



## Youth Participation Form

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 INFORMATON			
Do you have health/accident insurance? (circle one): <input type="checkbox"/> YES <input type="checkbox"/> NO			
Insurance Company Name:			
Medications	<b>Types of Medications being taken</b> <input type="checkbox"/> Prescription (Must complete pg. 2) <input type="checkbox"/> Over the Counter <input type="checkbox"/> None at this time		List Medications:
RX Authorization, Waiver and Consent for Self-Administration (page 2) - 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 2 if any prescriptions are noted above.			
<b>MEDICAL MARIJUANA</b> - OSU receives federal funds and must comply with the Federal Drug-Free Schools and Communities Act and the Federal Drug-Free Workplace Act.			
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).			
History of Allergies or reactions to:	<b>Check ALL Allergies/Reactions</b> <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 Allergies?	<b>Check ALL Allergies</b> <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?	<p style="text-align: center;"><b>Check ALL that apply</b></p> <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 Medical Assistance apply?	<p style="text-align: center;"><b>Check ALL that apply</b></p> <input type="checkbox"/> Dentures/Dental <input type="checkbox"/> Prosthetic <input type="checkbox"/> Plate/Partial/Retainer <input type="checkbox"/> Wheelchair/Walker/Cane/Cru <input type="checkbox"/> Glasses/Contact Lenses      tches <input type="checkbox"/> Hearing Aid/Implant <input type="checkbox"/> Other	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 current 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** - We understand that failure to abide by published and implied and regulations, including Code of Conduct (pg 3), 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. **Date** \_\_\_\_\_

**Youth Signature:** \_\_\_\_\_ **Parent's Signature:** \_\_\_\_\_

**Informed Consent, Voluntary Waiver, Release of Liability & Assumption of Risk** - I have been informed of the University's and 4-H Youth Development position on Liability and Assumption of Risks (pg4).

**Parent's Signature Required:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## 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 3 and 4 for your records**