



University of Vermont Extension
4-H Enrollment Form for New Member



Please print in ink, complete both sides, and return to your designated UVM Extension Office

Child's First Name Last Name Preferred Name

Date of Birth Phone Cell

Email Parent Email

Date you joined 4-H:

Address Town Zip

Is the member: Hispanic Non-Hispanic Male Female

Member lives: On a farm Town < 10,000 Town 10,000 to 50,000

Member is: White Black American Indian Asian Hawaiian & Pacific Islander

If parent is in the military, check the branch and the component:

Army Air Force Navy Marine Corps Coast Guard Active, Reserve or Guard? Active Reserve Guard

Parent/Guardian: Cell Email

Parent/Guardian: Cell Email

Parent(s)/Guardian(s): Are you a 4-H alumni? Yes No

Name(s) of siblings currently in 4-H:

Current Grade Name of Club:

4-H Age (as of January 1 of the current 4-H year which runs from October 1 to September 30) Years previously in 4-H?

4-H Club Program Member Code of Conduct

All 4-H members participating in or attending club, county, regional, state, and national programs, activities, events, shows, and contests sponsored by University of Vermont Extension, or representing 4-H at non-4-H events, are required to conduct themselves according to the Vermont 4-H Code of Conduct.

As a Vermont 4-H member,

I will be worthy of trust, honor, and confidence.

I will respect all people including myself.

I will be responsible, accountable, and self-disciplined in the pursuit of excellence.

I will be just, fair, and open.

I will be caring in my relations with others.

I am aware that my actions and decisions affect others,

and I will be a contributing and law-abiding citizen.



4-H Member Signature Date

OVER PLEASE

4-H Club Program Risk and Release

I give permission for _____ to be in the 4-H program. I understand that 4-H club project activities/events may involve certain risks of physical activity and that the University of Vermont and its 4-H program will provide each participant with due care, but that the University of Vermont cannot insure that my child will remain free of injury. I nonetheless wish to have my child participate as a Vermont 4-H club member in the 4-H club program. I agree to indemnify and hold harmless the University of Vermont and State Agricultural College, and UVM Extension and their trustees, employees and agents from any and all losses, penalties, damages, settlements, costs or other expenses or liabilities arising out of the 4-H program. This release, however, is not intended to release the University of Vermont from causes of action arising out of the sole negligence of the University of Vermont, its trustees, employees or agents. The 4-H program reserves the right to dismiss a participant if in their view the participant poses a significant safety risk to himself and/or others.



Parent/Guardian Initial _____

Photo Permission

The University of Vermont Extension 4-H Program may use my child's image in print, electronic, and/or video format for publishing in promotional material. I release all claims against the University with respect to copyright ownership and publication including any claim for compensation related to the use of the materials.

- Check here if you grant permission for your child's image to be used.
- Check here if you do not want your child's image to be used for any purpose.



Parent/Guardian Initial _____

Parent/Guardian Behavior Guidelines for 4-H

As parent or guardian, I agree to support my child's involvement in and abide by the rules and policies of this club and 4-H. I will be responsible for my behavior, exhibit good sportsmanship, and uphold exemplary standards of conduct at all 4-H activities. I will not possess, sell, offer, consume, or use alcohol or controlled substances at 4-H events and activities, nor will I attend 4-H activities under the influence of alcohol or controlled substances. Further, I will not be disruptive at meetings nor will I be verbally abusive to members or other adults in this club or UVM 4-H.

I understand that my failure to comply with the preceding paragraph, or my participation in other inappropriate conduct as determined by UVM Extension representatives, may result in my loss of the privilege to attend 4-H events and activities or my exclusion from the program and in extreme cases my child's exclusion as well.



Two signatures required, if applicable

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Office Use Only:

- Entered in Access Date _____
- Cloverbud Card Sent Date _____
- Member Card Sent Date _____
- Helmet Form In

C-56-21 Revised December 2012



University of Vermont Extension



Health History and Emergency Medical Treatment

Please fill out this form and return it to your club's Organizational Leader. Club leaders should have this form available when meeting or travelling as a club. This form may also be needed for events and activities outside the club program. If anything changes, please submit a new form.

Member Name (Child or Adult): _____

Parent/Guardian Name if Member is under 19: _____

Check the diseases or vaccinations the member has had:

- Measles
- Mumps
- German Measles
- Chicken Pox
- Whooping Cough

Does the member wear:

- Glasses
- Contacts

Check if member has difficulty with any of the following issues:

- Homesickness
- Fear of water
- Fear of the dark
- Sleep talking
- Bed wetting
- Menstrual cramps
- Sleep walking
- Other(explain

_____)

Does the member take any prescribed medication:

- Yes
- No

If yes, will the medication be taken at the event?

- Yes
- No

If yes, ask your Extension office for a 4-H Health Statement on Medication or Pre-existing Injury form.

Does the member have any known allergies or sensitivities?

- Yes _____
- No _____

In case of emergency: Family physician: _____ Phone _____

Address: _____ Insurance Name/Policy # _____

I hereby give permission to the group leader(s) to obtain necessary medical treatment for my child in the event I cannot be reached in an emergency. I understand that the University of Vermont shall not be liable for expenses associated with any medical treatment for injuries my child may sustain by virtue of his/her participation in the program.

Parent/Guardian Signature _____ Date _____

Home Phone _____ Work Phone _____ Cell/Pager _____

If you cannot be reached, we should contact: _____ Phone _____

Indicate any activities in which you do not want your child to participate _____