



Date _____

1. Name _____
LAST FIRST MI

2. Mailing Address _____
RFD AND BOX NUMBER OR STREET NAME AND NUMBER
CITY OR TOWN STATE ZIP

3. Home Phone (_____) 4. Alternate Phone (_____) _____

5. Birthdate ____/____/____
Month Day Year

7. Racial Groups (check all that apply):

- ☐ American Indian/Alaskan Native
☐ Asian
☐ Black/African American
☐ Native Hawaiian/Other Pacific Islander
☐ White
☐ Balance (other combinations)

8. 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

6. Ethnicity (check one):

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

9. Gender Identified With _____

10. Grade in school _____

11. Name of School _____

12. Years in 4-H, Counting this year _____

13. Member email (if available) _____

Parent email (if available) _____

Social Media Preference _____

14. Parent/Guardian Name _____

Virginia Cooperative Extension periodically uses photographs or video or audio footage or testimonials of 4-H members for local, regional, or state publicity or educational purposes. By my signature below I give permission for Virginia Cooperative Extension to use such reproductions for educational and publicity purposes.

I understand that some of the above information is considered private. This information will be used for programming purposes and given to people responsible for each program.

Signature of Parent/Guardian* _____

Date: _____

**Add, if appropriate, the name, address, and telephone number of second parent, if not residing at address above.*

Signature of Youth _____

Date: _____

☐ Check box if you decline permission for photos to be taken.

15. Projects to be Conducted (see list on back)

PROJECT NAME

16. Teen Leader? ☐ Yes ☐ No

17. Office held this year (check one)

- ☐ President ☐ Treasurer
☐ Vice President ☐ Reporter
☐ Secretary ☐ Recreation Leader
☐ Other _____

18. Name of 4-H Club(s) or Group(s) _____

19. All Star? ☐ Yes ☐ No

20. Member of an after-school club? ☐ Yes ☐ No

21. Parent(s)/guardian(s) in the military? ☐ Yes ☐ No 22. Branch? _____ 23. ☐ Active ☐ Reserve

24. Parent(s)/guardian(s) is a 4-H Alumni? ☐ Yes ☐ No. If yes, name(s) of parent(s)/guardian(s) _____

25. Member of a military club? ☐ Yes ☐ No



INSTRUCTIONS: Please provide detailed health information for determining appropriate supervision, support, and accommodations for the 4-H activity or event listed. **A parent or guardian must sign.** If the participant is a person with a disability and desires any assistive devices, services or other accommodations to participate in this activity, please contact your local Extension office during business hours at least 7 days prior to the event to discuss accommodations. **PLEASE PRINT ALL INFORMATION.** (NOTE: Both sides of this form must be completed.)

Name of 4-H event in which you wish to participate: _____

Date(s) of event: _____ Location: _____

PARTICIPANT IDENTIFICATION

Name: _____ Gender identified with: _____
Last First (Underline name by which you like to be called) Middle

Mailing address: _____ Participant cell phone: (_____) _____

City: _____ State: _____ ZIP: _____ Home phone: (_____) _____

Age: _____ Birthdate: _____ Home email: _____

Ethnicity (choose one): Hispanic/Latino ☐ Not Hispanic/Latino ☐

Race (choose all that apply): American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐
 Native Hawaiian/Other Pacific Islander ☐ White ☐

PARENT / GUARDIAN IDENTIFICATION (Place a check beside who to reach in the event of an emergency.)

☐ First parent/guardian name: _____ First parent/guardian email: _____

First parent/guardian phone daytime: _____ Evening: _____ Cell: _____

☐ Second parent/guardian name: _____ Second parent/guardian email: _____

Second parent/guardian phone daytime: _____ Evening: _____ Cell: _____

Who has primary custody of the participant? _____

Address, if different than child: _____

PHYSICIAN / INSURANCE INFORMATION

Family physician name: _____

Phone: (_____) _____

Dentist/orthodontist name: _____

Phone: (_____) _____

Do you carry family medical / hospital insurance?: Yes ☐ No ☐

(Check ☒ one)

Carrier: _____

Policy ID #: _____

EMERGENCY CONTACT INFORMATION (Parts 1 and 2 should be completed)

1. Where can you be reached in the event of an emergency?

Location: _____

Phone: (_____) _____

Cell phone: (_____) _____

2. If you **Cannot** be reached, who should be notified?

Name: _____

Home phone: (_____) _____

Work phone: (_____) _____

Cell phone: (_____) _____

(continued on back)

4-H PARTICIPANT MEDIA RELEASE

The Virginia Polytechnic Institute and State University/College of Agriculture and Life Sciences (CALS) periodically uses electronic and traditional media (e.g., photographs, video, audio footage, testimonials) for publicity and educational purposes. By my signature on this form, I acknowledge receipt of this document and give permission to the College of Agriculture and Life Sciences and its designee to use such reproductions for educational and publicity purposes in perpetuity without further consideration from me.

I understand that I will need to notify Virginia Tech/College of Agriculture and Life Sciences if any changes to my situation occur that will impact this media release permission.

