

Part 1: CLUB INFORMATION

PRIMARY Club Name _____

PRIMARY County of Enrollment Barnstable Club Leader _____**(primary county is the county that member will compete in for any contests or events.)**List additional 4-H club memberships and county,
here _____**Members may not enroll in more than two counties and may not enroll in the same project in two different clubs or states****Part 2: MEMBER INFORMATION**

First Name _____ MI _____ Last Name _____

Street _____ City/Town _____ Zip _____

Member Email Address: _____Member Cell Phone: _____ **T-Shirt Size** (indicate youth or adult size): _____

Years in 4-H: _____ Gender: _____ Is member a Youth Leader? (circle one) YES NO

Birth date (Month/Day/Year): _____ (4-H Age) Age on Jan 1 of this year: _____ Grade: _____

The member is (must check one): Hispanic _____ Non-Hispanic _____

The member is (check all that apply but not less than one): White _____ Black _____
American Indian _____ Asian _____ Hawaiian & Pacific Islander _____**Part 3: PARENT/GUARDIAN'S INFORMATION****Circle one:** Primary Parent Additional Parent Legal Guardian Other _____

Parent/Guardian's First Name _____ Last _____

Street _____ City/Town _____ Zip _____

Cell Phone _____ Home Phone _____

PARENT EMAIL ADDRESS: _____*(This is important since all correspondence and newsletters are sent electronically. Please print clearly.)*

If you have a second person you wish to have listed as a parent contact, please attach the additional information with this packet

Part 4: METHOD OF PAYMENT: First year members must pay by check made payable to UMass 4-H

If you are applying for a partial fee waiver, contact your county 4-H educator or visit

https://ag.umass.edu/sites/ag.umass.edu/files/pdf-doc-ppt/fee_waiver_request_instructions_2021-2022.pdf

Those with a SNAP ID# will receive a full participation fee waiver. Your number must be provided here:

Enrollment cannot be processed (member is not enrolled) until fee is received or waiver is approved.*Enrollment Fees: New and re-enrolling members \$20. Member must be fully enrolled prior to taking part in any 4-H activities or programs. Family cap of \$60***Part 5: REQUIRED SIGNATURE**

Parent/Guardian Signature _____

Date _____

NOTE: Contact information is not shared with any outside groups or vendors.

Initial here to allow your contact information to be shared with the Massachusetts 4-H Foundation. (www.mass4hfoundation.org) The Foundation's purpose and mission is to raise funds to support Massachusetts 4-H Programming. Initial here indicating permission: _____

Part 6: MASSACHUSETTS 4-H PROJECTS

Each 4-H member must be enrolled in at least one, but not more than four project areas that are associated with their 4-H learning goals. Select project areas that will be part of your learning experience.

- | | | |
|---------------------------------|--------------------------------|------------------------|
| Aerospace | General Science | Sport Fishing |
| Animal Science | Geology | Sports |
| Arts and Crafts | Goats | Swine |
| ATV Safety | Government/Citizenship | Technology/Engineering |
| Beekeeping | Graphic Arts | Veterinary Science |
| Babysitting | Health | Waste Management |
| Beef | Hobbies and Collections | Water Resources |
| Cats | Home Environment | Wildlife |
| Cavies | Horse (owned or leased) | Woodworking |
| Child Care | Horse Lovers (no horse) | Writing/Print Media |
| Clothing | Intergenerational Program | |
|
 | | |
| Cloverbuds (ages 5, 6 & 7) | Interstate Exchange | |
| Community Service | Leadership Development | |
| Community Service Learning | Llama/Alpaca/Camelid | |
| Computers | Marine Science | |
| Consumerism | Needlework and Quilting | |
| Cultural Education | Performing Arts | |
| Dairy | Personal/Character Development | |
| Dog Care & Training | Pet Therapy/COMPACT | |
| Electrical | Photography/Video | |
| Embryology | Plant Science | |
| Entomology | Poultry | |
| Entrepreneurship/Small Business | Public Speaking/Radio/TV | |
| Environmental Studies | Rabbits | |
| Fitness | Recycling | |
| Flower Gardening & House Plants | Reptiles/Amphibians | |
| Food and Nutrition | Robotics | |
| Food Safety | Safety | |
| Food Science | Sheep | |
| Forestry | Small Engines | |
| Fruit/Vegetable Garden | Small Pets | |

