

Complete EACH set of blocks labeled REQUIRED. Incomplete information will require returning the enrollment form and delay enrollment status as an active enrollment.



Oklahoma 4-H Program fee is \$20 per member. **Submit fee with this form.**

REQUIRED	Family Information: <i>Mark all that apply.</i>		<input type="checkbox"/> One or more family members were enrolled last year.	County
			<input type="checkbox"/> Transfer my enrollment from	
			<input type="checkbox"/> New family to 4-H, no one has been enrolled in 4-H.	
	Family Household Profile			
	Family Last Name	Family Email (list below) New Email/Different from Last Year? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Mailing Address	City and Zip Code	Family Primary Phone Number	
	Additional Household Contacts.			
	First and Last Name	Email	Phone	
	First and Last Name	Email	Phone	
	Youth Personal Information			
	Was this YOUTH enrolled last year? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Youth First Name	Youth Last Name	Birthdate MM/DD/YYYY	
	4-H Member/Cloverbud Email (if different from family)			
	Mailing Address (if different from family)		Years as a 4-H Member. This will be my: _____ Year <input type="checkbox"/> I'm a Cloverbud	
	City and Zip Code		Primary Phone for Youth (if different from family)	
	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer Not to State		
	Ethnicity	Are you of Hispanic ethnicity? <input type="checkbox"/> Yes <input type="checkbox"/> No (please indicate both an ethnicity and race)		
	Race	Check all that apply: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American		
	Tribal Affiliation (List Tribe name)			
	Place of Residence	<input type="checkbox"/> Rural - live outside community/town/city limits <input type="checkbox"/> Community/City of over 50,000 <input type="checkbox"/> Community/Town less than 50,000		
	Emergency Contact First and Last Name	Emergency Contact Phone	Relationship (Mom, Dad, Aunt, etc.)	
	Grade (if enrolling during the summer months, indicate the grade just completed)	County where you attend school	School you attend	
	PROGRAM FEE MUST BE PAID WITHIN 30 DAYS OF SUBMITTING ENROLLMENT.			

Youth Waivers		All boxes must be answered		
Informed Consent, Voluntary Waiver, and Release - I have read and there for been informed of the University's and 4-H Youth Developments postion on Liability and Assumption of Risks on <u>page 8</u> of the enrollment packet.		<input type="checkbox"/> Agree Parent/Guardian's Initials		
Code of Conduct – We have read the code of conduct on <u>page 7</u> and understand that failure to abide by published and implied policies and regulations, including Code of Conduct, governing a 4-H program may result in loss of membership privileges. I understand that by signing my name I agree to the Code of Conduct				
4-H Member Signature:				
Parent/Guardian Signature				
REQUIRED	Oklahoma State University Medical Waiver Oklahoma State University and the 4-H program need accurate information to provide and/or seek appropriate Medical treatment for any child in our care. In cases where medical attention is necessary, the parent/guardian will be contacted for approval when possible; however, in the event of an emergency the 4-H staff/volunteer will seek medical care for any Participant until which time a legal representative can assume responsibility for the individual's care and treatment. Medical History – I understand it is my responsibility to provide complete and accurate information regarding the Participants mental, physical, or medical condition to participation in this Program. If uncertain about any pre-existing medical condition(s), it is my responsibility to consult with our physician prior to participating in this Program. As a participant, parent, or guardian it is our responsibility to disclose relevant information that may result in harm to Participant and/or others during this Program. Furthermore, it is my responsibility to notify the 4-H program and/or Oklahoma State University of any changes in the mental, physical, or medical condition of the Participant which may impact their participation in the Program. Medical information disclosed will not be used by Oklahoma State University personnel, employees, the 4-H program, or volunteers to determine a Participant's ability to participate safely in the Program. This information will be kept in strict confidence and will only be shared with your permission or as necessary in the event of an emergency. I understand that, if Participant chooses to participate in activities, it is done voluntarily and of their own accord unless the 4-H program and/or Oklahoma State University is notified otherwise by me. It is a family's responsible to provide a current or updated health form (online or paper).		<input type="checkbox"/> I have been informed and understand that OSU and 4-H representatives will seek medical attention for any child in their care, until which time a legal representative can assume responsibility for this individual's treatment. <input type="checkbox"/> Parent/Guardian's Initials	
	Publicity Release - We give permission for use of name and/or picture for print/photo/video/electronic media use (including but not limited to local newspaper, social media, etc.) of the member to appear for any wide variety of formats and media for marketing, promotional or educational purposes. ** We cannot guarantee in the process of participation in the Program your image or name will not be shared.		<input type="checkbox"/> Consent Given	<input type="checkbox"/> DECLINE-do not use name or photo for any publicity.
	Electronic Communication w/Youth - I give permission for my student/child to receive direct email/social media/text communications from 4-H/OSU Extension staff/volunteers for educational/programming purposes. I understand that I have a right to request a copy and receive the same information my child does. I give my child permission to communicate with educator(s)/volunteers/leaders via same said means. I understand I can withdraw permission for my child to participate at any time by giving written notice to the staff member responsible.		<input type="checkbox"/> Consent Given	<input type="checkbox"/> DECLINE Communication
	<input type="checkbox"/> As a parent/guardian my signature indicated I have been Informed of and read all Waivers included as part of the Participant's OK 4-H enrollment.			
	<input type="checkbox"/> As a parent/guardian my signatures indicates I agree to support the Participant in their 4-H experience: project work, club, and activities.			
Parent/Guardian Signature _____				
<div style="text-align: right;">Date _____</div>				