☐ Yes ☐ No

PARTICIPANT HEALTH AND MEDICAL HISTORY
(Questions 1-5 must be completed.)

1. SPECIAL DIETARY NEEDS

INSTRUCTIONS: The purpose of this section is to communicate special dietary needs, food allergies, etc. for any child, teen, or adult who will be attending a 4-H event.

In the space below, please list all **food allergies and/or other dietary restrictions** for the person listed above and any necessary precautions that should be taken:

2. Has the participant ever experienced (or had special needs in) any of the following?
[Check (✓) all that apply]

- | | | |
|---|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bleeding disorders | <input type="checkbox"/> Attention disorders (ADHD) |
| <input type="checkbox"/> Eating disorders | <input type="checkbox"/> Seizures/Convulsions | <input type="checkbox"/> Wears contacts |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Behavior |
| <input type="checkbox"/> Fainting spells | <input type="checkbox"/> Non-food allergies | <input type="checkbox"/> Other: _____ |

Please describe any condition or need that you checked:

3. Is the participant experiencing any current health problems, under medical care, receiving mental or behavioral services, or currently taking medication?

☐ YES ☐ NO If YES, *please explain:* _____

4. Has the participant undergone surgery, or experienced any injury, illness, allergy, or change in health status any time during the last year? Is there any reason that participation in a program or activity should be restricted?

☐ YES ☐ NO If YES, *please explain:* _____

5. What else should we know about your child?

4-H programs include very rewarding, but sometimes challenging situations. Please inform us of any concerns that may arise related to your child's physical, mental, emotional, and/or social health in order that we may better provide appropriate supervision and support.

APPROVAL / EMERGENCY AUTHORIZATION

(Please read parts 1 and 2. If the participant is under 18, parents/guardians must sign in the space provided. If you are over the age of 18, please sign for yourself. If you cannot sign this due to religious reasons, you must contact your Extension office to obtain a legal waiver that must be signed. **If this section is not signed, participation in the 4-H event/activity will not be allowed.** You must contact your Extension office if there is a change in health status after submitting this form.

- I give my permission for the participant named on this form to attend the designated 4-H program. He / She has permission to participate in all activities which may include swimming and other water sports under the supervision of lifeguard(s) and to take part in other scheduled activities such as firearm safety, horsemanship, archery, low ropes, physical activity/exercise and related activities under the supervision of instructors; subject to limitations noted herein.
- I hereby give permission to the medical staff person selected by the event/activity director to order X-rays, routine tests and treatment for my child (or for myself if I am a participant over 18 years old) as medically necessary. I also give permission for the participant to receive over-the-counter medication as needed under the guidance of the medical staff person. I understand that all attempts will be made to notify parents/guardians of any serious injury or illness to their child. If I cannot be reached in an emergency, I hereby give permission to the medical staff person to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me/ or the participant named on this form. This form may be photocopied for use outside of the event/activity location.

ADULT PRINTED NAME: _____

SIGNED: X _____
(Parent / Legal Guardian or participant over 18 years old)

Date: _____

I understand and agree to abide with any restrictions placed on my activities according to this form.

YOUTH PRINTED NAME: _____

SIGNED: X _____
(Participant under 18 years old)

Date: _____

IMMUNIZATION HISTORY (This must be completed)

Are your child's immunizations up to date? ☐ YES ☐ NO Date of most recent tetanus shot: (month/year) ____/____/____

RELEASE AUTHORIZATION

I give permission to the following individual(s) to pick up my child at the conclusion of this 4-H event:

Name(s): _____, _____, _____

Sign below at time of pick up (Receiving person must be pre-listed above):

Name (print): _____ Signature: _____ Date: _____



UNIT: _____

4-H YEAR: _____

VIRGINIA 4-H STANDARDIZED CODE OF CONDUCT FOR 4-H PROGRAMS/EVENTS

Purpose

The purpose of the 4-H program is the positive development of youth. We believe in creating a safe learning environment that encourages the four-fold development of a young person (i.e., Head, Heart, Hands, and Health). We expect all persons involved in 4-H (youth members, parents, teen/adult volunteers) to practice behaviors that foster the total development of youth. Each 4-H member and associated individuals participating in 4-H activities must accept the responsibility of creating a positive image that reflects 4-H ideals. Furthermore, the Virginia 4-H program recognizes that "CHARACTER COUNTS!" All 4-H participants are representatives of the program and should always strive to uphold the following standards: Trustworthiness, Respect, Responsibility, Fairness, Caring, and Citizenship. In seeking uniformity in the conduct expected at 4-H programs/events, the following code of conduct has been developed to provide a clear understanding of expectations. Participants and parents/guardians must sign this form in order to participate.