Please Complete this section

<p>___ Myself/ Spouse serving in the Military</p> <p>___ Adult child serving in the Military</p> <p>___ No family member in the Military</p> <p>Check or Highlight One:</p> <p>Air Force Active Duty</p> <p>Air Force Reserves</p> <p>Air National Guard</p> <p>Army Active Duty</p> <p>Army National Guard</p> <p>Army Reserves</p> <p>Coast Guard Active Duty</p> <p>Coast Guard Reserves</p> <p>Marine Active Duty</p> <p>Marine Reserves</p> <p>Navy Active Duty</p> <p>Navy Reserves</p> <p>Space Force</p>

SUMMARY: To complete enrollment, return the complete membership packet to your local 4-H office. The packet includes the following items:

1. Member Enrollment Form
2. Permission and Liability Form
3. Health Form and
4. Member Code of Conduct
5. \$20 fee (or family cap) must accompany registration and be paid by check written out to UMass 4-H.

Rev.9.2024



UMass Extension is a unit of the Center for Agriculture, Food & the Environment in the College of Natural Sciences. UMass Extension is an equal opportunity provider & employer, United States Department of Agriculture cooperating. Contact your local UMass Extension office for information on disability accommodations or the UMass Director if you have concerns related to discrimination, 413-545-4800 or refer to www.extension.umass.edu/civilrights.

COMPLETION OF THIS TWO PAGE FORM IS REQUIRED

Name of Youth Member

Barnstable _____
County of Enrollment

____/____/____
Date of Birth

1. Please check the following conditions that apply to your child:

- | | | | |
|-------------------------------------|-----------------------------------------------|--------------------------------------------------------------------|------------------------|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Convulsions/seizures | <input type="checkbox"/> Heart or cardio vascular problems/disease | List other conditions: |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Depression | <input type="checkbox"/> Migraine headaches | |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | | |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Fainting Spells | | |

2. List any allergies:

Does the youth carry an EpiPen?	
Drug reactions/Medications	
List any dietary restrictions or allergies	
Other Allergies such as Insect bites/Stings/Bees, etc.	

3. Please circle over-the counter medications that can be administered by 4-H staff and volunteers at an event:

- | | | | |
|---------------|----------------|------------------|--------|
| Antacid | Decongestant | Ibuprofen | Other: |
| Antihistamine | Dramamine | Antibiotic Cream | _____ |
| Cough Syrup | Hydrocortisone | Acetaminophen | _____ |

4. Are there any operations or serious illnesses within the last year and any complications that staff should be aware of?

5. Does the youth member have any devices staff should be aware of such as contact lenses, inhaler, or other items?

6. Provide any additional information not covered above that a physician, emergency personnel or staff would find helpful:

7. If you have any question about your child's health, please secure a complete health examination from a physician and provide a signed physician's statement permitting participation.



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This Medical Release Form is authorized for all 4-H Youth Development meetings & activities for the current 4-H year:

_____ Name of Member

_____ Name of 4-H Club(s)/Group(s)

While my child is attending or traveling to or from a 4-H function, I HEREBY AUTHORIZE THE ADULT 4-H VOLUNTEER LEADER OR 4-H STAFF MEMBER, or in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR:

- ▶ Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act.
- ▶ This authorization shall remain effective until my child completes his/her activities in this program unless sooner revoked in writing. I understand that as a parent/guardian, I will be responsible for the cost of any service or treatment provided not covered by the American Income Life Accident Policy purchased for enrolled 4-H members.

