Welcome to Jefferson County 4-H! Youth Member Enrollment Form

Club Name _____________________________ Please check one: _____ New _____ Returning

Last Name _________________________ First Name ________________________ Middle Initial ___

Mailing Address: ____________________________ City: __________________________ Zip _________

School _______________________________ Years in 4-H ______ Birth Date ____/____/_______

Please check one: _____ Female _____ Male Family Cell # ______-____-_________ Grade ______

Family Email _________________________________________ Home Phone _____-____-_________

Father/Guardian _________________________________________ Work # ______-____-________

Mother/Guardian _________________________________________ Work # ______-____-________

Is youth enrolling as a 4-H Teen Leader? (needs to enroll in the Leadership project) _____ Yes _____ No

Please check one: _____ Rural _____ Farm Please check one: _____ Hispanic _____ Not Hispanic

Race (please check all that apply): _____ White/Caucasian _____ Black /African _____ Asian

_____ Alaskan/Am. Indian _____ Hawaiian/Pacific Island

Please list any additional 4-H clubs your child will be enrolled in this year:

________________________________________________________________________________________

Parent/Guardian Signature: ______________________________________________ Date: ____/____/_______

Club Leader: Please list below the 4-H project names and codes for the above youth.

<table>
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<tr>
<th>PROJECT CODE</th>
<th>PROJECT NAME</th>
<th>YEARS IN PROJECT</th>
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4-H Leader Signature: __________________________________________ Date: ____/____/_______

WSU Jefferson County Extension, 201 W. Patison, Port Hadlock, WA 98339 360-379-5610
WASHINGTON STATE UNIVERSITY (WSU)
JEFFERSON COUNTY 4-H ACTIVITIES
For Parents or Guardians of Participants Under 18 Years of Age

ASSUMPTION OF RISK
I understand that there are risks in participating in general 4-H and 4-H county fair activities at Washington State University (WSU) and Jefferson County Fair.

In consideration for and as a condition of being allowed to participate in these voluntary activities, I agree to take full responsibility for any and all risks that exist, including the risk of death or injury to my child or loss or damage to my property. I understand that there may be risks that WSU and Jefferson County Fair Association cannot predict or foresee, and I also assume full responsibility for those risks.

Risks in participating in the 4-H activities, include, but are not limited to: temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, orthopedic damage, head, neck or spinal injuries, loss or use of arms and/or legs, eye damage, disfigurement, burns, drowning or death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of traveling to and from 4-H activities that cannot be specifically listed. Further, I recognize that the actions of other participants in the activity may cause harm or loss to my child or property.

RELEASE OF LIABILITY
I release, the state of Washington, the Regents of WSU, WSU, any subdivision or unit of WSU, its officers, employees, and agents, and the Jefferson County Fair Association from any and all liability, claims, costs, expenses, injuries and/or losses to person or property, which I may sustain as a result of death or injury of my child, as a result of or connected with participation in 4-H events. My child’s participation includes, but is not limited to, travel to and from the events in a private or public vehicle, any activity connected with the events themselves, and use of state or fair equipment or facilities for the events whether on or off WSU or Jefferson County Fair properties.

I have carefully read this document, understand its contents and am fully informed about this program and circumstances. I am aware that this document is a contract with WSU, Jefferson County Fair Association, and the program sponsors. I sign it freely and voluntarily.

DATED THIS ____ DAY of __________________, _______.

____________________________________ ______________
Name of Parent or Guardian (Printed) Signature

Name of Minor (Printed): ___________________________________
Washington State University  
Jefferson County 4-H  
Emergency Medical Release for Members & Volunteers  
In an emergency requiring medical attention or a situation reasonably believed by Washington State University (WSU) and Jefferson County Fair Association authorized agents, including 4-H volunteers and staff to be an emergency, I authorize WSU or Jefferson County Fair Association and its authorized agents to obtain emergency medical care for my child or myself (if I am unable to respond). I will be responsible for any expenses incurred in so doing, including but not limited to care by health care professionals, hospital care, and ambulance or other services. In addition, the health care provider has permission to obtain a copy of my child’s health record (or mine if I am injured) from providers who treat my child or me and these providers may talk with the program’s staff about my child’s health status or mine if I am in need of medical care.

NOTE: Minors may consent to certain services in Washington.
I hold harmless and agree to indemnify Washington State University and Jefferson County Fair Assoc., its authorized agents and employees and the staff and volunteers of JEFFERSON COUNTY 4-H from decisions to seek emergency treatment.

Please complete the following:

Participant: ___________________________________ Date of Birth______________

Youth’s Parent or Guardian: ______________________________________________________

Address: ______________________________________________________________________

City: _____________________________ State: ________ Zip: __________

Cell #: ______-____-____ Home # ______-____-_____ Work # ______-____-____

E-mail: ________________________________________________

Health-Care Providers:

Name of participant’s primary doctor(s): ___________________ Phone: ____________

Name of dentist(s): ___________________________________ Phone: ____________

Name of orthodontist(s): _____________________________ Phone: ____________

Additional health care provider(s) name(s) and contact numbers:

Medical Insurance Information:

This participant is covered by family medical and/or hospital insurance ____Yes____No

Primary Insurance Company ___________________ Policy Number __________

Subscriber ___________________________ Insurance Company Phone Number ________

Secondary Insurance Company ___________________ Policy Number __________

Subscriber ___________________________ Insurance Company Phone Number ________
Name of another person to contact in case of emergency if you are not available
____________________________________ E-mail: ______________________________

Phone: ____-____-____ Relationship to participant: ________________________________

Do you have any physical complaints or illness at this time? _____YES _____NO
If yes, please explain:

_____________________________________

Are you under the care of a physician or practitioner of any sort? _____YES _____NO
If yes, please explain:

