

4-H Member Enrollment Form for 2020-2021

* If you are currently enrolled in 4-H and enrolled in 4-H Online, you do not have to fill out the Member Enrollment Form*

County: Ogle Club: 4-H Shooting Sports

Family Last Name: _____
(this name will be used on mailing labels)

Family Phone: _____

Family Email: _____

Return to your local Extension Office

Ogle County Extension Office
421 West Pines Road, #10
Oregon, IL 61061

Member Information * indicates required fields

* First Name	Middle Name
* Last Name	Email
* Mailing Address	* City
* State	* Zip Code
* Birth Date	* Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not listed <input type="checkbox"/> Prefer not to state
* Primary Phone	Member Cell Phone
I wish to receive notices via text message <input type="checkbox"/> Yes <input type="checkbox"/> No	Provider

Parent / Guardian 1 * indicates required fields

* First Name	* Last Name
Cell Phone	Work Phone

Parent / Guardian 2

First Name	Last Name
Cell Phone	Work Phone
Home Phone	

Second Household

Send Correspondence <input type="checkbox"/> Yes <input type="checkbox"/> No	Family Name
First Names	Primary Phone
Address	City
State	Zip Code
Email	

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

* indicates required fields

* Name
* Primary phone number:
* Relationship to member:



Enrollment ** indicates required fields*

* Ethnicity	Are you of Hispanic ethnicity? <input type="checkbox"/> No <input type="checkbox"/> Yes	(please indicate both an ethnicity and race)
Race	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Pacific Islander
	<input type="checkbox"/> Black	<input type="checkbox"/> Asian
	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Prefer Not to State
* Residence	<input type="checkbox"/> Farm (rural area where ag. products are sold)	<input type="checkbox"/> Suburb of city more than 50,000
	<input type="checkbox"/> Town under 10,000 and rural non-farm	<input type="checkbox"/> Central city more than 50,000
	<input type="checkbox"/> Town / City 10,000 - 50,000 and its suburbs	
Military	<input type="checkbox"/> I have a parent serving in the military	<input type="checkbox"/> I have a sibling serving in the military
Branch / Component	<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy	
	<input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves	
* School Grade	* School Name	

Special Needs or Accommodation Requests

Languages Spoken at Home	<input type="checkbox"/> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> English <input type="checkbox"/> French
Check all that apply	<input type="checkbox"/> Polish <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Other
Hispanic Origin	<input type="checkbox"/> Central American <input type="checkbox"/> Cuban <input type="checkbox"/> Dominican <input type="checkbox"/> Ecuadorian <input type="checkbox"/> Guatemalan
Check all that apply	<input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> South American <input type="checkbox"/> Spanish <input type="checkbox"/> Other
T-Shirt Size	Youth <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large
	Adult <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> 2 XL <input type="checkbox"/> 3 XL
* Mailings	<input type="checkbox"/> I would NOT like information on the County Level Foundation and how it supports the 4-H Program
	<input type="checkbox"/> I would NOT like information on the Illinois 4-H Foundation and how it supports the 4-H Program
	<input type="checkbox"/> I would NOT like information about events at the University of Illinois

4-H Family History Has anyone in your family been a 4-H Member? Yes No

Parent/Guardian Photo/Video/Audio Release

Yes No I grant the University of Illinois Extension 4-H Youth Program, irrevocable permission to record and/or disclose my child's identity, image, and voice arising out of documenting 4-H youth programs and to use, reproduce and distribute such in whole or in part in video and/or sound recordings, films, photographs, transparencies, webpages, social media, local news media or any other media for any purpose on behalf of the University and Extension without compensations to me and without any right for me to inspect or approve of the finished photograph, video, or audio recordings or other recordings.

Parent/Guardian Signature _____ Date _____

4-H Code of Conduct

The opportunity to participate in or attend 4-H activities is a privilege and not a right. All 4-H participants – youth, families, volunteers, and Extension staff – who participate in or attend any activity or event sponsored by the University of Illinois Extension 4-H Youth Development Program are expected to uphold the values of the Illinois 4-H program and conduct themselves according to the following standards. These standards also apply to online 4-H activity, including social media and internet presence.

- 1. Create a Welcoming Environment for All.** Encourage everyone to fully participate in 4-H. Recognize that all people have skills and talents that can help others and improve the community. Though we will not always agree, we must disagree respectfully. When we disagree, try to understand why. Our first priority is to create a safe, inclusive space for learning,

sharing and collaboration that is welcoming to people from diverse backgrounds, cultures, and perspectives. Diversity includes, but is not limited to: race, color, religion, political beliefs, national or ethnic origin, immigration or citizenship status, sex, gender identity and expression, transgender status, sexual orientation, age, marital or family status, educational level, learning style, pregnancy, physical appearance, body size, and individuals with disabilities.

