



2020-21 HOOD RIVER COUNTY 4-H MEMBER ENROLLMENT FORM

Fee to Accompany this Form. See Fee Schedule Below.

Last Name _____ First Name _____

Mailing Address _____ City _____

State _____ Zip _____ Family Email _____

**Birth Date ____/____/____ Grade _____ Years in 4-H _____

Father, Step-Father or Male Guardian name _____

Mother, Step-Mother or Female Guardian name _____

Home Phone _____ Cell Phone _____ Other Phone _____

Please provide us with this optional data so that we may report group statistics to our federal partners.

Residence based on Population: Farm Rural non-farm or town (Less than 10,000)

Ethnicity: Hispanic or Latino **NOT** Hispanic or Latino Prefer not to state

Gender: Female Male Neither Prefer not to state

Race: White Black Asian Alaskan/American Indian Hawaiian or Pacific Islander

Other Prefer not to state

** Oregon 4-H uses the following age divisions for determining 4-H levels based on age as of **September 1, 2020**:

Cloverbud – ages 5-8; **Junior** – ages 9-11; **Intermediate** – ages 12-14; **Senior** – ages 15-19 (and not graduated from high school.)

NON-REFUNDABLE FEE SCHEDULE: Please make checks payable to 4-H Leaders Association

Cloverbud Member = \$25.00 4-H Member = \$25.00 Family Rate 2 or more children enrolled in 4-H = \$50.00

Club Name _____

Project list is on the backside

Media Release – I understand that my child’s participation in the 4-H program may be captured on any recorded medium (including but not limited to video, audio, photos) for use in any form (including but not limited to print, websites, blogs, internet, or social media) **unless I check this Opt Out box.**

Parent Signature and Date _____



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4-H Projects

Please check the box beside your projects.

- | | |
|---|---|
| <input type="checkbox"/> 140 - Community Service | <input type="checkbox"/> 414 - Angler Education |
| <input type="checkbox"/> 621 - Junior Leadership | <input type="checkbox"/> 441 - Forestry |
| <input type="checkbox"/> 211 - Presentations | <input type="checkbox"/> 421 - Geology |
| <input type="checkbox"/> 913 - Cloverbuds - Non-animal projects | <input type="checkbox"/> 444 - Mechanical Art - Wood Science |
| <input type="checkbox"/> 901 - Cloverbuds - Rabbits | <input type="checkbox"/> 821 - Entomology |
| <input type="checkbox"/> 902 - Cloverbuds - Poultry | <input type="checkbox"/> 861 - Industrial Arts - Welding |
| <input type="checkbox"/> 903 - Cloverbuds - Cavy | <input type="checkbox"/> 721 - Beef - Cattle |
| <input type="checkbox"/> 231 - Arts (i.e., painting, drawing, sculpting, rubber stamping) | <input type="checkbox"/> 722 - Beef - Dairy Cattle |
| <input type="checkbox"/> 234 - Wood crafts | <input type="checkbox"/> 791 - Goats - Dairy |
| <input type="checkbox"/> 235 - Cast Ceramics & Pottery | <input type="checkbox"/> 792 - Goats - Fiber |
| <input type="checkbox"/> 261 - Fiber Arts (Quilting, Embroidery, Cross Stitch) | <input type="checkbox"/> 795 - Goats - Meat |
| <input type="checkbox"/> 251 - Leathercraft | <input type="checkbox"/> 793 - Goats - Pygmy |
| <input type="checkbox"/> 241 - Photography | <input type="checkbox"/> 799 - Llamas & Alpacas |
| <input type="checkbox"/> 511 - Food and Nutrition | <input type="checkbox"/> 771 - Sheep |
| <input type="checkbox"/> 512 - Food Preservation | <input type="checkbox"/> 781 - Swine |
| <input type="checkbox"/> 320 - Sewing & Textiles | <input type="checkbox"/> 762 - Small Animals - Cavies |
| <input type="checkbox"/> 370 - Crochet | <input type="checkbox"/> 732 - Small Animals - Pigeons & Doves |
| <input type="checkbox"/> 360 - Knitting | <input type="checkbox"/> 731 - Small Animals - Poultry |
| <input type="checkbox"/> 340 - Designing Spaces | <input type="checkbox"/> 761 - Small Animals - Rabbits |
| | <input type="checkbox"/> 713 - Gardening, Flowers and Ornamentals |
| | <input type="checkbox"/> 712 - Gardening, Fruits, Vegetables, Herbs |

Members - indicate any project that you think you will be pursuing and keeping required 4-H records. Please do NOT check every project.

REASONING: For county fair purposes, you may enter an exhibit in a specific project area if you are enrolled in the project and keeping project records. Otherwise, you must enter the project in the county only class.

For example:

- If you are learning to bake and are keeping the required 4-H records that your leader will sign off, such as the *Oregon 4-H Food and Nutrition Advancement Guide*, your baked good may be entered in a Food and Nutrition state fair class.
- If you are learning to bake but are not keeping 4-H records, your baked good would be entered in the county only Foods for All class.

