

# 4-H Enrollment Cost 2018 – 2019

*Enrollment opens October 1, 2018*

**CLOVERBUD ENROLLMENT:** \$25.00 each

**SCHOLARSHIP DEADLINE FOR RETURNING MEMBERS:** Returning members wishing to receive an enrollment scholarship must fill out and return both the enrollment form and scholarship form **BEFORE** January, 16, 2019 to be eligible to receive a scholarship. Scholarship amounts will be determined on a case by case basis. Members in most cases will be expected to pay a portion of the enrollment.

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*If enrolled by:*

**Wednesday, January 16, 2019**

The first two family members will be \$65.00 each; each additional family member will be \$35.00.

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*If enrolled between:*

**Thursday, January 17 – Wednesday, May 1, 2019**

Each member will be \$85.00

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*If enrolled on or after:*

**Thursday, May 2, 2019**

Youth enrolling on or after this date will NOT be eligible to compete at County or State Fair.

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|------------------------|--|
| Make check payable to: | DC4HA  |
| Mail or deliver to:    | Deschutes County 4-H Program<br>3893 SW Airport Way<br>Redmond, OR 97756 |



# Oregon 4-H Member Enrollment Form

|                     |                          |
|---------------------|--------------------------|
| New Enrollment..... | <input type="checkbox"/> |
| Re-enrollment.....  | <input type="checkbox"/> |
| Youth Leader .....  | <input type="checkbox"/> |

Date \_\_\_\_\_  
 Amount \_\_\_\_\_  
 Type \_\_\_\_\_  
 Initial \_\_\_\_\_

**Family Information:**

Family Last Name \_\_\_\_\_ Family E-mail \_\_\_\_\_  
 Family Primary Phone \_\_\_\_\_  
 Family Mailing Address \_\_\_\_\_  
Mailing Address City Zip

**Member Information:**

Legal Name (please print) \_\_\_\_\_  
First Middle Last  
 Birth Date \_\_\_\_\_ Gender:  Male  Female Year in 4-H \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ E-mail address \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_

Parent 1 \_\_\_\_\_ Parent 2 \_\_\_\_\_  
First Last First Last  
 Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Work phone \_\_\_\_\_ Work phone \_\_\_\_\_  
 E-mail \_\_\_\_\_ E-mail \_\_\_\_\_  
 Legal Guardian  Send Email  Legal Guardian  Send Email

Ethnicity (check one)  Hispanic  Not Hispanic

Race (check all that apply)  White  Black  Alaskan/Am Indian  Hawaiian/Pac. Island  
 Asian  Balance/Other  Prefer Not to State

Residence (check one)  Farm  Rural/10,000  Town/10 - 50,000  Suburb/50,000  City/50,000

| Club | Project | Years in Project | Level |
|------|---------|------------------|-------|
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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.*

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Print: Member's Name

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Member's Signature

Date

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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:** 4-H General Enrollment

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**Group:** Deschutes County **Date(s):** Oct 1, 2018- Sep 30, 2019

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**Participant Information**    **Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**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: Deschutes Co 4-H 3893 SW Airport Way, Redmond, OR 97756

*(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 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, up to and including death, may occur *(INSERT activities below)*:

4-H Activities

**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 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 and hold Oregon State University, its officers, board members, agents, and employees (hereafter referred to as **UNIVERSITY**) harmless with respect to any and all claims, injuries, 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 Student Code of Conduct, when applicable)* and with any state, city and 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.



### 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 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 that I may sustain while participating in any activity associated with the ACTIVITY.

\*If your participation requires an accommodation, please contact Reaza Mansur 541-548-6088 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: \_\_\_\_\_

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#### 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.

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

Name of event/activity \_\_\_\_\_

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