Primary 4-H Club _____

Other 4-H club _____

Other 4-H club _____

Youth must **enroll in at least one (1) 4-H project** and are **limited to 10 projects**. Limited enrollment provides focus and encourages greater learning and mastery of skills and knowledge. Through project work; youth “learn-to-learn” by independent study, project meetings and participation in workshops, tours, seminars, and camps. Project enrollment does not limit participation in activities/events unless it is stated in the activity/event guidelines.

☐ **Cloverbud (Kindergarten - 2nd Grade)** *Cloverbuds do not enroll in projects below.*

REQUIRED

A to E	F - P	R-V
<input type="checkbox"/> Aerospace & Rocketry <input type="checkbox"/> ATV <input type="checkbox"/> Automotive <input type="checkbox"/> Beef <input type="checkbox"/> Bicycle <input type="checkbox"/> Childcare, Child Development <input type="checkbox"/> Civic Engagement – <i>Government, Service Learning and Community Service</i> <input type="checkbox"/> Communication & Expressive Arts - <i>Graphics, Writing/Poetry, Print, Story Telling, Filmmaking, Photography, etc.</i> <input type="checkbox"/> Companion Animals – <i>Dog, Cat, Pocket Pets, Guinea Pigs, Birds, Fish, Reptiles, Other</i> <input type="checkbox"/> Consumer Education <input type="checkbox"/> Dairy <input type="checkbox"/> Design and Construction - <i>Apparel and Sewing</i> <input type="checkbox"/> Design and Construction - <i>Hobbies and Textiles: Quilting, Knitting, Embroidery, Crochet, Fabric art, Crafts and Sewing</i> <input type="checkbox"/> Design and Construction - <i>Interiors, Personal Living Space and Sewing</i> <input type="checkbox"/> Electricity & Electronics <input type="checkbox"/> Energy - <i>wind, electric, hydro, solar, gas, oil, coal, etc.</i> <input type="checkbox"/> Entomology and Bees <input type="checkbox"/> Entrepreneurship <input type="checkbox"/> Environmental Stewardship - <i>Recycling, Composting, Water Conservation, etc.</i>	<input type="checkbox"/> Farm Machinery <input type="checkbox"/> Flower Gardening & House Plants <input type="checkbox"/> Foods and Nutrition - <i>Breads, Cooking/Preparation, Preservation, Presentation, etc.</i> <input type="checkbox"/> Gardens - <i>Fruits/Vegetables</i> <input type="checkbox"/> Goats – <i>meat, milk and hair</i> <input type="checkbox"/> Health & Fitness <input type="checkbox"/> Hobbies and Collectables <input type="checkbox"/> Horse, Donkey, Mule <input type="checkbox"/> Industrial Arts - <i>woodworking, welding, construction, etc.</i> <input type="checkbox"/> International/Cultural Education - <i>exchange programs, service abroad, education abroad</i> <input type="checkbox"/> Leadership <input type="checkbox"/> Llama <input type="checkbox"/> Meats <input type="checkbox"/> Meteorology - <i>Weather and Climate</i> <input type="checkbox"/> Natural Resources - <i>Wildlife and Fisheries, Game Birds, Forestry, Geology, Range</i> <input type="checkbox"/> Ornamental Horticulture & Landscaping <input type="checkbox"/> Outdoor Education - <i>Camping, Recreation, High Adventure, Hiking, etc.</i> <input type="checkbox"/> Performing Arts: <i>Dance, Drama, Theater, Clowning, Mime, Music, etc.</i> <input type="checkbox"/> Personal Development <input type="checkbox"/> Photography <input type="checkbox"/> Plant and Soil Sciences <input type="checkbox"/> Postmark <input type="checkbox"/> Poultry <input type="checkbox"/> Public Speaking	<input type="checkbox"/> Rabbits <input type="checkbox"/> Recreation and Leisure Education <input type="checkbox"/> Robotics <input type="checkbox"/> Safety - <i>Home, Farm, School, Personal</i> <input type="checkbox"/> Science Engineering and Technology - <i>TechXcite, GPS, UAV, Computer Science, etc.</i> <input type="checkbox"/> Sheep <input type="checkbox"/> Shooting Sports - <i>Pistol: .22 and Air</i> <input type="checkbox"/> Shooting Sports - <i>Archery</i> <input type="checkbox"/> Shooting Sports – <i>Hunting and Wildlife</i> <input type="checkbox"/> Shooting Sports - <i>Muzzle Loader</i> <input type="checkbox"/> Shooting Sports - <i>Rifle: .22 and Air</i> <input type="checkbox"/> Shooting Sports – <i>Shotgun</i> <input type="checkbox"/> Shooting Sports – <i>Western Heritage</i> <input type="checkbox"/> Small Engines <input type="checkbox"/> Sportfishing <input type="checkbox"/> Swine <input type="checkbox"/> Tractor and Machinery Safety <input type="checkbox"/> Vet Science <input type="checkbox"/> Visual Arts: <i>Drawing, Painting, Sculpture, Crafts, Leather, etc.</i>