OFFICIAL 4-H HEALTH FORM

Rev. 1-2015

County _____

Type of activity: county/area state regional national (check one)

Name of event/activity 4-H Program

Participant's Name: _____
Last First M.I.

Address: _____
Street Address

City State Zip Code

Participant is: Adult Youth Male Female
Grade Birth Date Home phone

Emergency Contact: _____
Name Relationship

Daytime phone Evening phone

Cell phone Other

Health Statement (to be completed by parent, physician or adult participant)

Does the participant have any dietary restrictions? If yes, please describe:	Yes	No
Does the participant have any allergies? If yes, please describe:	Yes	No
Name of all medications:		
Name and phone number of physician:		

As parent or guardian, if my child needs medical attention, I understand every effort will be made to contact me. I hereby give permission to the medical personnel selected by the person in charge of the 4-H event to order x-rays, routine tests, treatment, release any records necessary, and to provide or arrange necessary related transportation for the person named on this form. I hereby give permission to the physician selected by the person in charge of the 4-H event to hospitalize, secure emergency treatment for, to order injection, anesthesia, and/or surgery for me or my child as named on this form. I will assume all financial obligations incurred if not covered by insurance.

Signature of Parent/Guardian or Adult participant Date

**OREGON 4-H YOUTH DEVELOPMENT PROGRAM
YOUTH CODE OF CONDUCT**

The well-being of all 4-H program participants is important. Everyone has responsibilities.

When I participate in 4-H programs, I agree to . . .

1. Engage fully with a positive attitude and creative energy.
2. Be courteous to others, even if they're different from me.
3. Be cooperative. Encourage individuals. Help others. Support teamwork.
4. Be willing to ask an adult for guidance to make good decisions and take appropriate actions.
5. Use language that is respectful to others. (Swearing, harassment, and bullying are not allowed.)
6. Take care of the property I interact with, and assume responsibility for purposeful damage I may cause.
7. Wear appropriate clothing for program activity(s). Follow the specific dress code, if provided.
8. Be present and on time for all parts of the program. (I will notify the appropriate supervisor if I have a health or schedule problem.)
9. Use technology (cell phones, computers, tablets, mp3 players, game devices, etc.) during free time, or in ways that contribute to the goals of the program.
10. Treat animals humanely and provide them appropriate care.
11. Not engage in Personal Displays of Affection (PDA). (It is distracting and inappropriate.)
12. Know and follow federal, state and local laws that apply to my age (e.g., tobacco, alcohol, illicit drugs, fireworks).
13. Know and follow safety policies of the Oregon State University, Extension Service, and guidelines of the 4-H Youth Development Program. (Such as: not leave the program area without permission from the program supervisor; be in assigned lodging and not trade rooms during overnight activities; abide by curfew hours; remain in gender specific areas [no boy in a girl's room / no girl in a boy's room]; handle firearms only in secured, designated areas under the direct supervision of a trained 4-H Shooting Sports volunteer; and, any other additional safety policies established by a specific event or program.)

I have read and agree to the Code of Conduct above. I understand that if I violate any part of this agreement, I may be sent home from a 4-H activity at the expense of my parent(s) or guardian(s). I also understand that if I cause personal or public safety concerns, I may lose my eligibility to participate in some future 4-H Youth Development events, and/or, lose my membership privileges.

Print: Member's Name

Member's Signature

Date

Parent/Guardian's Signature

Date

*Revised July 2017, M. Lesmeister
Reviewed by: P. Rose, D. Hart, M. Lesmeister, R. Dixon, M. Livesay, D. White*

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ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

PLEASE PRINT

Activity: _____

Group: _____ Date(s): _____

Participant Information Name: _____ Age: _____ Sex: _____

Street _____

City, State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document. Please read both sides of this page. Sign and return this form to:

(INSERT Department contact name, address and phone number)

If you are under the age of 18, this form must be signed by you as the participant AND by your parent or legal guardian.

I, the undersigned, am aware that participation in the Activity (hereafter referred to as **ACTIVITY**) described above may include activities that may cause injury, illness, and be dangerous. I acknowledge that participation in this **ACTIVITY** has the following non-exhaustive list of particular activities that bear risk and danger and from which bodily injury and illness, up to and including death, may occur (*INSERT activities below*):

Participation in group activities (including but not limited to getting acquainted, problem solving, team building, or recreation); participation in indoor and outdoor activities; Work with project specific tools and equipment; May work with small or large animals

With full knowledge of the facts and circumstances surrounding the **ACTIVITY**, I voluntarily participate in the **ACTIVITY** and assume the responsibilities and risks resulting from my participation, including all risk of property damage and injury or illness to others and to myself. I agree to comply with all of the rules and conditions of participating in the **ACTIVITY**. I have adequate applicable insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my participation in the **ACTIVITY**, or otherwise understand that I am solely responsible for any medical costs that may directly or indirectly result from my participation in the **ACTIVITY**. I will indemnify Oregon State University, its officers, board members, agents, and employees (hereafter referred to as **UNIVERSITY**) harmless with respect to any and all claims, injuries, illnesses, and costs associated with my participation in this **ACTIVITY**.

