



Florida 4-H Youth Enrollment Form

Directions: After you have contacted your County 4-H Agent and chosen a local 4-H Program for your child to be a part of, you will need to complete a 4-H Youth Enrollment Form and a Florida 4-H Participation Form for Youth and Adults. **These forms can be completed online by a parent or a legal guardian at <https://florida.4honline.com>.** If parents or guardians do not have access to a computer, they may complete the Enrollment and Participation Forms and turn both into their County 4-H Agent or 4-H Club Leader. You will be contacted by your County Extension Office when your forms have been entered in 4HOnline.

Family Profile Information

Family Last Name: _____ Family E-mail: _____ Primary Phone: (____) _____

Address: _____ City: _____ Zip: _____

Correspondence Preference: **E-mail** **Mail** 4-H County: _____ Primary 4-H Club: _____

Member Profile Information

Member E-mail (if different from Family E-mail): _____

First Name: _____ Middle Name: _____ Last Name: _____

Preferred Name: _____ Mailing Address (if different from Family Address): _____

City: _____ State: _____ Zip Code: _____ Birth Date: ____/____/____

4-H Age (as of September 1, 2017): _____ Number of years as a 4-H member, including current year: _____

Parent/Guardian 1: First Name: _____ Last Name: _____

Work Phone: (____) _____ Cell Phone: (____) _____

Parent/Guardian 2: First Name: _____ Last Name: _____

Work Phone: (____) _____ Cell Phone: (____) _____

Emergency Contact (Other than Parents/Guardians) First and Last Name: _____

Emergency Contact Phone: (____) _____ Emergency Contact Relationship _____

Is the member a youth volunteer?* **Yes** **No** * If the member is a youth volunteer, a UF/IFAS Employee may contact you with further enrollment instructions.

Ethnicity: Are you of Hispanic ethnicity? Yes No

Race: White Black Asian American Indian or Alaskan Native Hawaiian or Pacific Islander I prefer not to give my race.

Gender: Male Female **Residence:** Farm Town Under 10,000 or rural non-farm Town/city 10,000-50,000

Suburb of city more than 50,000 Central city more than 50,000

Parent or Sibling Serving in the Military: The member has a parent serving in the military. The member has a sibling serving in the military.

A Family Member is in: Air Force Army Coast Guard DOD Civilian Navy Marines

Branch: Active Duty National Guard Reserves

Grade: _____ **School:** _____ School is in my 4-H County? Yes No

In 4-H in a county different from the County I Live in. **County I Live In:** _____

In 4-H in 2 counties **My 2nd 4-H County:** _____ **Club** _____ **Project** _____ **Year** _____

Project Title	Years in Project	Project Book Title Needed http://florida4h.org/

Program Fees if Applicable:
Club Fee/Dues Paid \$ _____
<input type="checkbox"/> Purchase of Project Books Due \$ _____ Paid \$ _____ (Bal. Due: \$ _____)
Total Amount Paid: \$ _____
Paid by Check <input type="checkbox"/> Check # _____
Paid by Cash <input type="checkbox"/>

For County Office Use Only: Date forms received in County Office _____

Date forms entered into 4HOnline Database _____



Florida 4-H Participation Form for Youth and Adults

Directions: This form, along with a Florida 4-H Youth Enrollment Form, must be completed by a parent or legal guardian in order for a youth to participate in the Florida 4-H Program. All items must be completed. Even if the response is not applicable – indicate by using N/A. Failure to complete this form in its entirety will result in the person being ineligible to participate in 4-H activities. Adult participants must also complete this form to volunteer with and/or participate in Florida 4-H.

Name: _____ Birthdate: ____/____/____ Youth's Age (As of Sept. 1, 2017): _____ Male or Female: _____
Last First
 Home Address: _____ 4-H County/District _____
 City, ST, Zip: _____ Home Phone (_____) _____
 Name of Parent/Guardian or Emergency Contact: _____ Relationship to Participant: _____
 Emergency Contact Primary Phone (_____) _____
 Name of Family Doctor: _____ Doctor's Office Phone: (_____) _____
 Health Insurance Company: _____ Policy #: _____
 Name of Insured: _____ Relationship to Participant: _____

HEALTH FORM

Does the participant have, or at any time had, any of the following? Check "Yes" or "No" to 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.