_____________________________________

Are you taking any type of medication? _____YES _____NO
If yes, what type? ____________________________ What dosage? ____________

Are you on a special diet? _____YES _____NO
If yes, please explain:

_____________________________________

Do you have Diabetes? _____YES _____NO
If yes, type and dosage of insulin:

Do you have Asthma? _____YES _____NO
If yes, do you carry an inhaler? _____YES _____NO

Do you have allergies? _____YES _____NO
If yes, please list allergies:

_____________________________________

Last tetanus shot (month and year)? ______________________________

Other conditions or comments ____________________________________________

In case of emergency, I understand that every effort will be made to contact me. In the event I
cannot be reached, I hereby give permission to the physician selected by the delegation leader
to hospitalize and secure proper treatment (including surgery) for my child or myself.
I have read, understand and consent to the foregoing statements.
I voluntarily sign this authorization in consideration for permission for my child to participate in
Jefferson County 4-H, Jefferson County Fair, and WA State 4-H youth programs. I have
read it, and I understand its content and significance.

_________________________________ Date ________________
Signature of Parent/Guardian
(For participant less than 18 years of age)

_________________________________ Date ________________
Signature of Participant
(For participant 18 years of age or older)
Image and Voice Recordings Consent Form
Form Number WSUE-2010-1

I, ____________________________, and my parent or guardian (as appropriate), hereby grant permission to Washington State University (WSU) to be photographed or otherwise have images or voice recordings made (including but not limited to digital photographs, video or digital moving images and/or voice recordings), for WSU publication or promotional purposes in any medium (including but not limited to print media, newspaper, television, video, motion picture, or Web site on the Internet).

I additionally consent to the use of my name and/or interview comments in connection with WSU publication or promotional purposes in print media, newspaper, television, video, motion picture, or Web site on the Internet.

I understand that consent to use of my likeness or voice recordings is not a condition of participating in any WSU Extension program and that consent can be refused without any impact on my ability to fully participate in the program.

No inducements or promises beyond our acceptance of an opportunity to promote WSU and its programs have been given to the persons signing below.

Any other use of images and/or recordings, my name, and/or interview comments requires advance permission.

I understand that I can revoke this consent at any time upon notice to WSU, at which time either or both of us will sign a copy of the denial (below) for use of images or voice recordings.

I agree to use of digital images or voice recordings as set forth above:

[Signature of Parent/Guardian (for participant less than 18 years of age)] [Date]

[Signature of Participant] [Date]

I do not agree to use of digital images or voice recordings as set forth above:

[Signature of Parent/Guardian (for participant less than 18 years of age)] [Date]

[Signature of Participant] [Date]

4-H Code of Conduct

As a participant in 4-H events, you individually represent all 4-H members to the public. Therefore, you are expected to behave in a manner that reflects well on yourself, your club and the broader 4-H organization.

General Rules to Follow

Dress: Dress should be appropriate, clean and modest.
Manners: Be courteous and display good manners at all times. Use appropriate and respectful language—no swearing.
Respect: Be respectful of community property, your own belongings, as well as personal property of others. Respect staff/leaders, and the opinions of others.
Drugs/Alcohol: Participants must not use tobacco, alcohol and drugs (except those prescribed by their doctor)
Firearms: Firearms are not allowed except in shooting sports activities with a leader present.
Touching: Participants must refrain from public displays of affection. Kissing and other physical displays distract from the group and are not appropriate behavior during the Fair. Do not remain in the immediate area where these activities are taking place.

Consequences for Rule Breaking

1 Participants who break the rules will have the opportunity to explain their actions to the staff in charge. Staff will take appropriate action based on the issues raised.
2 Rules violations may result in dismissal and the offender being sent home.
3 If you are sent home during the county fair for breaking the rules, this may result in forfeiture of all premiums.
4 Violations related to property or drugs/alcohol will result in the offender being sent home immediately. These violations could also result in criminal charges.

I have read and understand the above rules.

[4-H Member Signature]

[Parent/Guardian Signature]
4-H Code of Ethics /Commitment to Quality Animal Care

This is an agreement between 4-H animal project members, Jefferson County 4-H and the management of the Jefferson County Fair.

Its purpose is to ensure:
- Ethical decisions and activities by 4-H youth
- Overall wellbeing of all 4-H animals
- Use of commonly accepted practices in preparing and exhibiting animals for show
- A safe and wholesome food supply
- The intent and integrity of animal competitions and displays for future generations.

4-H Quality Animal Care Pledge for Members with Animal Projects

The purpose of my participation in the Jefferson County 4-H and Jefferson County Fair

is to strengthen my own knowledge, ability and skill as a feeder, manager, trainer, caregiver and exhibitor of animals and to develop my sense of responsibility and good character. If my project includes food production animals, my goal is to produce safe and wholesome food.

I will do my own project work to the best of my ability.
I will not use or allow abusive, fraudulent or illegal practices or products in the feeding, care, fitting, training and showing of my animals.
I will not misrepresent my animals or myself in any way.
I will read, understand and follow the rules, without exception, of animal shows in which I am a participant and ask that my parents and 4-H Leader do the same.

My animal project is an example of how to accept what life has to offer, both good and bad, how to live with outcome. I will treat other people’s animals with the same respect and care I give to my own animals.
I realize that I am responsible for the proper care and safe humane treatment of my animals. I realize that I am responsible for demonstrating strong moral fiber and good character as an example to others.
I will voice my objections to events related to my participation by using the protest policy described in the premium book. I will not directly interfere with the judge, show management or other exhibitors before, during and after the event.
I accept that failure to uphold this commitment could result in forfeiture of my right to participate in the 4-H program.

4-H Member Signature ______________________________  Date __________