Oklahoma State University, as an equal opportunity employer, complies with all applicable federal and state laws regarding non-discrimination and affirmative action. Oklahoma State University is committed to a policy of equal opportunity for all individuals and does not discriminate based on race, religion, age, sex, color, national origin, marital status, sexual orientation, gender identity/expression, disability, or veteran status with regard to employment, educational programs and activities, and/or admissions. For more information, visit <https://eeo.okstate.edu>.



Annual Enrollment - Youth Participation Form

AE Form 1

- **PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT.**
- THIS SIGNED FORM MUST BE COMPLETED BY A PARENT/LEGAL GUARDIAN.
- BEFORE ANY CHILD IS ALLOWED TO PARTICIPATE IN AN OVERNIGHT OR OUT-OF-COUNTY PROGRAM/CAMP/TRIP/EVENT SPONSORED BY 4-H THE INFORMATION MUST BE REVIEWED AND UPDATED BY THE PARENT/GUARDIAN.
- THIS FORM MAY BE REQUIRED BY YOUR COUNTY AS PART OF THE ANNUAL ENROLLMENT PACKET AND WILL BE USED BY CERTIFIED CLUB VOLUNTEERS, GENERAL COUNTY 4-H EVENTS AND ACTIVITIES AND DISTRICT, STATE AND NATIONAL 4-H EVENTS AND ACTIVITIES.

PARTICIPANT INFORMATION			
Name of Participant:			Date Form Completed
Address:	City:	State:	Zip:
Date Of Birth:		Gender at Birth: <input type="checkbox"/> M <input type="checkbox"/> F	
PARENT/GUARDIAN INFORMATION			
Parent/Legal Guardian Name:			
Address:	City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:	
EMERGENCY CONTACT INFORMATION			
#1 Name	Relationship	Phone:	
#2 Name	Relationship	Phone:	
INSURANCE INFORMATION			
Do you have health/accident insurance? (circle one): <input type="checkbox"/> YES <input type="checkbox"/> NO			
Insurance Company Name:			
Medications	Types of Medications being taken <input type="checkbox"/> Prescription (Must complete pg. 6) <input type="checkbox"/> Over the Counter <input type="checkbox"/> None at this time		List Medications:
<p>RX Authorization, Waiver and Consent for Self-Administration (page 6) - Parent/Guardian is legally responsible for the medications and the self-administration of the prescription by the participant. Be sure to complete the appropriate section on page 6 if any prescriptions are noted above.</p> <p>MEDICAL MARIJUANA - OSU receives federal funds and must comply with the Federal Drug-Free Schools and Communities Act and the Federal Drug-Free Workplace Act.</p> <p>While the use of medical marijuana has been legalized in the state of Oklahoma, federal law prohibits the use, possession or cultivation of marijuana for any reason on the OSU campus and also prohibits the use and distribution of marijuana for any reason at events authorized or supervised by OSU (which includes programs offered by the Oklahoma Cooperative Extension Service and 4-H).</p>			
History of Allergies or reactions to:	Check ALL Allergies/Reactions <input type="checkbox"/> Medication <input type="checkbox"/> Insects/stings/bites <input type="checkbox"/> Plants <input type="checkbox"/> Other <input type="checkbox"/> No Known Allergies		Explain Allergies/Reactions:
History of Food	Check ALL Allergies <input type="checkbox"/> Eggs <input type="checkbox"/> Nuts <input type="checkbox"/> Dairy <input type="checkbox"/> Wheat <input type="checkbox"/> Fish/Shellfish <input type="checkbox"/> Other <input type="checkbox"/> No Known Food Allergies		Explain Food Allergies:

Dietary Restrictions or special needs?		Explain Dietary Needs:	
Physical, behavioral or mental condition that would limit participation in normal activities/projects?	Check ALL that apply <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Epilepsy/Convulsions <input type="checkbox"/> Asthma <input type="checkbox"/> Heart/Lung <input type="checkbox"/> Autism/Asperger <input type="checkbox"/> Nose Bleeds <input type="checkbox"/> Diabetes <input type="checkbox"/> Other		Explain Condition/Limitation(s):
Do any of the following	Check ALL that apply <input type="checkbox"/> Dentures/Dental <input type="checkbox"/> Prosthetic <input type="checkbox"/> Plate/Partial/Retainer <input type="checkbox"/> Wheelchair/Walker/Cane/Crutches <input type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Other <input type="checkbox"/> Hearing Aid/Implant		Other: (Explain)

Authorization, Waiver and Consent for Self-Administration of Prescription Medications

- This page must be completed in full in order for Participant to self-administer required **prescription medications**.
- Prescription Medication(s) information must be UPDATED prior to any Program/Activity/Event requiring a medical information form to participate.

All prescription medications, including medications for conditions such as food, drug or insect allergies; diabetes; asthma or epilepsy may be brought to the 4-H event, program, or trip under the condition that the participant has written authorization to self-manage their care and the consumption/administration of medication.

- ☒ **Prescription medication must be in its original container labeled by the pharmacist and prescriber.**
- ☒ **Label must include the name, address and phone number for pharmacist and prescriber's name.**
- ☒ **Containers must hold only the amount required for the time the participant will be attending the 4-H event.**

I _____ (Print full Name of Parent/Guardian) **have legal authority to consent to medical treatment, including the administration of Rx medication for this minor.** **Today's Date**

- I accept the responsibility to keep the prescription information while my child is enrolled in 4-H.

Parent/Guardian Initials

- I authorize and recommend self-medication by my child for the medications listed on this form.

Parent/Guardian Initials

- I also affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her attending physician. **Parent/Guardian Initials**
- I shall indemnify and hold harmless the Program Staff, Oklahoma State University, its Board of Regents, Administration, Faculty, Staff, Student Leaders, Volunteers and all other officers, directors, employees and agents against any claims that may arise relating to my child's self-administration of prescribed medication(s).

Parent/Guardian Initials

CODE OF CONDUCT - Rules and Disciplinary Procedures

Rules Participants and Parents Need to Know:

These guidelines are not “all inclusive”, the Extension Service reserves the right to make adjustments to the Code of Conduct.

Section I. In seeking uniformity in the conduct expected at each county, district, state, national, and international 4-H event, the following guidelines have been developed.

- Each participant has a reasonable expectation to enjoy a positive program experience. Therefore, the misbehavior of one participant, or a group of participants, will not be permitted to negatively impact the program experience of others. Most programs are short in duration, so prompt action is required when problems occur.
- All rules and regulations governing an activity, event or facility use will be discussed with educators, certified volunteers, parents and 4-H'ers prior to or at the beginning of each event.
- All 4-H'ers are under the supervision of **any** Extension staff or certified volunteer(s) assigned to the event.
- If the 4-H'er is found in violation of the Code of Conduct and disciplinary action is required his/her parent/guardian will be notified immediately and the 4-H'er may be suspended from participation in county, district, state, national and international 4-H activities and/or membership revoked. As deemed necessary, the appropriate County, District or State 4-H Office will be notified of disciplinary action.
- Participants dismissed from a program for disciplinary reasons will not receive a refund on any fees paid to attend.
- If a 4-H'er wishes to appeal the disciplinary action he/she must appeal in writing through their County Extension Office. Appeals must be filed within 30 days following notification of punishment. As necessary, the State 4-H Leader shall appoint an appeal board, no sooner than 30 days following the date of notification of the disciplinary action.
- Participants are responsible for securing their belongings. Neither Oklahoma State University, nor Extension Staff or certified volunteer, is responsible for lost or stolen items. Leave excess money and valuables at home. Valuables brought to the program are at participants' risk and can only be used at free or other authorized times.

Section II. The following actions will be considered a **serious** breach in conduct. This is not an all-inclusive list of conduct violations.