Conditions	Yes	No
1) Asthma		
2) Bronchitis		
3) Convulsions		
4) Diabetes		
5) Ear Infection		
6) Fainting		
7) Heart Condition		
8) Headaches		
9) Hypoglycemia		
10) Serious Insect Stings		
11) Wear Glasses		

Conditions	Yes	No
12) Wear Contact Lenses		
13) Penicillin Allergy		
14) Aspirin Allergy		
15) Tetanus Allergy		
16) Other Drug Allergies		
17) Food Allergies		
18) Serious Ivy, Oak, or Sumac		
19) Sunscreen Allergies		
20) Other Allergies		
21) Other Health Conditions		

The following over-the-counter medications may be administered to my child, without contacting me. Check all that apply.

- Antihistamine
- Antacid
- Ibuprofen (Advil)
- Acetaminophen (Tylenol)
- Hydrocortisone
- Decongestant
- Dramamine
- Polysporin (topical antibiotics)
- Aloe Vera Gel for Sunburn
- Please contact me for permission to administer ANY over-the counter medications.

Date of Last Tetanus Shot ____/____/____

Please explain "Yes" answers and provide information on recent medical issues (including injuries and surgeries), allergic reactions, special dietary regulations, present medications, any specific activities to be restricted and other comments.

Does the participant use an inhaler and/or an EpiPen? Yes No **If yes, mark which is used:** Inhaler EpiPen

Disabilities: If the participant requires accommodations for a disability to participate in 4-H programs, please provide information about the disability.

Special Needs: If the participant requires accommodations for special needs to participate in 4-H programs, please provide information about the special needs.

Medical Consents

First Aid Consent: I give UF/IFAS Extension Florida 4-H my consent and permission to render general first aid treatment to my child or myself for any injuries or illnesses occurring during any Florida 4-H activity. I understand that if a medical emergency arises, Florida 4-H will contact emergency medical personnel [911] for assistance.

Medication Consent: I authorize Florida 4-H to administer medication (over the counter and/or prescribed) to my child as specified in the physician's written instructions or instructions on packaging. **I understand that if my child needs medication to be administered while attending a Florida 4-H activity, I MUST complete the Florida 4-H Medication Form in addition to signing this consent.**

_____ (Initials) Yes No **I understand and agree to the Medical Consents. I am a Parent/Guardian or Adult Participant. ***

4-H Participation Form for Youth and Adults: Authorizations

Florida 4-H Code of Conduct for Youth and Adults: As a participant in 4-H at the local, state, or national level, I have the responsibility of representing the UF/IFAS Extension 4-H Youth Development Program to the public. Therefore, I am expected to conduct myself in a manner that will bring honor to me, my family, my community, and 4-H. To do that, I must abide by the following rules:

- (1) Obey local, state, and federal laws. Follow county, district, state and/or national 4-H policies. Abide by any special rules for a 4-H event or activity.
- (2) Speak and act in a responsible, courteous, and respectful way. Harassment, threats or bullying of any type is prohibited.
- (3) Act responsibly to maintain a safe environment for all participants. Acting in a manner that could endanger the health, safety or welfare of yourself or others is prohibited. Report threats to the well-being of any participant immediately to the adult in charge.
- (4) Possession or use of tobacco, alcohol, or illegal drugs is prohibited. Possession or use of approved medications by youth during a 4-H function must be reported to the adult in charge and must not be accessible to other participants.
- (5) Possession or use of weapons or other dangerous objects is prohibited, except when required as part of an approved educational program. Weapons are defined to include, but are not limited to, guns, knives and incendiary or explosive devices of any kind.
- (6) Respect all property, facilities, equipment, and vehicles. I will be responsible for any damage or other consequences resulting from my behavior.
- (7) Participate fully in 4-H functions. Be in the assigned program areas (example—dorms, cabins, programs, etc.) on time. If I am unable to attend or participate, I will tell the adult in charge. Help others have a pleasant experience by making every attempt to include all participants in activities.
- (8) Dress appropriately for each 4-H function.
- (9) Use of any mobile electronic device during a scheduled 4-H activity is prohibited unless activity-specific rules otherwise allow. When permitted, they should be used only in a manner that is consistent with the approved activity and not discourteous or disruptive.
- (10) The belongings of youth participants, including but not limited to bags, purses, computers, other electronic devices, lockers and vehicles, are subject to search and seizure by 4-H faculty/staff, and in some instances a volunteer designee, upon reasonable suspicion that a prohibited and/or illegally possessed substance or object is contained within that area. (If an adult is suspected, this will be handled by law enforcement.)

