4-H Enrollment Form

Name of 4-H Group/Unit: ___________________________ Year: __________

Member Name: _______________________________________________________

First                                         Middle                          Last

Address: _____________________________________________________________

Street Address                                City                         State   Zip Code

Phone: (___) ___________________________ Email: ___________________________ County: _______________________

Gender*:  □ Male  □ Female Date of Birth: ___________________________ Grade: ________ School Attending: ______________________

Do you live*:  □ Farm

(Choose only one)  □ Town under 10,000 people or rural non-farm

□ City 10,000-50,000 people

□ City over 50,000 people

□ Suburbs of city over 50,000 people

□ Military installation: ____________________________________________

Do you have parent/guardian(s) active in the military?  Yes  No

If yes, circle all that apply:  Army  Air Force  Navy  Marines  Coast Guard  National Guard(Air & Army)  Reserves

Ethnic group:* A. Choose One:  □ Hispanic or Latino  □ Non-Hispanic or Latino

B. Choose all that apply:

□ White or Caucasian  □ Asian

□ Black or African-American  □ Native Hawaiian or other Pacific Islander

□ American Indian or Alaska Native  □ Other ______________________

Parent or Guardian: __________________________________________________

First                                      Middle                                 Last

Address: _____________________________________________________________

Street Address                                City                         State   Zip Code

Phone: _____________________________________________________________ Email (if applicable)

Area Code   Daytime/Cell phone (___) Area Code   Home phone (___)

Additional Parent or Guardian: __________________________________________

First                                      Middle                                 Last

Address: _____________________________________________________________

Street Address                                City                         State   Zip Code

Phone: _____________________________________________________________ Email (if applicable)

Area Code   Daytime/Cell phone (___) Area Code   Home phone (___)

1. A parent or guardian should sign below whichever statements you wish to apply to the youth’s involvement in 4-H programs.

I agree to allow 4-H to take photographs/audio/video of my child for use in 4-H and other N.C. Cooperative Extension educational, promotional, and/or marketing materials. Neither individual addresses nor telephone numbers will be published within these materials.

I do not wish for 4-H to take photographs of my child for use in 4-H or N.C. Cooperative Extension educational, promotional or marketing purposes.

2. The enrolling youth is bound by the NC 4-H Code of Conduct and Disciplinary Procedure for 4-H events and activities. The youth should initial here if he/she has received and reviewed the NC 4-H Code of Conduct and Disciplinary Procedure for 4-H events and activities: ______________________

*This information is required for all federally assisted programs and is solely used for the purpose of determining compliance with Federal civil rights laws; your responses will not affect consideration of your application. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.

For office use only
4-H Membership # ______________________
Date entered: ______________

NC State University
Prev. 11/6/2006
Distributed in furtherance of the acts of Congress of May 8 and June 30, 1914. North Carolina State University and North Carolina A&T State University commit themselves to positive action to secure equal opportunity regardless of race, color, creed, national origin, religion, sex, age, or disability. In addition, the two Universities welcome all persons without regard to sexual orientation. North Carolina State University, North Carolina A&T State University, U.S. Department of Agriculture, and local governments cooperating.
4-H MEDICAL INFORMATION AND INFORMED CONSENT FOR TREATMENT
FOR NC 4-H SPONSORED EVENTS

4-H’ers Name

PLEASE READ AND COMPLETE THE FOLLOWING FORM. THIS FORM MUST BE PRESENTED AT THE
OFFICIAL REGISTRATION FOR THE 4-H SPONSORED EVENT BEING ATTENDED.

I. Medical Information

Known allergies to foods, drugs, insect stings or bites, etc:

Special medical concerns or conditions that event supervisors should know about, including contagious illnesses, epilepsy, asthma, diabetes, previous injuries to bones/joints, etc.:

List special dietary needs:

Medications currently being taken (name of medication, dose, and frequency):

Family Physician: Name ____________________________ Phone # (____) ______

Address ____________________________________________

II. Insurance Information

The 4-H program purchases insurance for youth participants for many sponsored events. In some cases, this coverage will not pay for some medical expenses and it may be necessary to bill the family or your insurance company.

<table>
<thead>
<tr>
<th>Health Insurance Company</th>
<th>Health Insurance Company Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy # __________________</td>
<td>Phone Company Telephone</td>
</tr>
<tr>
<td>Number (____)</td>
<td></td>
</tr>
</tbody>
</table>

III.

If you are a person with a disability and desire any assistive devices, services or other accommodations to participate in this activity, please contact _______ [name, office] at _______ [phone number/TTY] during business hours of 8 a.m. and 5 p.m. to discuss accommodations at least _______ [hours/days] prior to the activity.

Signatures Acknowledging Parts I, II, and III

Parent’s/Guardian’s signature __________________ Date: ____________

Participant’s Signature: ____________________________ Date: ____________

Parent/Guardian telephone #: Home ________________ Work ________________

Must be completed each year by 4-H’er and Parent/Guardian. If health history changes within that year, it is the 4-H’er & Parent/Guardian’s responsibility for updating information.

