



Utah 4-H Member Registration Form



Year _____

Office Use Only	
Club Code	_____
Entered	____ / ____ / ____
Paid (if app)	_____



Member's Information (Please Print Clearly)

Member's Name _____		Home Phone _____	County _____
Mailing Address _____		City, St, Zip _____	
Member's Email Address _____		Family Email Address _____	
Name of School _____	Grade (as of Jan 1) _____	Birth Date (mm/dd/yy) _____	Yr in 4-H _____
Mother/Guardian Name _____		Father/ Guardian Name _____	
Alternate Phone – Work or Cell _____		() _____ Alternate Phone – Work or Cell	
Club Name _____		Leader Name _____	

Type of Registration:

<input type="checkbox"/>	4-H Club *
<input type="checkbox"/>	Family 4-H Club **
<input type="checkbox"/>	Individual Study
<input type="checkbox"/>	Afterschool
<input type="checkbox"/>	Military
<input type="checkbox"/>	Other _____
<input type="checkbox"/>	New Enrollment
<input type="checkbox"/>	Re-enrollment

Gender:

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female

Ethnicity: (Mark all that apply)

<input type="checkbox"/>	White
<input type="checkbox"/>	Hispanic
<input type="checkbox"/>	Black
<input type="checkbox"/>	Native American
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Pacific Islander
<input type="checkbox"/>	Other
<input type="checkbox"/>	Have parent/guardian in the military

Youth Leader – Assists club leaders in leading club or meetings (must be in grade 7-8 for Junior Leader, grade 9-12 for Teen Leader)

Project Code	Name of Project	Project Year (1,2)

Project Code	Name of Project	Project Year (1,2)

***4-H Club** – A club with 5 or more members from 3 or more families, youth in leadership roles, and meets at least six times a year

****Family 4-H Club** – A club with less than 5 members or from less than 3 families, youth in leadership roles, and meets at least six times a year

Emergency and Medical Information

Relatives or friends to act in my behalf in case of emergency if I cannot be reached:

Emergency Contact Name _____		Emergency Contact Name _____	
() _____	() _____	() _____	() _____
Home Phone	Alternate Phone	Home Phone	Alternate Phone
Address _____		Address _____	

Family Physician _____	() _____	/ / _____
	Physician's Phone Number	Date of last tetanus

My child has the following allergies, medical concerns or special needs (please include any food or drug allergies): _____

Note: If bringing medications to the event or program, please make sure that your name is on them and that the adult in charge is advised of the directions.

In the event of an emergency, I hereby give permission to the 4-H staff to request emergency services for my child, which may include transportation to a medical facility, and in the event that none of the contacts listed above can be reached, I also give permission to the physician to hospitalize and provide proper necessary treatment to my child.

Parent / Guardian Signature _____

Date _____



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Code of Conduct

Our primary goal of the 4-H program is to build character while participating in 4-H. We expect all youth and adults to abide by the following behavior while participating in 4-H programs and events:

- I will exhibit positive character and behavior including (but not limited to) trustworthiness, responsibility, respectfulness, caring, citizenship and fairness.
- I will attend all sessions as part of a planned program and be in the assigned area at all times.
- I will follow guidelines and rules established for the planned programs.
- I will be responsive to the reasonable requests of the 4-H staff/club leaders and respectful of the needs for their personal safety and the safety of others.
- I will dress appropriately, use appropriate language and respect the rights of others.
- I will be respectful of public or private property and will be responsible for any damage, theft or misconduct.
- I will not possess or use alcohol, illegal drugs, or tobacco products.
- I will not behave recklessly, engage in sexual misconduct, assault, threaten or harm another person.
- I will promote the spirit of inclusion and comply with equal opportunity and anti-discrimination laws.



Member Agreement

Photo Release: Participants in USU events are sometimes photographed and videotaped for use in USU promotional and educational materials. I authorize Utah State University to record and photograph my image and/or voice for use by Utah State University or its assignees in research, educational and promotional programs; I understand and agree that these audio, video, film and/or print images may be edited, duplicated, distributed, reproduced, broadcast and/or reformatted in any form and manner without payment of fees, in perpetuity.

Code of Conduct/Waiver of Liability: I have read the 4-H Code of Conduct and agree to live up to these expectations while participating in 4-H programs and events. I am aware that all my actions and decisions affect others. I realize that my failure to act with good character could result in loss of privileges, consequences, and suspension from the event or program, or for future programs or events. I am willing to accept the appropriate and logical consequences of my actions. As a participant in a 4-H sponsored program, I release the County, State Extension programs and personnel, Utah State University and those affiliated from liability should I accidentally be injured due in part to my own negligence.

Member Signature

Date



Parent / Guardian Agreement

Photo Release: Participants in USU events are sometimes photographed and videotaped for use in USU promotional and educational materials. I authorize Utah State University to record and photograph the image and/or voice of my child for use by Utah State University or its assignees in research, educational and promotional programs; I understand and agree that these audio, video, film and/or print images may be edited, duplicated, distributed, reproduced, broadcast and/or reformatted in any form and manner without payment of fees, in perpetuity.

Code of Conduct/Waiver of Liability: I have read the 4-H Code of Conduct, and, like my child, agree to live up to the expectations while participating in 4-H programs and events. I will support the individual in charge in maintaining appropriate behavior and in the development of good character. I agree to reimburse the 4-H program for additional transportation costs if it is necessary to send our child home because of discipline problems, illness or injury that might occur. I release the County, State Extension programs and personnel, Utah State University and those affiliated from liability should my child accidentally be injured due in part to their own negligence.

I also agree to abide by this same code of conduct and to conduct myself in an appropriate manner at all 4-H events. I am willing to accept the appropriate and logical consequences of my actions, which may include being asked to leave the event or my child being disqualified from the event and/or the 4-H Program.

Parent / Guardian Signature

Date