EMERGENCY CONTACT INFORMATION

_____ Name Relationship to Youth Identified Above

() ()
Home Phone (with area code) Cell Phone (with area code)

_____ Street Address City State Zip

_____ Person to Contact if Parent/Guardian Cannot Be Reached Cell Phone Relationship to Child

_____ Name of Child's Physician (optional) Phone number

AUTHORIZATION, CONSENT AND RELEASE

I hereby certify that my child is in good health and can participate in and travel to all functions of the 4-H Youth Development Program.

- ▶ I understand it is my responsibility to keep the Health History Information form updated regarding my child/ward's medical situation including pre-existing conditions, allergies, change in medications or medical status so that in case of a medical emergency appropriate medical assistance can be given, and may affect the youth's regular participation in program activities.
- ▶ I understand that the volunteer leader(s) and 4-H staff understand that medical information is confidential and will release health information only to designated medical personnel in the event of an emergency, as authorized by my signature below.
- ▶ I understand that 4-H may require a doctor's note if there are any questions about the ability of the member to participate safely in 4-H activities.
- ▶ I certify that I have accurately provided the required information and signed the **Permission & Liability Waiver** form.
- ▶ In case of emergency, I give my consent for necessary examination and treatment as prescribed by the attending physician.

Signature of Custodial Parent(s)/Guardian

Date



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4-H Member and Parent

Complete a separate member code of conduct form for each child.

Both member and parent must read & sign if member is 8 or older. Parents must sign for children under 8.

MEMBER GUIDELINES

I understand that when participating in any/all UMass Extension 4-H programs, activities, and events, I am representing the good name and reputation of 4-H in partnership with the University of Massachusetts Amherst in cooperation with the United States Department of Agriculture. I will willingly obey all established policies and guidelines and be honest.

The following conduct is not allowed while participating in any 4-H Event/Activity:

1. Possession, use, or distribution of alcohol or drugs, including tobacco products.
2. Theft, destruction, or disregard for public and private property.
3. Involvement in sexual misconduct or harassment or physical or verbal abuse of any kind.
4. Possession or use of weapons or other dangerous materials.
5. Fighting or other acts of violence that endanger participants.
6. Unauthorized use of vehicles or property.
7. Leaving the site of an event unsupervised.
8. Use of profane or abusive language.
9. Public displays of affection or inappropriate actions.
10. Intentionally interfering with or disrupting the event.

The following Dress Code must be followed at all 4-H Events/Activities:

1. Ripped or torn clothing is not appropriate.
2. Clothing with offensive slogans or messages cannot be worn.
3. 4-H shirts, jackets, etc. should be worn while you are participating at the event/activity if they are provided.
4. Personal, and appropriate clothing should be worn when participating at a 4-H event and are "off duty."
5. Extremely short skirts or extremely short shorts are not allowed.
6. Tops or shirts that expose midriff or strapless tops are not allowed.
7. Sharing of 4-H items with non-4-Hers who may not understand the Code of Conduct and Dress Code is not allowed.

I will show respect for my fellow 4-H members, Extension staff, volunteers and others involved with activities and programs. I understand that after careful evaluation, the UMass Extension staff has the right to dismiss me from any 4-H activity/event if my behavior constitutes a health, safety, or liability risk to myself or others, and that my parent/ guardian will be notified and is responsible for my immediate transportation home. I understand that if I am dismissed from a 4-H activity/event for disciplinary reasons there can be additional consequences including dismissal from the 4-H program without the opportunity to return to Massachusetts 4-H in the future.

Member Signature _____

Date _____

(All members ages 8 and older must sign)

PARENT GUIDELINES

I agree to support my child's involvement in 4-H and to be familiar with and abide by the rules and policies of 4-H as outlined here and on the 4-H website. I will be responsible for my behavior, exhibit good sportsmanship and uphold exemplary standards of conduct at all 4-H activities. I will not possess, sell, consume, or use alcohol or controlled substances at 4-H events and activities that include youth, nor will I attend 4-H activities under the influence of alcohol or controlled substances. I will not be disruptive at meetings, nor will I be verbally abusive to youth or adults and will respect the leadership position of the 4-H club leader and staff. I understand that my failure to comply with these expectations or other 4-H policy may result in my loss of the privilege to attend 4-H events and activities and could result in my child's exclusion from 4-H as well.