Approved as of 3/02/06
IV. Informed Consent

In the event that a participant needs minor medical care from 4-H or more significant medical care from a qualified health care provider, including in rare cases possible hospitalization and/or surgery, the parent/guardian is asked to sign the informed consent form below. In case of serious medical condition, 4-H will make every effort to notify the parents, but the first priority may be providing care to the participant.

Authorization to Consent to Health Care for Minor

I, ____________________________, of ____________________________, County, am the custodial parent having legal custody of ____________________________, a minor child, age ________, born ____________________________, I authorize any adult(s) acting as agents (including official volunteers) or employees of the ____________________________, 4-H program and in whose care the minor child has been entrusted, to do any acts which may be necessary or proper to provide for the health care of the minor child, including, but not limited to, the power (i) to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person for such health care, and (ii) to consent to and authorize any health care, including administration of anesthesia, X-ray examination, performance of operations, and other procedures by physicians, dentists, and other medical personnel except the withholding or withdrawal of life sustaining procedures.

This consent shall be effective for one year from the date of the execution.

Custodial Parent Signature ____________________________ Date __________

STATE OF NORTH CAROLINA
COUNTY OF ____________________________

On this ________ day of ______________, 20____, personally appeared before me the said named, ____________________________, to me known and known to me to be the person described in and who executed the foregoing instrument and he (or she) acknowledged that he (or she) executed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

My commission expires ____________________________, 20______.

_____________________________
Notary Public

_____________________________
(Official Seal)
I. **Purpose and Application:**

A. The 4-H Code of Conduct is intended to foster a safe environment that is conducive to optimal learning and growth. Toward that end, youth participants are expected to behave in a way that respects the rights and property of others, and that will not disrupt or interfere with 4-H program goals.

B. This 4-H Code of Conduct and Disciplinary Procedure is a condition of participation in any North Carolina 4-H activities or programs.

II. **Behaviors Prohibited at 4-H program Activities:**

A. Possession, selling, and/or use of alcoholic beverages, tobacco products, and illegal drugs OR being present where individuals are using alcohol, tobacco products and/or any illegal substances

B. Any kind of sexually-related physical contact

C. Possession of weapons or firearms (except while participating in a 4-H Shooting Sports Event)

D. Behavior that violates state or local laws

E. Damage to property of others

F. Theft, misuse or abuse of public or personal property

G. Conduct that jeopardizes the safety of self or others

H. Conduct that disrupts or interferes with 4-H programming

I. Leaving a program or facility without permission of parents or 4-H staff (including authorized volunteers)

J. Inappropriate dress, including but not limited to clothing that is sexually suggestive, indecent, or otherwise disruptive to the operations or goals of 4-H. Examples include clothing with negative or hateful language or symbols; see-through blouses, skirts or pants; sagging pants; exposed undergarments; bare midriff shirts; and excessively short or tight garments. Clothing should meet the standards expected in public schools. Specific clothing requirements may be required where appropriate for a particular event

K. Unruly behavior in hotels and public areas, particularly during overnight events. There should be no running in the halls, prank calls, unnecessary noise, excessively late hours, or visiting in rooms of the opposite sex

III. **Disciplinary Procedures:**

A. Discipline may be imposed by any 4-H staff or Cooperative Extension Service employee who has oversight responsibility for 4-H activities.

B. Unless immediate action is required, the following procedures must take place before there can be any finding or conclusion of guilt:
Youth's Signature

Parent's Signature

1) the accused participant shall be told the charge (which of the prohibited behaviors listed above he or she is accused of violating), and
2) the accused participant is told what factual evidence supports the charge, and
3) the accused participant has been given a chance to tell his/her side of the story.

C. The 4-H staff person must be satisfied that the participant more likely than not engaged in the prohibited behavior before imposing a sanction.

D. Sanctions may include some or all of the following:
   1) Verbal warning
   2) Notification to parents
   3) Immediate removal from the activity
   4) Being placed on a behavior contract
   5) Referral to local law enforcement and/or juvenile court
   6) Program suspension and/or
   7) Expulsion from program
   8) Other sanctions appropriate to the circumstances, as determined by 4-H.

E. Appeals
   1) Disciplinary action for local or county-level events may be appealed to the County Director and or 4-H Agent. All appeals must in writing and must be received by the County Director and or 4-H Agent within 30 days of the disciplinary action. The County Director and or 4-H Agent or designee shall review the appeal statement, any written response from the decision maker, and may review other relevant information. The County Director and or 4-H Agent shall send a written decision to the appellant, the 4-H staff member who made the initial decision, and Head of the Department of 4-H Youth Development. The County Director and or 4-H Agent’s appeal decision shall constitute the final agency action unless the Department Head chooses to exercise further review.

2) Disciplinary action for regional or state-level events may be appealed to the Head of the Department of 4-H Youth Development, Cooperative Extension Service, Box 7606, NC State University, Raleigh NC 27695-7606; telephone (919) 515-3242. All appeals must in writing and must be received by the Department within 30 days of the disciplinary action. The Department Head or designee shall review the appeal statement, any written response from the decision maker, and may review other relevant information. The Department Head shall send a written decision to the appellant and the 4-H staff member who made the initial decision, and the Department Head’s appeal decision shall constitute the final agency action.

