



**AFTER-SCHOOL PROGRAM  
ENROLLMENT FORM**

(Please print – required fields in bold)

Family Name \_\_\_\_\_ Family Email \_\_\_\_\_

Youth's Name: \_\_\_\_\_  
(First) (Last) (Mid. Init.)

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

Youth's Birth Date: \_\_\_/\_\_\_/\_\_\_\_\_ Youth's Gender: \_\_\_Female \_\_\_Male Years in 4-H: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
(First) (Last) Phone

Parent/Guardian 2 Name: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
(First) (Last) Phone

Parent/Guardian 2 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian 2 Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
(First) (Last) Phone

**Enrollment Demographics**

**Ethnicity:** (check one) \_\_\_Hispanic or Latino Ethnicity *OR* \_\_\_Not Hispanic or Latino Ethnicity

**Race:** (check all that apply) \_\_\_White \_\_\_Black \_\_\_American Indian/AK Native \_\_\_Hawaiian/Pacific Islander  
\_\_\_Asian \_\_\_Other/Prefer not to state

**Residence:** (check one) \_\_\_Farm \_\_\_Rural/Town <10,000 \_\_\_Town/City 10,000-50,000  
\_\_\_Suburb of City >50,000 \_\_\_City >50,000

**Military:** (check one or more) \_\_\_No one in my family is serving in the military  
\_\_\_I have a parent serving in the military  
\_\_\_I have a sibling serving in the military

**Branch:** \_\_\_Air Force \_\_\_Army \_\_\_Coast Guard \_\_\_DOD Civilian \_\_\_Marines \_\_\_Navy

**Component:** \_\_\_Active Duty \_\_\_National Guard \_\_\_Reserves

**School Information**

**Grade:** \_\_\_\_\_ **School Name:** \_\_\_\_\_

School Type: \_\_\_Public School \_\_\_Private School \_\_\_Homeschool/Alternative \_\_\_Specialized  
\_\_\_Specialized \_\_\_Special Education \_\_\_Charter School \_\_\_Vocational School

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date



## Washington State 4-H Youth Authorizations/Health Form

**Youth's Name:** First \_\_\_\_\_ Mid. Init. \_\_\_\_\_ Last \_\_\_\_\_

### Assumption of Risk

I understand that there are risks in participating in 4-H Youth Development events and activities associated with Washington State University (WSU).

In consideration for and as a condition of being allowed to participate in this voluntary activity, I agree to take full responsibility for any and all risks that exist, including the risk of death or injury to my child or self or loss or damage to my property. I understand that there may be risks that WSU cannot predict or foresee, and I also assume full responsibility for those risks.

Membership in the 4-H Youth Development Program may involve participation in a wide variety of activities such as, but not limited to: club meetings, shows, clinics, working with animals, physical education activities, water-sports, food preparation, woodworking, crafts, and travel. Risks in participating include, but are not limited to: temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, orthopedic damage, head, neck, or spinal injuries, loss of use of arms and/or legs, eye damage, disfigurement, burns, drowning or death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of traveling to or from the 4-H Youth Development Program activities that cannot be specifically listed. Further, I recognize that the actions of other participants in the activity may cause harm or loss to my child, self or property.

**Consent Agreement:** I have read, understand and consent to the foregoing statements. I am the parent or guardian of the child (minor under the age of 18, or other person legally incompetent to contract), whose name is set forth OR I am an enrolled youth or adult over the age of 18.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Youth Signature (if over age 18): \_\_\_\_\_ Date: \_\_\_\_\_

### Youth Code of Conduct

The code of conduct shall be signed by each youth member and parent/guardian with the current year enrollment. A 4-H youth is not eligible to participate in the 4-H program without this agreement.

As a 4-H youth participant/member you have the responsibility of representing all 4-H members to the public. Therefore, you are expected to conduct yourself in a manner that respects individual rights, safety and property of others, and reflects favorably on your state, county and club, as well as yourself. You are expected to observe the following guidelines.

1. The possession and use of alcoholic beverages, marijuana, and/or drugs other than prescribed medication is prohibited. Use of tobacco products by youth members is prohibited.
2. Obscene and discriminatory language, rough housing, and insubordination will not be tolerated.
3. Members and leaders must demonstrate respect for each other and the public.
4. Display of overly affectionate attention between individuals is prohibited.
5. Damage to, or destruction of property belonging to others is prohibited.
6. Animal abuse of any kind is prohibited.
7. Display of unsportsmanlike conduct is prohibited.
8. Be an example of how to accept what life has to offer - good and bad - and how to live with the outcome of exhibiting your project.
9. Wear neat, clean and appropriate attire; including shoes, boots, or appropriate footwear at all times.

Report any infractions to the superintendent/club leader/event coordinator.

Penalties for infractions(s) may include any or all of the following:

- Placing the member on probation for involvement in further 4-H events and/or termination of 4-H membership.
- Assessing the member the cost of damages and repairs in the event of damage or destruction of property.
- Releasing the member to the nearest law enforcement agency and/or the proper authorities.
- Withholding premiums and/or sending the member home from 4-H activities or events.

Parents/guardians will be notified if penalties are necessary.

**For members and parents/guardians:** We understand this agreement is to ensure the safety of the 4-H youth member and ensure conduct and behavior that will result in each participant receiving the full benefit of enjoyment and educational experience from this 4-H affiliation/event. It is not intended to place undue restrictions upon participants.