Youth or Adult Agreement: _____ (Initials) Yes No **I have read the Florida 4-H Code of Conduct above and agree to abide by it in its entirety. I realize my failure to do so could result in a loss of privileges during a 4-H event and in the future; including but not limited to suspension or termination of 4-H membership or volunteer service.****

Parent/Guardian Agreement: _____ (Initials) Yes No **I understand and agree to the Florida 4-H Code of Conduct above.****

General Release: In consideration for my and/or my child's participation in Florida 4-H, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Florida 4-H, the Florida 4-H Club Foundation, Inc., UF IFAS Extension, the University of Florida, the University of Florida Board of Trustees, and their respective employees, agents, representatives and volunteers (hereinafter referred to as "RELEASEES") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise, while participating in a Florida 4-H activity or while in, on or upon the premises where a Florida 4-H activity is being conducted.

I am fully aware of the risks and potential hazards connected with participating in Florida 4-H activities and programs and I hereby elect to voluntarily participate and engage in such activities knowing that these activities may be hazardous to me, my child and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, that may be sustained by myself, my child, or any loss or damage to property owned by me, as a result of engaging in such activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.

_____ (Initials) Yes No **I understand and agree to the General Release. I am a Parent/Guardian or Adult Participant.****

Transportation Policy: I understand that all volunteers and/or parents who transport Florida 4-H participants as a part of any 4-H activity are required to be 18 years or older, possess a valid driver's license with a safe driving record and automobile insurance, and otherwise comply with state and local laws. Additionally, Florida 4-H requires that drivers utilize a transport vehicle that is in good repair and working order. I understand that transportation to and from many Florida 4-H activities, not a part of the activity, is the responsibility of the participant and his/her family. Florida 4-H has no ownership or control over any privately owned vehicles and relies on the drivers' compliance to 4-H policies and procedures.

_____ (Initials) Yes No **I understand and agree to the Transportation Policy. I am a Parent/Guardian or Adult Participant.****

Publicity Release: I authorize UF/IFAS Extension and the Florida 4-H Club Foundation, Inc. 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 the Florida 4-H Club Foundation.

_____ (Initials) Yes No **I authorize use of my—or my child's individual image and voice. I am a Parent/Guardian or Adult Participant*****

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 surveys and evaluations that will be used to determine program effectiveness or to promote the program. 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 and 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.

_____ (Initials) Yes No **I am willing to participate—or give permission for my child to participate—in any program evaluation. I am a Parent/Guardian or Adult Participant*****

**Consent is required. Marking "No" for the Code of Conduct, General Release and Transportation Policy will prevent the individual from participating in Florida 4-H.

***Consent is not required to participate in Florida 4-H.

Youth or Adult Member Signature : _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Florida 4-H Annual Community Club Membership Fee Instructions

The Florida 4-H Youth Development Program requires an annual \$20.00 membership fee for 4-H Community Club youth members, 4-H ages 8-18.* Youth will not be considered active 4-H members if the fee has not been paid. Fees are collected on an annual basis, based off the 4-H program year (September 1 to August 31). Payment for required state and/or county membership fees is due at the time of enrollment/re-enrollment.

Credit or debit card payments can be made at:

florida4h.org/membershipfees

Checks and money orders can be mailed to:

UF/IFAS Extension 4-H Youth Development Program
Attn: Membership Fees
2142 Shealy Drive
PO Box 110225
Gainesville, FL 32611-0225

Make checks payable to: University of Florida

Complete the information below if paying by check or money order and mail this page with your payment. Please do not send payments to your local county 4-H office.

4-H County: _____

Parent's Name: _____ Telephone Number: _____

Address: _____

City: _____ State: _____ Zip code: _____

Check or Money Order Amount: _____ Check or Money Order Number: _____

Please list the first and last name of each member in your family that you are paying for with this payment.

Thank you for your payment!



* Some counties may charge a different fee amount.