F. Immediate action situations:
   4-H or Extension staff may take immediate action to remove a participant from an activity and other action as needed, where there is an emergency situation or significant risk of continuing misconduct. In those cases, the immediate action is temporary discipline and the 4-H or Extension staff must arrange for the procedures in parts B, C, D, and E above as soon as possible but in no event longer than seven days from the temporary discipline.

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Approved of 2/15/06
North Carolina 4-H and County 4-H
Photographic, Video, and Audio
Optional Publicity Release

I do ______ or do NOT ______ give permission to North Carolina State University, through its Cooperative Extension program for North Carolina 4-H, and County Extension staff, to take photographs and/or record video and/or audio or otherwise record images and likenesses of me and/or my property and to use these for 4-H Youth Development nonprofit educational, promotional, and/or marketing materials. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I expressly release North Carolina State University, its agents, employees, licensees and assigns from and any and all claims which I may have for invasion of privacy, right of publicity, defamation, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast or exhibition of such recordings of my image, voice, or likeness.

I understand this permission is entirely optional, and that participants who do not give permission will remain eligible for 4-H services, benefits, and privileges the same as those who do give permission.

Participant Name (please print): ______________________________

Participant Signature: ____________________________ Date: __________

If individual is under the age of 18, consent of the legal parent or guardian is needed.

Parent/Guardian signature: ______________________________

Parent/Guardian name (please print): ______________________________

Signature: ____________________________ Date: __________
North Carolina State University
INFORMED CONSENT FOR 4-H RESEARCH--PARENT AND YOUTH

YOUR INVITATION TO PARTNER WITH 4-H ON RESEARCH "TO MAKE THE BEST BETTER"

As a 4-H member, a child or youth can be part of ongoing research on the benefits of youth programs. 4-H is required to report short- and long-term outcomes of youth programs as part of its accountability to federal, state, and local funding agencies. In addition, feedback from youth and the adults also helps 4-H leaders improve programs and create new learning opportunities. With the consent of both you and your child, your child will complete one or more assessments related to his/her learning in a 4-H program and his/her evaluation of the 4-H program. Evaluation activities will always be conducted within the guidelines of the NC 4-H Code of Ethics and North Carolina State University Human Subjects Research guidelines.

BACKGROUND INFORMATION
Projects and Procedures. 4-H evaluation activities may use questionnaires, tests, checklists, journals, observations, audio or videotaping, judging of written or oral performances, interviews, and focus groups. Typically, assessments are given before and after a learning event or extended program by trained adult leaders. Your child may also be randomly selected to participate in discussion groups, case studies, or extended interviews designed to give 4-H leaders more in-depth understanding of specific programs. As appropriate, parents, youth leaders, and teachers will be asked to make observations about a child's interaction and achievement in 4-H activities. We make every effort to avoid a "testing" environment. Our goal in 4-H is that evaluation strengthens relationships, promotes learning, and helps 4-H volunteers and professionals build better programs for your youth.
Risks and Benefits. Participation is voluntary. If either you or your child decline to provide consent to participate in any of the above activities (as indicated by not signing this form), such a decision will in no way affect your child's ability to register for and participate in the program. Also, youth may quit an assessment at any time and this will not affect their participation in current or future 4-H activities. Participating in evaluation often helps youth reflect on learning and contribute to improving 4-H programs for themselves and others. There is no known risk in participating in 4-H evaluation activities.
Confidentiality. Research data will be kept strictly confidential and maintained in a secure location. Youth names may be requested on assessments that involve comparisons (e.g., knowledge before and after events, child and parent attitudes). Once data is recorded, names will be removed, replaced by a 4-H ID number (not the Social Security or Drivers License number), and retained only on a master list. Written or oral evaluation reports will not include names or information that might identify specific participants.
Compensation. No compensation is provided for your participation in this discussion group.

CONTACT: If you have questions at any time about the study or the procedures, you may contact Dr. Ben Silliman at 512 Brickhaven Road, NCSU or (919) 515-8485. If you or your child feels he/she have not been treated according to the descriptions in this form, or his/her rights as a participant in research have been violated during the course of this project, you may contact Dr. David Kaber, Chair of the NCSU IRB for the Use of Human Subjects in Research Committee, Box 7906, NCSU Campus (919/515-3086) or Mr. Matthew Ronning, Assistant Vice Chancellor, Research Administration, Box 7514, NCSU Campus (919/513-2148).

PARTICIPATION. You (your child's) participation in this study is voluntary; you or your child may decline to participate without loss of benefits to which he/she is otherwise entitled. If you (your child) withdraw from the study before data collection is completed, your (your child's) data will be returned to you or destroyed.
CONSENT. I have read and understand the above information. I have received a copy of this form. I agree to participate (to allow my child to participate) in this study.

Parent signature ________________________________ Date ______________
Youth signature (print and initial) ________________________________ Date ______________
Investigator's signature ________________________________ Date ______________