



New Enrollment   
  Re-Enrollment   
  Male   
  Female   
 Race(s)/Ethnicity:  White   
  Black   
  Hispanic   
  Asian   
  Amer.Indian   
  PacificIsland  
check all that apply

**Youth's Name** \_\_\_\_\_ **Birth Date** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First  
**Address** \_\_\_\_\_ **Home Phone** \_\_\_\_\_  
**City/State/Zip** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_  
**Location**   
  Farm   
  Rural/10,000   
  Town/10-15,000   
  Suburb /50,000   
  City/50,000   
**Email** \_\_\_\_\_  
**School Name** \_\_\_\_\_ **Grade** \_\_\_\_\_  
**Is anyone in the house hold a member of the US military**   
 Yes   
 No   
**Role(s)**   
 Member   
 Youth Volunteer

**CLUB MEMBERSHIP**

**Club Name** \_\_\_\_\_ **Projects** \_\_\_\_\_ **New Membership**  Y  N  
**Club Name** \_\_\_\_\_ **Projects** \_\_\_\_\_ **New Membership**  Y  N

**EMERGENCY CONTACT**

**Primary Guardian #1** \_\_\_\_\_ **Email** \_\_\_\_\_ **Occupation** \_\_\_\_\_  
Name  
**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_  
**Primary Guardian #2** \_\_\_\_\_ **Email** \_\_\_\_\_ **Occupation** \_\_\_\_\_  
Name  
**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**HEALTH HISTORY**

**Name of Family Doctor** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Health Insurance Company** \_\_\_\_\_ **Policy Number** \_\_\_\_\_  
**Name of Insured** \_\_\_\_\_ **Relationship to Participant** \_\_\_\_\_  
 Do you require accommodation for disability?  Y   
 Date of Last Tetanus Shot \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Does the participant have, or at any time had, any of the following? Check "Yes" or "No" for each item. Please explain any "Yes" answers (noting the # of the item) in the space below or on an additional sheet of paper if necessary. Reporting conditions will not prevent a person from attending and will be kept confidential

	Yes	No	
1. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Convulsions	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Ear Infections	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Fainting	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Headaches	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Hypoglycemia	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Serious Insect Stings	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Wears Glasses	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Wears Contact Lenses	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Other Conditions	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. Penicillin Allergy	<input type="checkbox"/>	<input type="checkbox"/>	_____
15. Aspirin Allergy	<input type="checkbox"/>	<input type="checkbox"/>	_____
16. Tetanus Allergy	<input type="checkbox"/>	<input type="checkbox"/>	_____
17. Other Drug Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____
18. Food Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____
19. Serious Ivy, Oak, Sumac	<input type="checkbox"/>	<input type="checkbox"/>	_____
20. Other Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____

The following over-the-counter medications may be administered to my child, without contacting me:  
 Antihistamine   
  Antacid   
  Ibuprofen   
  Acetaminophen (Tylenol)   
  Other \_\_\_\_\_  
 Decongestant   
  Dramamine   
  Hydrocortisone   
  Polysporin (Topical Antibiotic)   
 NONE

# Hamilton County 4-H Enrollment Form

## PUBLICITY RELEASE

I authorize UF IFAS Extension and the Florida 4-H Foundation or their assignees to record and photograph my image and/or voice (or that of my child, if under 18) for use in research, educational and promotional programs. I also recognize that these audio, video and image recordings are the property of UF IFAS Extension and/or the Florida 4-H Foundation

Permission Granted

No, I do not authorize use of my, or my child's, image or voice

## SURVEY & EVALUATION RELEASE

- I hereby establish my willingness to participate as an adult (i.e. 4-H Leader, other volunteer, parent/guardian, site manager, etc) and give permission for my child (under 18 years of age) to complete survey and evaluations that will be used to determine programs
- I understand that participation in surveys and evaluations is voluntary and that my child and I may choose not to participate and may withdraw from surveys or evaluations without impact on my or my child's eligibility to participate in the 4-H program.
- I understand that my child or I may be asked for consent before completing a survey or an evaluation.  
 No, I am not willing to participate - or give permission for my child to participate - in any program evaluation

## FLORIDA 4-H EVENTS—CODE OF CONDUCT

As a participant in Florida 4-H Events, you have the responsibility of representing Florida 4-H programs to the public. You are expected to conduct yourself in a manner that will bring honor to you, your family, and 4-H. To do that, you must:

- Be in the assigned program area (ex: dorms, cabins, programs, etc) at all times. If you are unable to attend, please tell the adult in charge
- Follow hours and room rules established before the event begins. You are responsible to know the rules for each event.
- Dress appropriately for each event.
- Be responsible to know and use language and manners appropriate for Florida 4-H
- Act responsibly to maintain a safe environment for all participants
- Know that the use of tobacco, alcohol and non-prescribed drugs is illegal and prohibited at all 4-H events
- Model respect for other persons, facilities and vehicles. You will be personally responsible for any damage caused as a result of your behavior
- Help others have a pleasant experience by making every attempt to include all participants in activities
- Know that harassment of any type is illegal and prohibited at all 4-H events
- Not use a cell phone during any scheduled events. You understand that abuse of this could lead to loss of cell phone privileges or confiscation of your phone.

PARTICIPANT: *I have read the 4-H Events Code of Conduct above and agree to live up to the expectations. I realize my failure to do so could result in a loss of privileges during the event and/or in the future.*

4-H Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## VERIFICATION

I, \_\_\_\_\_ (parent/guardian) understand participants will be supervised and that, if serious illness or injury develops, medical and/or hospital care will be given. I hereby give my permission to the attending physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child and affirm that the information set forth in the Health History is true and correct to the best of my knowledge and belief.

I have read and understand the Florida 4-H Events Code of Conduct, Publicity Release, and Survey & Evaluation Release.

I hereby release the Florida 4-H Foundation, local extension boards, The University Of Florida, the State Of Florida, Hamilton County and their agents, trustees, officers, and employees, from all claims, demands, and causes of action of any kind, including claims of negligence, which may arise from participation of my minor child in any Florida 4-H sponsored activity, and this release is specifically granted in consideration of the services, programs, and activities being provided by Florida 4-H.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Include \$1.00 for accident insurance when submitting this enrollment form.  
Include \$2.00 if the member is participating in the horse program.**

Last Revision: May 2008

In accordance with the Americans with Disabilities Act and Section 286.26, F.S., persons needing accommodations or an interpreter to participate in the proceeding should notice the University of Florida Hamilton County Extension Service no later than 48 hours prior to the meeting at 386-792-1276 or fax 386-792-6446.

**Equal Opportunity/Affirmative Action Institution**