**For youth members:** I have read the Code of Conduct and agree to abide by its rules. I understand that infractions of this code will result in any or all of the penalties listed above.

**For parents/guardians:** I have read the code of conduct and understand that I am responsible for my child or ward's behavior. I give permission to the staff in charge to administer the code.

I understand that the WSU Extension County 4-H program may have policies that are more restrictive than the state policies, but not less restrictive. In the event that the County 4-H program has additional agreements required for enrollment, a hard copy form will be provided for signature.

Yes, we agree

Youth Member Signature \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_

#### Indemnity Agreement

I, my heirs and assigns, hereby release, the state of Washington, the Regents of WSU, WSU, any subdivision or unit of WSU, its officers, employees/volunteers, and agents, from any and all liability, claims, costs, expenses, injuries and/or losses to person or property, which I may sustain and/or sustain as a result of death or injury, as a result of or connected with participation in this program and/or event. If any part or portion of this Release of Liability is determined to be invalid or unenforceable, the remaining parts or portions shall be enforceable. This release and all matters related to your activities involving Washington State University shall be governed by and interpreted in accordance with Washington law. I have carefully read this document, understand its contents and am fully informed about this program and circumstances. I am aware that this document is a contract with WSU and the program sponsors. I enter this contract freely and voluntarily.

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_

#### Publicity/Media Release

I understand that, unless noted below, photos, video, or audio recordings made of me or my enrolled child/ward at 4-H events may be used by WSU Extension and Washington State 4-H, without compensation, to promote the 4-H Youth Development Program. I understand that my name may be revealed in descriptive text or commentary. (Select one):

Yes, we agree

No, we do not agree to use of digital images or voice recordings as set forth above.

#### Youth: Surveys & Evaluation Permission

Written Notice of Passive Consent: As a participant in the 4-H Program you or your child may be asked to help with the evaluation of the program to tell us how well the program is working. You or your child may be asked to complete a written survey about what you/they learned from participating in the program.

Participating in the evaluation is not required if you or your child decide not to participate, it will not affect participation in this or future WSU Extension programs. If you or your child do not want to answer some questions on the survey, that is okay. The survey responses will be anonymous, and participant responses will not be identified in any way.

If you or your child do not want to participate in the evaluation of the 4-H Program or you have questions about any evaluation, please contact your WSU County Extension Office.

## Health Information Form

Please be as accurate, yet concise. In the event of an emergency, this may be the only immediate source of information.

\*Indicates required fields.

### General Health

\*Does this participant have any health diagnosis that is important for program staff to know in order to maximize participation and ensure safety and well-being? (Select one):

- None
- Yes, a physical disability, a learning disability, behavioral disorder, and/or mental diagnosis.

Health diagnosis details/explanations & suggested accommodations:

### Dietary Needs

\*Does this participant have any specific dietary needs? (Select one):

- None
- Yes, food allergies or restrictions (e.g., peanuts, gluten-free) or food preferences (e.g., vegetarian).

Dietary needs details/explanation:

### Allergies/Reactions

\*Does this participant have any allergies or reactions to drugs or things in nature? (Select one):

- None
- Yes, allergies or reactions to drugs or things in nature.

Describe any allergies and/or reactions:

### Medications

\*Does this participant have any conditions requiring medication? (Select one):

- None
- Yes, and assistance is needed with medications.
- Yes, and this participant is capable of self-administering medications.

Medication details/explanation:

**\*Immunizations (Select one):**

- I understand and accept the risks to my child from not being fully immunized.
- My child is up-to-date on his/her immunization and tetanus shots as required by Washington State law.

**Additional Information**

Please provide, in the space below, any additional information about the youth participant that may affect his/her ability to fully participate in the 4-H program:

Additional information:

**Health-Care Providers/Insurance**

**Health-Care Provider(s)**

\*Primary Doctor: \_\_\_\_\_ \*Phone: ( \_ \_ ) \_ \_ - \_ \_ \_

Additional Doctor: \_\_\_\_\_ Phone: ( \_ \_ ) \_ \_ - \_ \_ \_

Medical Alerts: \_\_\_\_\_

**Medical Insurance Information (Select one):**

\*I am covered by family medical and/or hospital insurance:

- Yes
- No

Primary Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Subscriber: \_\_\_\_\_ Insurance Co. Phone#: ( \_ \_ ) \_ \_ - \_ \_ \_

**Emergency Contact Information (if Parent/Guardian cannot be reached)**

\*Contact Name (Non-Parent/Guardian): \_\_\_\_\_ \*Primary Phone: ( \_ \_ ) \_ \_ - \_ \_ \_

Alternate Phone: ( \_ \_ ) \_ \_ - \_ \_ \_ \*Relationship to Participant: \_\_\_\_\_

**Emergency Medical Release**

In an emergency requiring medical attention or a situation reasonably believed to be an emergency by Washington State University (WSU) authorized agents including enrolled 4-H volunteers or event staff, I authorize WSU and its authorized agents to obtain emergency medical care for my child. I will be responsible for any expenses incurred in so doing including, but not limited to, care by health care professionals, hospital care, and ambulance or other services. In addition, the health care provider has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

**Note: Minors may consent to certain services in Washington.**

**I hold harmless and agree to indemnify Washington State University, its authorized agents, and employees from decision to seek emergency treatment.**

\*Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_