



Wyoming 4-H Member Enrollment 2009

Last Name: _____ First: _____ MI: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Alternate Phone: () _____

SSN: _____ Birthdate: _____ Age: _____

E-mail address: _____ Gender: Male Female

Parent/Guardian name(s): _____

Years in 4-H: _____ Grade: _____ School Name: _____

Hispanic Ethnicity: (check one): Yes - Hispanic or Latino Ethnicity - OR - No - Not Hispanic or Latino Ethnicity

Racial groups: (check all that apply): White Black or African American
 American Indian or Alaskan Native Asian
 Native Hawaiian or Other Pacific Islander

Residence (check one): Farm Rural non-farm or town less than 10,000
 Town/City 10,000 to 50,000 Suburb City over 50,000

Clubs [Code Name]

1: _____ 2: _____ 3: _____

Projects [Code Name (Year In Project)]

1: _____ 2: _____ 3: _____
4: _____ 5: _____ 6: _____
7: _____ 8: _____ 9: _____
10: _____ 11: _____ 12: _____

Statement of Assumed Risk

The University of Wyoming recognizes 4-H as a means of providing participants with educational experiences and activities that are designed to meet the needs and interests of young people and enable participants to learn skills, make friends, and develop self-confidence and self-reliance. Although the university provides assistance and support to the individual 4-H Clubs throughout the state, often volunteer supervisors from the local community are used to organize and coordinate 4-H activities designed to teach participants these skills. All new learning experiences involve some personal injury risks. It is the policy of the university that the parents or guardians of the participant understand the potential risks associated with their child's participation in 4-H and it's activities.

I, the parent/guardian of a 4-H participant, acknowledge that I understand the risks of my child's participation in 4-H and it's activities may include, but are not limited to, sprained muscles, broken bones, injury to other body parts or functions, and death or serious bodily injury. I understand that the dangers and risks of participation in 4-H, 4-H travel, and 4-H activities may result in serious injury, as well as serious impairment of my child's future abilities to earn a living, to engage in other business, participate in other social and recreational activities, and generally to enjoy life. I give permission for photos or videotapes of my child to be reproduced for 4-H promotional or educational purposes.

Parent/Guardian Signature _____ Date _____

Issued in furtherance of Cooperative Extension work, acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture. Glen Whipple, Director, Cooperative Extension Service, University of Wyoming, Laramie, Wyoming 82071.

Persons seeking admission, employment, or access to programs of the University of Wyoming shall be considered without regard to race, color, religion, sex, national origin, disability, age, political belief, veteran status, sexual orientation, and marital or familial status. Persons with disabilities who require alternative means for communication or program information (Braille, large print, audiotape, etc.) should contact their local UW CES Office. To file a complaint, write the UW Employment Practices/Affirmative Action Office, University of Wyoming, P.O. Box 3434, Laramie, Wyoming 82071-3434.



Sweetwater County 4-H Youth Development Program

Code of Conduct and Disciplinary Procedures



The following guidelines are designed to make everyone's experience at 4-H events satisfying to all attending. This means that all participants, members, volunteers, parents, and Extension office staff, shall adhere to the core values of the Sweetwater County 4-H Youth and Development Program and respect the individual rights, safety and property of others.

While attending all 4-H meetings, programs, and events, the following shall apply:

1. Everyone is expected to attend all planned sessions, workshops, meetings, and events. The appropriate clothing for the activity shall be worn. Leaders, chaperones, and volunteers are responsible for ensuring those members participate in all aspects of the planned program activities.
2. The possession, selling, and use of alcoholic beverages, tobacco, and drugs (other than prescription medication) is prohibited.
3. The possession of weapons or firearms (except while participating in a 4-H Shooting Sports Event) is prohibited.
4. Gambling and betting by adults and youth representing 4-H is prohibited.
5. Obscene and discriminatory language or gestures will not be tolerated at any time.
6. Clothing that is suggestive or indecent will not be permitted.
7. Theft, misuse, or abuse of public or personal property is prohibited.
8. Conduct jeopardizing the safety of self or others, or that disrupts or interferes with 4-H programming will not be allowed.
9. Youth members, leaders, and volunteers will demonstrate respect and support for one another at all times.
10. Improperly caring for an animal at a 4-H event will not be tolerated.
11. A 4-H member needing help with any project may only receive help from other 4-H members or a 4-H project leader.

While attending overnight events, the following also apply:

12. All participants must be in their assigned area at curfew and will comply with the quiet hours.
13. No member may leave the grounds unless permission is secured from the adult in charge.
14. Only 4-H participants may be in dormitory areas. No one will be in the sleeping areas of members of the opposite gender.

PENALTIES FOR INFRACTIONS OF RULES

Infractions of the 4-H Code of Conduct must be reported promptly by anyone observing them to the adult in charge of the delegation/project and to the person in charge of the event who will bear final responsibility for disciplinary action. The County 4-H office will be notified of any action taken.

Penalties may include any or all of the following:

- Verbal warning and/or parent/guardian notification.
- Sending the participant home.
- Barring the participant from future 4-H events.
- Assessing the participant the cost of damages and repairs for destruction of property.
- Releasing the participant to a law enforcement agency and/or the proper authorities.
- Termination of 4-H membership.

I have read the Sweetwater County Code of Conduct and agree to abide by its rules. I understand that any infraction of this code or any other rules in the Sweetwater County 4-H Handbook may result in any or all of the penalties listed above.

