

Youth Member Information

Email: _____ 4-H County: _____

First Name: _____ Middle Name: _____

Last Name: _____ Suffix: _____ Preferred Name: _____

Mailing Address: _____ Mailing Address 2: _____

City: _____ State: _____ Zip Code: _____

Birth Date (MM/DD/YYYY) _____ Gender: Male Female

Member Primary Phone: _____ Correspondence Preference: Mail Email

Member Cell Phone: _____ If you wish to receive notices via text message (list provider): _____

Member Work Phone: _____ Years in 4-H: _____

Parent / Guardian 1

First Name	Last Name
_____	_____
Cell Phone	Work Phone
_____	_____

Parent / Guardian 2

First Name	Last Name
_____	_____
Cell Phone	Work Phone
_____	_____
Work Extension	Address
_____	_____
Address 2	City
_____	_____
State	Zip Code
_____	_____
Home Phone	

Emergency Contact

Name	Phone
_____	_____
Cell Phone	

4-H and the University of Missouri does not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, gender identity, age, genetics information, disability, or status as a protected veteran. For concerns about access or opportunity, contact your local county MU Extension center or call 573-882-9359. The University of Missouri complies with the Americans with Disabilities Act of 1990. If you have a disability and need accommodations in connection with this or any part of the enrollment process, contact your local county MU Extension center or call 573-882-9359. Reasonable efforts will be made to accommodate your needs.

Authorizations

Child Photo Authorization

I authorize the University of Missouri to make pictures and sound recordings of my child and use the same in any form for its purposes and consent that the pictures and recordings may be copied, published, telecast or broadcast for such purposes together with descriptions and editorial statements. The University of Missouri is not responsible for third party photographs.

- I agree
- I DO NOT agree. I understand it will be the child's responsibility to not participate in group photos and other occasions where pictures are being taken

Parent/Guardian Signature: _____ Date: _____

Medical Release

If necessary, I approve of officials taking my child, to the nearest healthcare provider for medical treatment. I further understand that, should a health problem arise, I will be notified as soon as possible. If I cannot be reached by phone or other means, I consent to medical treatment, including surgery, as deemed necessary by competent medical personnel.

- I approve medical treatment and my signature below authorizes such treatment
- I DO NOT approve medical treatment (please discuss this decision with 4-H faculty, staff so they fully understand your wishes)

Parent/Guardian Signature: _____ Date: _____

4-H Youth Guidelines

All youth who participate in Missouri 4-H Youth Development programs, which are planned, conducted, and supervised by University of Missouri Extension, are responsible for their own conduct. Youth participating in 4-H programs are expected to demonstrate the character traits of trustworthiness, respect, responsibility, fairness, caring, and citizenship. Specifically, 4-H youth are expected to abide by the following behavior guidelines.

1. Be courteous and respect others.
2. Obey all rules established by the University of Missouri Extension 4-H Youth Development program and those of the local club/group as well as local and state laws.
3. Treat all people fairly and animals humanely.
4. Respect the property of others.
5. Respect the authority of adult or youth volunteers, paid Extension staff, and others in leadership roles.
6. Use appropriate language and wear acceptable clothing at 4-H activities and events.
7. Show kindness to others and give assistance when needed.
8. Be honest and honor commitments.
9. Strive for personal best and keep trying to improve.
10. Accept responsibility for personal choices.

We understand and accept the responsibility for following the 4-H Youth Behavior Guidelines. We further understand that failure to do so may result in disciplinary action and forfeiture of participation privileges.

Youth Member Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Event Acceptance

Education events and activities are coordinated by the University of Missouri 4-H Youth Development Programs. All participants must observe the following guidelines for conduct:

- Participate fully in all sessions.
- Show respect for property/facilities used during the event and assume financial responsibility for any damages caused.
- Follow the established agenda and expectations for behavior.
- Use appropriate language and wear acceptable clothing at 4-H activities and events.
- Use no alcohol, stimulants, non-prescription drugs or tobacco products.

I understand and accept the responsibility for following the above guidelines and understand that failure to do so will result in dismissal from the event or activity. Further, I accept financial responsibility for damages to property or materials, travel costs and/or program costs that might result from violation of this agreement. I understand and agree that in consideration of the acceptance in these activities, we release 4-H, the Curators of the University of Missouri, their respective officers, agents and/or employees from all liability and loss (including court costs and attorney fees) resulting from any property damage, personal injury and bodily injury including death to me in the course of these events. We will be bound by all rules and regulations while participating in said events.

Youth Member Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Health Form

1) Is this individuals Tetanus immunization current?

- Yes
- No
- Not Sure

Date of last Tetanus Shot Month/Year. _____(Leave Blank if not current or unknown)

2) Does this individual have any health diagnosis that is important for staff to know in order to maximize participation and ensure safety and well-being?

- No, this individual does not have any relevant health diagnosis.
- Yes, this individual has a physical disability, a learning disability, behavioral disorder, and/or mental health diagnosis.

Health diagnosis details/explanations and suggested accommodations:

3) Does this individual have any specific dietary needs?

- No special food needs or requests for this individual.
- Yes, food allergies or restrictions (e.g. peanuts, gluten-free) or food preferences (e.g. vegetarian)

Describe all dietary needs details/explanations:

4) Does this individual have any conditions requiring medication?

- No medications are needed by this individual
- Yes, and assistance is needed with medications
- Yes, and assistance is *not* needed with medications

Medication details and explanation:

5) Does this individual have any allergies or reactions to drugs or things in nature?

- No allergies/reactions
- Yes, please describe below:

6) The following are over-the counter, non-prescription, medications may be administered to my child, without contacting me (select all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Antihistamine (such as Benadryl) | <input type="checkbox"/> Hydrocortisone |
| <input type="checkbox"/> Antacid | <input type="checkbox"/> Polysportin (topical antibiotics) |
| <input type="checkbox"/> Ibuprofen (such as Advil) | <input type="checkbox"/> Calamine Lotion: |
| <input type="checkbox"/> Acetaminophen (such as Tylenol) | <input type="checkbox"/> Sunscreen |
| <input type="checkbox"/> Decongestant | <input type="checkbox"/> Please contact me for permission to administer any over-the-counter medications. |
| <input type="checkbox"/> Dramamine | |

7) Does this individual have any other health related conditions our faculty, staff or program volunteers should be aware of?

- No other known health related conditions
- Yes, please describe below:

Parent/Guardian Signature: _____ Date: _____