to person or property, which I may sustain and/or sustain as a result of death or injury of my child, as a result of or connected with participation in the above event. My child's participation includes, but is not limited to, travel to and from the event in a private or public vehicle, any activity connected with the event itself, and use of state equipment or facilities for the event whether on or off WSU property.

I have carefully read this document, understand its contents and am fully informed about this program and circumstances. I am aware that this document is a contract with WSU and the program sponsors. I sign it freely and voluntarily.

IMAGE AND VOICE RECORDINGS CONSENT

Participant, and his/her parent or guardian (as appropriate), hereby grant permission to Washington State University (WSU) to be photographed or otherwise have images or voice recordings made (including but not limited to digital photographs, video or digital moving images, and/or voice recordings), for WSU publication or promotional purposes in any medium (including but not limited to print media, newspaper, television, video, motion picture, or Web site on the Internet). We additionally consent to the use of the student (or adult) participant's name and/or interview comments in connection with WSU publication or promotional purposes in print media, newspaper, television, video, motion picture, or Web site on the Internet. We understand that consent to use of the student participant's likeness or voice recordings is not a condition of participating in the activity and that consent can be refused without any impact in the ability to fully participate in the program. No inducements or promises beyond our acceptance of an opportunity to promote WSU and its programs have been given to the persons signing below. Any other use of images and/or recordings, my name, and/or interview comments requires advance permission. We understand that we can revoke this consent at any time upon notice to WSU, at which time either, or both of us will sign a copy of the denial (below) for use of images or voice recordings.

We agree **OR** **do not agree** to use of digital images or voice recordings as set forth above:

WRITTEN NOTICE OF PASSIVE CONSENT

As a participant in the 4-H Program you or your child may be asked to help with the evaluation of the program to tell us how well the program is working. You or your child may be asked to complete a written survey about what you/they learned from participating in the program. We estimate that it will take participants approximately 10 minutes to complete the survey.

Participation in the evaluation is not required. If you or your child decide not to participate, it will not affect participation in this or future WSU Extension programs. If you or your child do not want to answer some questions on the survey, that is okay. The survey responses will be anonymous, and participant responses will not be identified in any way.

If you or your child does not want to participate in the evaluation of the 4-H Program or you have questions about the evaluation, please contact the Thurston County 4-H Office at: tc4h@co.thurston.wa.us or (360) 867-2157.

I have read, understand and consent to the foregoing statements. I am the parent or guardian of the child (minor under the age of eighteen, or other person legally incompetent to contract), whose name is set forth on this form OR I am an enrolled member or volunteer over the age of eighteen.

Signature of Parent/Guardian OR Participant (for participant 18 years of age or older)

Date

2014-2015 4-H Year
Thurston County Club
PARTICIPANT HEALTH
FORM
Page 1/3

This form is to REMAIN with
your 4-H Club Leader in a
confidential file.

Various attendance dates from: October 1, 2014 to September, 30 2015

Participant Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at program _____
Month/Day/Year

To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.

- 1. Complete pages 1, 2 and 3 of this form (and make a copy for yourself).
- 2. Send the original, signed form to program by requested date.

Participant Home Address: _____
Street Address City State Zip Code

Parent/guardian with residential placement and/or decision-making authority in the event of illness or injury:

Name: _____ Relationship to Participant: _____

Preferred Phones: (____) _____ (____) _____ Email: _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Second parent/guardian with legal responsibility/authority to be contacted in case of illness or injury:

Name: _____ Relationship to Participant: _____

Preferred Phones: (____) _____ (____) _____ Email: _____

Additional parent/guardian to be contacted in case of illness or injury:

Name: _____ Relationship to Participant: _____

Preferred Phones: (____) _____ (____) _____ Email: _____

Allergies: No known allergies. This participant is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
(Please describe below what the participant is allergic to and the reaction seen, in detail. Please describe preventative or responsive measures.)
 This participant has a life-threatening allergy. An emergency care plan signed by physician is required.

Diet, Nutrition: This participant eats a regular diet.
 This participant eats a vegetarian diet (describe details below).
 This participant has special food needs. (Please describe below.)

Immunizations:

- My child is up-to-date on his/her immunizations and tetanus shots as required by Washington State law.
- My child has an immunization exemption on file with his/her school. I understand and accept the risks to my child from not being fully immunized.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the participant:

- 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD)?..... Yes No
- 2. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... Yes No
- 3. During the past 12 months, seen a professional to address mental/emotional health concerns?..... Yes No
- 4. Had a significant life event that continues to affect the participant's life?..... Yes No
(History of abuse, physical or sexual trauma; conduct disorders such as oppositional defiance, developmental disability, Autism Spectrum Disorder?, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)
- 5. Depression (Bipolar)?..... Yes No

Please explain "Yes" answers in the space below, noting the number of the questions. The staff may contact you for additional information.

Participant Name: _____
First Middle Last
(For Camp Use) Cabin Number _____
(For Program Use) Session Code(s) _____

PRINTED NAME OF PARTICIPANT: _____

EMERGENCY MEDICAL CONSENT – October 1, 2014-September 30, 2015
Washington State University – Thurston County 4-H Youth Development Program

In an emergency requiring medical attention or a situation reasonably believed by Washington State University (WSU) authorized agents including 4-H staff to be an emergency; I authorize WSU and its authorized agents to obtain emergency medical care for myself (as an enrolled member or volunteer over 18) or my enrolled child. I will be responsible for any expenses incurred in so doing including but not limited to care by health care professionals, hospital care, and ambulance or other services. In addition, the health care provider has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status. **NOTE: Minors may consent to certain services in Washington.**

I hold harmless and agree to indemnify Washington State University, its authorized agents and employees and the event staff from decisions to seek emergency treatment. I voluntarily sign this authorization in consideration for permission for my child to participate in the 4-H Youth Development Program. I have read it, and I understand its content and significance.

Health-Care Providers:

Name of participant's primary doctor(s): _____ Phone: (____) _____

Name of dentist(s)/orthodontist(s): _____ Phone: (____) _____

Medical Alerts: _____
(severe allergies / life-threatening conditions / chronic illnesses)

Medical Insurance Information:

This participant is covered by family medical and/or hospital insurance Yes No

Primary Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Company Phone Number (____) _____

Secondary Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Company Phone Number (____) _____

Name of another person to contact in case of emergency if you are not available: _____

Phone: (____) _____ E-mail: _____

Relationship to participant: _____

I have read, understand and consent to the foregoing statements. I am the parent or guardian of the child (minor under the age of eighteen, or other person legally incompetent to contract), whose name is set forth on this form OR I am an enrolled member or volunteer over the age of eighteen.

Signature of Parent/Guardian OR Participant (for participant 18 years of age or older) _____
Date