Parent/Guardian Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

In the space provided here, list the names of all the enrolled 4-H members in your family:

- I, the undersigned parent(s) or legal guardian of child/children listed above, a minor(s), give permission for the above named 4-H member(s) (the "Member(s)") to participate in all 4-H programs and activities, including club meetings, conferences, after-school programs, and other sponsored 4-H programs ("4H Programs"), conducted by and through the University of Massachusetts Extension/Massachusetts 4-H ("University") for the 4-H year listed above.
- I give permission for the University to take photographs, videotapes and interviews of the Member(s) 4-H Programs and for content from the Member(s)'s 4-H record to be used. I understand that any such photography, videotapes or interviews are the property of the University. I further give permission and consent that any such photographs, videotapes or content from interviews with the Member(s) or from the Member(s)'s 4-H record may be used by the University in newsletters, videos, printed matter, and on the University's (4-H) website. I understand that use of these is an important way to promote 4-H to the general public and recognize youth publicly for their achievements (i.e., 4-H often takes pictures of youth receiving awards).
Circle no and initial if you do not give your permission: NO _____
- I fully recognize that there are dangers and risks to which the Member(s) may be exposed by participating in the 4-H Program, including but not limited to personal injury and/or death and property damage. I also understand that it is the responsibility of me and the Member(s) to ensure that the Member(s) engage only in those activities and programs for which the Member(s) have the prerequisite skills, qualifications, preparation, and training. I/the Member(s) have made ourselves aware of the physical requirements necessary for participation in the 4-H Programs, and I certify that I/Member(s) possess all of the necessary physical abilities, experience, training, and knowledge. I understand that the University does not require the Member(s) to participate in the 4-H Programs, but the Member(s) want to do so, despite the possible dangers and risks and despite this RELEASE. I am aware that the University does not provide health or liability insurance for the Member(s), and that I am solely responsible for any medical costs arising out of the Member(s) participation in the 4-H Programs (beyond any reimbursement from the American Income Life Accident policy).
- I fully recognize and understand that I will be solely responsible for any loss, injury or damage to any other member participant or animal occasioned by the Member(s)' actions, and for loss, injury or damage done by or arising from any animal exhibited by the Member(s). Examples of possible specific, significant, non-obvious dangers and risks associated with the animal activities include but are not limited to an animal or participant contracting an illness at an event, causing or suffering an injury during an event or during transport to and from the event, or as incurred by one animal to another at events.
- In consideration of the benefits received, I hereby voluntarily and knowingly ASSUME all risks of damages and injury, including death, which the Member(s) may sustain while participating in or as a result of, or in any way arising out of the 4-H Programs, or in travel to and from the 4-H Programs. I hereby RELEASE and HOLD HARMLESS the University, its Trustees, officers, employees, and authorized volunteers (the "Releasees") from any and all liability, claims and actions that may arise from injury or death to the Member(s) or damage to my/the Member(s)' property, including any animal owned or exhibited by the Member(s), in connection with the Member(s) participation in the 4-H Programs whether caused in whole or in part by Releasees. I agree that, except in the event of willful neglect or willful injury inflicted by the Releasees, I covenant not to sue, or otherwise bring any claim, demand or litigation against the Releasees for any economic or non-economic loss due to bodily injury, death or property damage sustained or caused by the Member(s), or any animal owned or exhibited by the Member(s), arising from or in relation to the 4-H Programs. I also understand that this RELEASE binds me, the Member(s), and the Member(s)' heirs, executors, administrators, and assigns.
- I HAVE READ THIS ENTIRE RELEASE; I FULLY UNDERSTAND IT AND AGREE TO BE LEGALLY BOUND BY IT.**

The above statements require one parental/guardian signature below (both if parents have joint custody).

Signature of parent/guardian #1

Date

Signature of parent/guardian #2

Date 9/2023



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