Code of Conduct

1. For the safety and wellness of all participants, a completed and signed 4 -H Health History Report Form is required for participation in 4-H events. In addition, medications and medication forms (for all participants under 18 years old) must be turned in at the registration table upon arrival at the 4-H event (or according to another system outlined in the registration/orientation information).
2. Participants should attend and be actively involved in all scheduled activities as part of this 4 -H program/event (unless under the supervision of a medical staff person.) Curfew is to be followed as specified in the schedule for overnight events. Failure to be in assigned locations may lead to dismissal from the 4-H event. Some areas are off-limits to participants (ex: swimming pool; bodies of water such as lakes and rivers; challenge course, etc.) unless under appropriate instructor supervision.
3. Visitors to a 4-H program/event must check-in with the Extension Agent, Program Director, or other adult in charge of the 4 -H program/ event upon arrival.
4. Participants should remain at a 4-H program/event until the program/event is scheduled to end. Participants may not leave a 4 -H program/event without prior permission from Extension Agent, Program Director, or other adult in charge of the 4 -H program/event. Participants may only be picked up from a 4 -H program/event by the person designated on the 4 -H Health History Report Form. Identification may be requested at the time of pick-up.
5. Participants are expected to follow the directions of 4 -H volunteers and paid staff. All 4-H'ers are under the supervision of the Extension Agent, Program Director, or other adult 4-H leader responsible for the 4-H program/event.
6. Participants should respect the property of others and be responsible for themselves. Deliberate destruction or removal of facilities or equipment is not permitted. Financial responsibility for any damages caused by deliberate destruction will be assumed by the participant and/or parents/guardians . The same applies to the property and personal items of other participants.
7. Participants should treat all others and themselves with respect. Aggressive, abusive, vulgar, or violent language and behavior towards others (ex: fighting, threats, insults, cursing, discrimination, etc.) are not permitted.
8. Participants should respect the privacy of others. Girls are not permitted in boys' lodging rooms nor are boys permitted in girls' lodging rooms.
9. Participants are expected to dress appropriately based upon the guidelines established by the person in charge of the 4-H program/ event.
10. Possession, distribution, or use of fireworks, weapons, knives, or other items that can be used as a weapon are not permitted at 4 -H programs/events, except under adult supervision in scheduled instructional activities (ex: shooting education class supervised by a certified instructor, etc.).
11. Possession, distribution, or use of alcoholic beverages, marijuana, illegal drugs, tobacco products, and unauthorized prescription drugs are not allowed at any 4-H sponsored program/event and must be reported to law enforcement. The Virginia 4 -H program reserves the right to conduct a search of a participant's outer clothing, luggage, personal belongings, lodging rooms, and furniture being used by a participant(s) if there is "reasonable suspicion" that the participant has drugs, alcohol, or weapons.
12. Animals and pets are not allowed at 4 -H programs/events unless needed to accommodate a disability or as part of an organized program, or through specific authorization from Extension Agent, Program Director, or other adult in charge of the 4 -H program/event. Animals that are used as part of a 4-H program/event should always be provided with proper care.

13. Electronic and mechanical devices (ex: cellular phones, pagers, walkie-talkies, video games, radios, CD players, TV's, laptop computers, etc.) are not allowed at 4-H programs/events unless they are needed as part of an organized 4-H program/event, or with authorization from the Extension Agent, Program Director, or other adult in charge of the 4 -H program/event. Without authorization, these items will be confiscated and returned to the participant (or the participants' parents/guardians) at the end of the program/event.

Consequences

Unacceptable behavior during a 4-H program/event (as defined within this Virginia 4-H Standardized Code of Conduct or through a review process by 4 -H staff/volunteer) will result in consequences to the participant. Consequences may include:

1. early release from this 4 -H program/event without refund,
2. restitution or repayment of damages,
3. denial of future participation in the 4-H program/event at the local, district, state and national levels for one or more years (as determined by the unit staff in charge of, or responsible for, the 4 -H program/event),
4. forfeiture of financial support for a 4-H program/event
5. removal from 4-H offices held (if applicable), and
6. releasing the youth to the appropriate law enforcement agency and/or the proper authorities.

NOTE: Any conduct not specifically covered by this Virginia 4-H Standardized Code of Conduct, but deemed inappropriate by those responsible for the 4 -H program/event will be viewed as a violation and appropriate action will be taken. If an infraction occurs, the person in charge of the 4 -H program/event will provide appropriate communication to parents/guardians.

Signature(s) (Both signatures are required for participants under 18 years old.)

I have read and understand the above "Code of Conduct" and will abide by the expectations described in the Code-of-Conduct. I understand that if I act inappropriately I will have to accept responsibility for my actions that may result in the consequences listed above.

Participant Printed Name

Participant Signature

Date

I have discussed and reviewed this "Code of Conduct" with my child. I understand that failure to abide by this 'Code of Conduct' may result in the consequences listed above which includes no refund. In the event that this code is violated, I agree to come to the 4 -H program/event to pick up my child at the request of the adult in charge of the 4 -H program/event. I further understand that I refuse to pick up my child, am unavailable, or fail to make timely arrangements to retrieve my child, 4 -H program/ event staff may contact law enforcement or social services to provide necessary protection for a child in need of services. I acknowledge responsibility for all fees/charges that may result from said services.

Parent/Guardian's Printed Name (for participant under 18 years old)

Parent/Guardian's Signature (for participant under 18 years old)

Date

Visit our website: www.ext.vt.edu

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*18 U.S.C. 707

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