Print name of 4-H Member: _____

Signature of 4-H Member: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____

A signed copy of this document is required in order to participate in 4-H, and must be submitted along with a completed enrollment form to the leader of your primary club or to the University of Wyoming Cooperative Extension Office Sweetwater County. A copy of this document may also be found in the Sweetwater County 4-H Handbook.



Dear Parent and Delegate:

The State 4-H Program is designed to provide exciting learning experiences for members. To insure a successful activity, the health, welfare, and participation of delegates, the following expectations must be adhered to.

Youth from a vareity of backgrounds and home situations participate in the 4-H program in Wyoming. Because they represent our total 4-H program and 20,000 4-H members, we want to be sure we have common expectations. Parent or guardian and delegate are to read and discuss the following expectations and sign the final agreement prior to participation.

- Be a "good citizen" at all times: respect for others and the property of others is good citizenship. Delegates should conduct themselves as intelligent, responsible and sufficiently mature individuals at all times. Respect the rights of others (listen, hear speakers at assemblies and workshps, etc.).
- 2. Participate in all scheduled activities of the program. Adequate free time and sleep time have been planned. Therefore, you should have time and energy for the scheduled activities on the program.
- 3. Delegates are not to leave the event without consulting with both County and Activity Coordinator as well as informing Headquarters.
- 4. Delegates are to maintain "In Dorm" and "Quiet Hours" as assigned for the program.
- 5. Delegates are expected to be prompt to all events, and in honoring "In Dorm" guidelines.
- 6. Delegates are expected to wear their name badges to all program events.
- 7. Use of, or possesion of alcoholic beverages, tobacco products, drugs, or other controlled substances is prohibited at 4-H activities.
- 8. Parents or guardian shall designate a chaperone as supervisor and contact during times other than educational sessions.

Delegates and Parents are asked to review the above and sign the following agreement.

We understand that certain guidelines are necessary in order for all delegates to have an enjoyable and educational experience. We further understand that failure to abide by these guidelines will result in immediate dismissal from this event and/or a restriction of our participation in Wyoming 4-H programs in the future. The 4-H staff member in charge of the event will have the right to send home any delegate who does not live up to the rules as stated above. That staff member may consult with county coordinator, Extension Educator, or council member to determine what action is necessary.

We have read and understand the above expectations governing our participation in
We agree that these expectations are reasonable and will abide by them.

Parent or Guardian Signature _____ Date _____

Delegates' Signature _____ Date _____

Name of Chaperone _____ Date _____

STATEMENT OF ASSUMED RISK

The University of Wyoming recognizes 4-H as a means of providing participants with educational experiences and activities which are designed to meet the needs and interest of young people, and enable the participants to learn skills, make friends, and develop self-confidence and self-reliance. Although the University provides assistance and support to the individual 4-H clubs throughout the state, often volunteer supervisors from the local community are utilized to organize and coordinate the 4-H activities designed to teach the participants these skills. All new learning experiences can involve some risk of personal injury. It is the policy of the University that the parent/guardian of the young person understand the potential risks associated with their child's participation in 4-H and its activities.

I, the parent/guardian of a 4-H participant, acknowledge that I understand the risks of my child's participation in 4-H and its activities may include, but are not limited to, sprained muscles, broken bones, injury to other body parts of functions, death or serious bodily injury. I understand that the dangers and risks of participating in 4-H, 4-H travel and 4-H activities may result in not only serious injury, but in a serious impairment of my child's future abilities to earn a living, to engage in other business, social and recreational activities and generally to enjoy life.

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Event

County

HEALTH STATEMENT AND MEDICAL RELEASE

To be filled out by parent or guardian prior to event. Member **MUST** bring this statement to registration.

Delegate's Name _____ Address _____

City _____ Zip _____ Age _____ Male Female

Parent (or Guardian) _____ Phone _____

If parents are not available in case of an emergency, notify:

Name _____ Phone _____

The member was last examined by a physician (give approximate date):

Month _____ Year _____

Did member have any of the following conditions within the past week? (Mark with X)

Sore Throat _____ Head Cold _____ Chest Cold _____ Diarrhea _____ Other _____

Has the member been exposed to communicable disease within the last two weeks?

Yes _____ No _____ Name of Disease _____

HEALTH HISTORY - The above delegate has:

| | | | |
|-----------------|-------|---------------|-------|
| Diabetes | _____ | Mononucleosis | _____ |
| Rheumatic Fever | _____ | (within year) | _____ |
| Allergies: | | Hepatitis | _____ |
| a. food | _____ | Migraines | _____ |
| b. respiratory | _____ | Hypoglycemia | _____ |
| (specify | | | |
| c. medicines | _____ | | |

Other diseases or details of above: _____

The physician has advised:

| | | | |
|--------------------------------------|----------|-----------|---------------|
| a. to limit physical exercise | No _____ | Yes _____ | Explain _____ |
| b. to use a special diet | No _____ | Yes _____ | Explain _____ |
| c. to take or use special medication | No _____ | Yes _____ | Explain _____ |

Date of birth (if under 21) _____

In my capacity as _____

(mother, father, guardian)

I hereby grant permission for _____ to receive emergency medical care as a

delegate to _____ from _____ to _____

in the event such treatment is rendered, any charges may be at my expense.

Parent's Signature _____ Date _____