

4-H Enrollment

New for 2016-17

Enrollment Opens October 03, 2016

If enrolled by:

Friday January 13, 2017

The first two family members will be \$55.00 each; each additional family member will be \$25.00. Cloverbuds will be \$25.00 each.

Returning member scholarship deadline January 13, 2017.

Monday May 1, 2017

The first two family members will be \$75.00 each; third and additional family members will be \$25.00 each. Cloverbuds will be \$25.00 each.

Tuesday, May 2, 2017

Youth enrolling on or after this date will **NOT** be eligible to compete at County or State Fair. **ALL** youth enrolling on or after this date will be charged \$75.00; there will be no break for additional family members. Cloverbuds will remain \$25.00.

Make Check payable to:

DC4HA

Mail to:

Deschutes County 4-H Program
3893 SW Airport Way
Redmond, OR 97756

Oregon 4-H Member Enrollment Form

Amt. Paid _____
 Date _____
 Check # _____
 Initials _____

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

Family Information:

Family Last Name _____

Family E-mail _____

Family Primary Phone _____

Newsletter Preference E-mail U.S. Postal Service

Member Information:

Legal Name (please print) _____
First Middle Initial Last

Preferred Name _____

Mailing Address _____
Street/Mailing Address City Zip

Birth Date _____ Gender: Male Female

Primary Phone _____ Years in 4-H _____

Parent 1 _____ Parent 2 _____
First Last First Last

Cell Phone _____ Cell Phone _____

Work phone _____ Work phone _____

E-mail _____ E-mail _____
 Legal Guardian Send Mailing if different than above Legal Guardian Send Mailing if different than above

Ethnicity (check one) Hispanic Not Hispanic

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

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

Club Name	Project Name	Years in Project	Cooking & Sewing Level

OFFICIAL 4-H HEALTH FORM

Rev. 1-2015

County _____

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

Oregon 4-H Youth Development Program Youth Code of Conduct

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

4-H is a positive youth development program.

Therefore, when I participate in 4-H programs and events, 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 (ipods, mp3 players, game devices, cell phones, 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. Refrain from use of tobacco, marijuana, alcohol, or illicit drugs, or be under their influence while participating.
13. 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 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; not use fireworks), as well as safety policies established for a specific event.

I have read and agree to the above Code of Conduct. 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.

_____ Date _____ Date _____
Member Signature *Parent/Guardian Signature*

Research and Evaluation Statement

As part of your child's participation in this 4-H program, he or she may be asked to complete an evaluation related to what he or she learned and experienced in the program. These evaluations are part of 4-H's ongoing program monitoring and provide valuable information about the impact of the program on youth. Your child will always be asked if he or she wants to participate in the evaluation, and will not be required to do so if he or she does not want to. Should your child choose not to participate, his or her participation in this program will not be affected in anyway."

Oregon State University Extension Service offers educational programs, activities, and materials without discrimination based on age, color, disability, gender identity or expression, genetic information, marital status, national origin, race, religion, sex, sexual orientation, or veteran's status. Oregon State University Extension Service is an Equal Opportunity Employer.



ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

PLEASE PRINT

Group: Deschutes County 4-H Program

Activity: 4-H Date(s): October 1, 2016 - September 30 2017

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 County 4-H, 3893 SW Airport Way, Redmond, OR 541-548-6088
(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):

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 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 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). 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 part without restrictions or limitations for any educational or promotional purpose. I further release the UNIVERSITY to use material from blogs, internet or social media associated with ACTIVITY without restrictions or limitations for any educational or promotional purpose.

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.

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 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 AND PHONE 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 _____