- **Misconduct is deemed in violation of a law** - The appropriate law enforcement agency will be notified.
- **Assault or Personal Harm** – Inflicting physical or emotional harm on self or others.
- **Bullying and Harassment** – Physical, emotional, or electronic harassment/harm against self, fellow participants or staff.
- **Possession, distribution, sale or use of: illegal drugs/substances; alcoholic beverages; any form of medical marijuana; marijuana by-products; tobacco or vapor products; fireworks; or weapons** (does not limit the use of approved sporting arms when and where authorized).
- **Sexual Misconduct – Engaging in contact of a sexual nature.**
- **Coed Visitation**—Coed visitation is permitted only in designated common areas, not in sleeping rooms. It is recognized that circumstances may arise for justifiable exceptions to this policy. However, in every case, permission for exceptions must be secured from chaperone in advance.
- **Theft, Misuse or Abuse of Public or Personal Property** - Any damages caused by neglect or misuse will be charged to the responsible party. Replacement cost will be charged to anyone who removes or damages property. Any individual found tampering with any fire equipment (e.g. fire extinguishers, fire alarms, smoke detectors, etc.) will be dismissed from the Program immediately. Participants may not interfere with any security system or tamper with locks in participant rooms and other areas. All furniture must remain unchanged and kept in place.
- **Search of Property** - If a question regarding any of the above is raised, 4-H member consents to a search of his/her room and/or personal property. Failure to comply will result in violation of the Code of Conduct.

Section III. The following actions will be considered a breach in conduct. This is not an all-inclusive list of conduct violations.

- **Breaking curfew and/or disturbing the peace** - Participants will abide by curfew.
- **Violating the Dress Code**
- **Use of Abusive and Offensive Language**
- **Unexcused Absence** from the activities of the event - Participants are to remain on the event site and attend all workshops, classes, and planned social or recreational activities for the duration of the program unless program activities require otherwise. If a participant needs to leave campus or event site, supervising Extension staff or certified volunteer must have prior written approval from the parent or guardian and agree to grant specific permission.
- **Unauthorized Use of Vehicles** during the event - Participants are not allowed to drive or ride in personal vehicles during the dates of the program unless they receive specific permission to do so from their supervising extension staff or certified volunteer. While we understand that some participants will drive to the event, our policy is that participants should not be driving during the event. Participants may be asked to turn their car keys in to the supervising staff or certified volunteer for the duration of the program.
- **Misuse of Technology** - Participants must never misuse internet, social media, cell phone or any new technological devices. Accessing or sending unauthorized or inappropriate content is strictly prohibited.

Informed Consent, Voluntary Waiver, Release of Liability & Assumption of Risks

I, the undersigned, wish for my Child (hereafter "Child") to participate in Oklahoma 4-H Youth Development program (hereafter "Program") as part of his/her annual enrollment, in consideration for my Child's participation, I hereby agree as follows:

I acknowledge, understand and appreciate that as part of my Child's participation in the Program there are dangers, hazards and inherent risks to which my Child may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I further realize that participating in the Program may involve known and unknown risks and dangers and have elected to allow my Child to take part in the Program. Therefore, I, on behalf of my Child, voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of training, preparing, participating, and traveling to or from the Program.

I, on behalf of my Child, hereby release Oklahoma 4-H, Oklahoma State University, its Board of Regents, Administration, Faculty, Staff, Student Leaders, the Program Staff, and all other officers, directors, employees, volunteers and agents (hereafter "OSU") from any and all liability as to any right of action that may accrue to my heirs or representatives for any injury to my Child or loss that my Child may suffer while training, preparing, participating and/or traveling to or from a 4-H activity/sanctioned event. This agreement is binding on my heirs and assigns.

In the event of an accident or serious illness, I hereby authorize representatives of OSU to obtain medical treatment for my Child on my behalf. I hereby hold harmless and agree to indemnify OSU from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for all expenses, including medical expenses that may derive from any injuries to my Child that may occur during his/her participation in the Program.

This RELEASE shall be governed by and construed under the laws of Oklahoma. I agree that any legal action or proceeding relating to this RELEASE, or arising out of any injury, death, damage or loss as a result of my Child's participation in any part of the Program, shall be brought only in Payne County, Oklahoma.

This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and are not all inclusive. The information I have provided is disclosed accurately and truthfully. I have been given ample opportunity to read this Waiver and I understand and agree to all of the terms and conditions. I understand that I am giving up substantial rights (including my right to sue), and acknowledge that I am signing this document freely and voluntarily, and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law. My signature on this document is intended to bind not only myself and my Child but also the successors, heirs, representatives, administrators, and assigns of myself and my Child.

Family - Keep pages 7 and 8 for your records