

Brevard County 4-H Enrollment Form



Family Profile Information

Club Name: _____ Secondary Club Name: _____

Family Last Name: _____ 4-H County: _____

Address: _____ City: _____ Zip: _____

Family Email Address: _____ Member Email: _____

Member Profile Information

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

Preferred Name: _____ Address: (if different) _____

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

4-H Age on September 1 (start of 4-H year): _____ Shirt Size _____

Home Telephone: (_____) _____ Cell Phone: (_____) _____

Community Club In-School Club Afterschool Club Military Club Individual Member

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

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

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

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

Are you a **Youth Volunteer**? No Junior Intermediate Senior * If Senior, additional application needs to be completed.
(4-H ages 8-10) (ages 11-13) (ages 14-18)

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

Ethnicity: Are you of Hispanic ethnicity? No Yes

Race: White Black Asian American Indian or Alaskan Native Hawaiian or Pacific Islander

A Family Member is in: Air Force Army Coast Guard Navy Marines National Guard Reserves

Relationship to+ the Family member in the service _____

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 ____

Disability: Do you require accommodation for a disability to participate in 4-H programs? Yes No

Describe Disability/Need: _____

Project Title	Years in Project	Project Book Title Needed (go to) http://www.florida4h.org/projects/index.shtml

Program Fees if Applicable:

Club Fee/Dues Paid \$ _____

Personal Insurance Fee of \$1 paid.

Personal Insurance Fee of \$2 paid for Horse Project Members.

Purchase of Project Books
Due \$ _____ Paid \$ _____
(Bal. Due: \$ _____)

Total Amount Paid: \$ _____

Paid by Check Check # _____

Paid by Cash

Club Officer: President Vice President Secretary Treasurer Reporter
 Historian Parliamentarian Recreation Sergeant-at-Arms County Council Delegate Other _____

Name: _____ Brevard County 4-H District: __ Program Year: 20__

City, State, Zip: _____

Home Phone: (____) _____ Primary Emergency Contact: _____

Work Phone: (____) _____ Email: _____

Cell Phone: (____) _____ Alternate Emergency Contact: _____

Telephone: (____) _____ Name of Family Doctor: _____

Work Phone: (____) _____ Health Insurance Company: _____

Policy #: _____ Name of Insured: _____

Relationship to Participant: _____

Health History

Does the participant, have, or at any time had, any of the following? Check "Yes" or "No" for each item. Please explain "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	Please explain "Yes" answers and provide information on recent medical issues (including injuries and surgeries), allergies reactions, special dietary regulations, present medications, any specific activities to be restricted and other comments.
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 Infection.....	<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) Wear Glasses.....	<input type="checkbox"/>	<input type="checkbox"/>	
12) Wear Contact Lenses.....	<input type="checkbox"/>	<input type="checkbox"/>	
13) Penicillin Allergy.....	<input type="checkbox"/>	<input type="checkbox"/>	
14) Aspirin Allergy.....	<input type="checkbox"/>	<input type="checkbox"/>	
15) Tetanus Allergy.....	<input type="checkbox"/>	<input type="checkbox"/>	
16) Other Drug Allergies.....	<input type="checkbox"/>	<input type="checkbox"/>	
17) Food Allergies.....	<input type="checkbox"/>	<input type="checkbox"/>	
18) Poison Ivy, Oak or Sumac.....	<input type="checkbox"/>	<input type="checkbox"/>	
19) Other Allergies.....	<input type="checkbox"/>	<input type="checkbox"/>	
20) Other Health Conditions.....	<input type="checkbox"/>	<input type="checkbox"/>	

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

- Antihistamine Antacid Ibuprofen (Advil) Acetaminophen (Tylenol)
- Decongestant Dramamine Hydrocortisone Polysporin (topical antibiotic)

Parent/Guardian Signature: _____ Date: _____

You must complete all sides

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 notify the University of Florida Brevard County Extension Service no later than 48 hours prior to the meeting at 321-633-1702 or fax 321-633-1890

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Florida 4-H Participation Form: Youth and Adults Official Authorizations

Florida 4-H Events—Youth/Adult Code of Conduct: As a participant in Florida 4-H Events, I have the responsibility of representing Florida 4-H programs to the public. I am expected to conduct myself in a manner that will bring honor to me, my family and 4-H. To do that I must: 1) obey local, state and federal laws. Follow policies set for county, district, state or national 4-H youth programs. I am responsible to know the rules for the event. 2) Speak and act in a responsible, courteous and respectful way. 3) Act responsibly to maintain a safe environment for all participants. Report threats to the well being of a participant. 4) Know that the use or possession of tobacco, alcohol and illegal drugs is prohibited at all 4-H events. 5) Know that the possession or use of firearms is prohibited, except when part of an approved shooting sports educational program. 6) Respect all persons, facilities and vehicles. I will be responsible for any damage caused resulting from my behavior. Know that harassment of any type is illegal. 7) Help others have a pleasant experience by making every attempt to include all participants in activities. 8) Be in the assigned program areas (example—dorms, cabins, programs etc.) at all times. If I am unable to attend, I will tell the adult in charge. 9) Dress appropriately for each event. 10) Not use a cell phone during any scheduled events.

Participant: Yes No I have read the Florida 4-H 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 in the future.

Verification by Parent/Guardian or Adult Participant—

Yes No **I understand and agree to the Florida 4-H Events Youth/Adult Code of Conduct above—considered a Parent/Guardian or Adult Participant Signature.**

Medical Release: I 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, or myself and affirm that the information set forth in the Health History is true and correct to the best of my knowledge and belief. I realize the event’s insurance will cover only a portion of the medical costs and I, or my personal insurance, may be responsible for the remaining expenses. *You must complete the medical information on the back of this sheet.*

Yes No **I understand & Agree to the Medical Release, considered a Parent/Guardian or Adult Participant Signature.**

General Release: I hereby release the Florida 4-H Foundation, local extension boards, the University of Florida, the State of Florida, Brevard County and their agents, trustees, officers and employees, from all claims, demands and causes of actions of any kind, including the claims of negligence, which may arise from participation of myself or 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.

Yes No **I understand and agree to the General Release—considered a Parent/Adult or Adult Participant Signature.**

If you, or your child, may not participate in any of the below items you must “No”.

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 the Florida 4-H Foundation.

No, I do not authorize use of my—or my child’s individual 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 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 competing a survey or an evaluation.

No, I am not willing to participate—or give permission for my child to participate—in any program evaluation.

Member Signature: _____ **Date:** _____

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

You must complete all sides.