Furthermore, I acknowledge that I am solely responsible for any action that I participate in associated with this **ACTIVITY** or around this **ACTIVITY**, regardless if occurring before, during or after the period of the **ACTIVITY**. I will conduct myself in a manner that is considerate of other participants and in accordance with **UNIVERSITY** Rules and Regulations (*including Code of Student Conduct, when applicable*) and with any federal, state, city and other applicable laws or rules where the **ACTIVITY** is occurring. If this **ACTIVITY** is an off-campus **UNIVERSITY** sponsored event, such as field trips, conferences, research, experiential learning, extension of classroom learning, etc., I understand that conduct not acceptable in the classroom setting is not acceptable during this **ACTIVITY** and will be handled in accordance with the Student Conduct Regulations. In addition, I understand that if I travel to the **ACTIVITY** with a **UNIVERSITY** group and/or advisor, I will return with the group unless prior arrangements have been made with the **UNIVERSITY** faculty/staff who is supervising the **ACTIVITY**.

I recognize and acknowledge that the **UNIVERSITY** may record my participation and appearance in **ACTIVITY** on any recorded medium including, but not limited to video, audio, photos (collectively "recordings") for use in any form (including, but not limited to print, websites, blogs, internet, social media). I authorize such recording and release **UNIVERSITY** to use my name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or in part without restrictions or limitations for any educational or promotional purpose. If you would like to opt out of this section, please request the Photo Opt Out Release.

I am aware that if I provide a vehicle not owned and operated by the **UNIVERSITY** for transportation to, at, or from the **ACTIVITY** site, or if I am a passenger in such a vehicle, the **UNIVERSITY** is not responsible for any damage caused by or arising from my use of such transportation. Furthermore, I acknowledge that I am solely responsible for any action that I take that is outside the scope of the scheduled **ACTIVITY**, regardless if occurring before, during or after the period of the **ACTIVITY**.

This agreement may be executed in two or more counterparts, each of which is an original, and all of which together are deemed one and the same instrument.

COMPLETE BOTH SIDES OF THIS FORM



ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

To the extent permitted by law, and in consideration for being allowed to participate in the ACTIVITY, I hereby save, hold harmless, discharge and release the UNIVERSITY from any and all liability, claims, causes of actions, damages or demands of any kind and nature whatsoever that may arise from or in connection with my participation in any activities related to the ACTIVITY, whether caused by the negligence or carelessness of the UNIVERSITY or otherwise.

It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall bind my spouse, the members of my family and my estate, heirs, administrators, personal representatives and assigns. I further agree to save and hold harmless, indemnify and defend the UNIVERSITY from any claim by the aforementioned parties arising out of my participation in the ACTIVITY.

I recognize and acknowledge that the UNIVERSITY makes no guarantees, warranties, representations, or other promises relative to the ACTIVITY, and assumes no liability or responsibility for injury, illness, or property damage that I may sustain as a result of participation in the ACTIVITY.

I further understand and agree that this is a release of liability and indemnity agreement, and it is intended to be as broad and inclusive as permitted by law. If any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and legal effect.

I hereby certify that, with or without accommodation,* I have no health-related reasons or problems that preclude or restrict my participation in the ACTIVITY. I hereby consent to and understand myself to be solely responsible for the cost of first aid, emergency medical care, and, if necessary, admission to an accredited hospital for executing such care or treatment for injuries or illnesses that I may sustain while participating in any activity associated with the ACTIVITY.

*If your participation requires an accommodation, please contact _____ at least one week (7 days) before the date of the ACTIVITY. (INSERT Department contact name and phone number)

Emergency Contact Name: _____ Telephone Number: _____

In signing this Acknowledgement of Risk and Waiver of Liability I hereby acknowledge and represent: (a) that I have read this document in its entirety, understand it, and sign it voluntarily; and (b) that this Acknowledgement of Risk and Waiver of Liability is the entire agreement between the parties hereto and its terms are contractual and not a mere recital.

Participant Signature: _____ Date: _____

REQUIRED FOR ALL PARTICIPANTS UNDER 18 YEARS OF AGE: PARENT OR GUARDIAN'S AUTHORIZATION FOR MEDICAL CARE AND CONSENT TO AGREEMENT

I certify that I am the parent or legal guardian of the above-named participant in the ACTIVITY. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the participant as a dependent, I have read the above agreement, I understand the contents of this Acknowledgement of Risk and Waiver of Liability, assent to its terms and conditions, and sign this Acknowledgement of Risk and Waiver of Liability of my own free act. I acknowledge that my dependent and I have agreed to the terms and conditions of my dependent's participation in the ACTIVITY, and I hereby give my consent to participation by my dependent in the ACTIVITY, and to receive medical treatment determined to be necessary. I further agree to hold harmless, indemnify and defend the UNIVERSITY from and against all claims, demands or suits that my dependent has or may have.

Parent or Guardian Signature: _____ Date: _____

This agreement may be executed in two or more counterparts, each of which is an original, and all of which together are deemed one and the same instrument.

COMPLETE BOTH SIDES OF THIS FORM