2. **Bring Your Best Self.** Conduct yourself in a manner that reflects honesty, integrity, self-control, and self-direction. Accept the results and outcomes of 4-H contests with grace and empathy for other participants. Accept the final opinions of judges and evaluators. Be open to new ideas, suggestions, and opinions of others.
3. **Obey the Law.** Commit no illegal acts. Do not possess, offer to others, or use alcohol, illegal drugs, or tobacco products which include e-pens, e-pipes, e-hookah, e-cigars, JUULs, vapes, vape pens or other electronic nicotine delivery systems. Do not possess or use weapons or firearms except as expressly permitted as part of supervised 4-H shooting sports programming. Do not attend 4-H activities under the influence of alcohol or illegal substances.
4. **Honor Diversity – Yours and Others’.** Respect and uphold the rights and dignity of all persons who participate in 4-H programs.
5. **Create a Safe Environment.** Do not carelessly or intentionally harm or intimidate anyone in any way (verbally, mentally, physically, or emotionally). Do not engage in romantic displays or sexual activities in either public or private situations. Be kind and compassionate toward others. Do not insult, harass, or bully others or engage in other hostile activities. Be considerate and courteous of all persons and their property.
6. **Be a Team Player.** Work cooperatively with all individuals involved in 4-H programs and activities. Be responsive to the reasonable requests of the person in charge. Respect the integrity of the group and the group’s decisions.
7. **Humane Treatment of Animals.** Treat animals humanely and teach 4-H youth to provide appropriate animal care.
8. **Participate Fully.** Participate in and contribute to planned programs, be on time and follow through on assigned tasks/responsibilities in a manner that fosters the safety, well-being, and quality of the educational experience for self and others. Have fun!
9. **Watch What You Wear.** Use good judgment. Wear clothing suited for the activity in which you will participate. Dress in a manner that is respectful to yourself and others. Clothing that displays or promotes violence, obscenity, illegal activities, discrimination, or intimidation is prohibited. Do not wear revealing clothing, such as short skirts or shorts, midriff-baring tops, or anything showing undergarments.
10. **Be a Positive Role Model.** Act in a mature, responsible manner, recognizing you are role models for others and that you are representing both yourself and the University of Illinois Extension 4-H Youth Development Program. Be responsible for your behavior, use positive and affirming language, and uphold exemplary standards of conduct at all 4-H activities.

CONSEQUENCES

Any of the following may be used, depending on severity of the situation:

11. Participant will receive a verbal warning.
12. Participant may remain at the event/activity, but may be barred from future events.
13. Participant may be asked to leave the event/activity. If the participant is a youth, the parent(s) will be called and the youth will be sent home at family’s expense.

My signature indicates I have read, understand and agree to U of I Extension Code of Conduct.

Parent/Guardian Signature _____ Date _____

University of Illinois Extension Liability Waiver

I hereby acknowledge that participation in 4-H and related Extension activities involves an inherent risk of physical injury or loss that might be sustained by my child. In consideration for accepting my child into 4-H, I assume all risk of injury and loss that may be suffered by me or my child and release and forever discharge the Board of Trustees of the University of Illinois, its officers, employees and agents from any and all known liability of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen body and personal injuries, including death, property damage and the consequences therefore resulting from the registrant’s participation in or involvement with 4-H or presence on University property, including any failure of equipment or defect in the premises, except to the extent caused solely by the willful and wanton misconduct of the University.

Parent/Guardian Signature _____ Date _____

**Extension Participant/Volunteer
AGREEMENT TO ASSUME RISKS AND FULLY RELEASE ALL CLAIMS**

Risks of Extension Activities. I understand that my participation in University of Illinois Extension activities can present risks of physical injury (including death or disability) to me and damage to my personal property. The University of Illinois does not guarantee my personal health or safety or protect me against property loss. Physical injury to me or property damage may result from known or unexpected risks arising from things such as: use of equipment, materials, or facilities; environmental conditions, including poisonous plants, insects, and extreme heat or cold and other weather-related hazards; natural disasters; water activities; transportation; actions of others; animal behaviors; unavailability of immediate or adequate emergency care; infectious diseases; and slips and falls.

Risks of 4-H Equine Activities. Equine (horse, pony, mule, donkey, or hinny) activities present dangerous risks of injury and harm, regardless of the safety measures taken. If a horse or other equine animal is frightened or provoked, I understand that it might ignore its training and act according to its natural survival instincts, which may include actions such as unexpected change of directions or speed; running; sudden movement or stopping; shifting weight; bucking; rearing; kicking; and biting. I understand that **UNDER THE ILLINOIS EQUINE ACTIVITY LIABILITY ACT, EACH PARTICIPANT WHO ENGAGES IN AN EQUINE ACTIVITY EXPRESSLY ASSUMES THE RISK OF ENGAGING IN AND LEGAL RESPONSIBILITY FOR THE INJURY, LOSS, OR DAMAGE TO PERSON OR PROPERTY RESULTING FROM THE RISK OF EQUINE ACTIVITIES.** *Risk of equine activities* means dangers including but not limited to: (1) propensity of an equine to behave in ways that may result in injury, harm or death to persons on or around them; (2) unpredictability of an equine's reaction to sounds, sudden movement, and unfamiliar objects, persons, other animals or other things; (3) certain hazards such as surface and subsurface conditions; (4) collisions with other equines or objects; and (5) the potential of a participant to act in a negligent manner that may contribute to injury, such as failing to maintain control over the animal or not acting within his or her ability.

Risks of 4-H Shooting Sports Activities: Shooting sports involve the use of firearms, live ammunition, or archery equipment. I understand that there are inherent dangers associated with my participation in shooting sports, including observation. The potential dangers include, among other things, gunshot or archery wounds that can result in paralysis or loss of vision, limb, or life.

Assumption of Risks and Release of Claims: In consideration for allowing me to participate in Extension activities, I voluntarily assume all risk of injury and loss that I may sustain or suffer in connection with my participation in the activities described in this Agreement, and I forever and fully release, waive, and discharge all claims, demands, actions, and causes of action, known or unknown, that I have or that may accrue to me in the future ("Claims") against the Board of Trustees of the University of Illinois, its officers, employees, agents, and volunteers (individually a "Releasee") for personal injuries (including death), damage to property, and all liabilities, losses, costs, and expenses (including attorney fees) arising out of or resulting from my participation in Extension activities, including all Claims arising, in whole or in part, from the negligence of any Releasee. This Agreement is binding on my heirs, assigns, and representatives.

Effective Date: This Agreement is effective on the date signed by me ("Effective Date") and replaces any similar agreements previously signed by me as to Extension activities that occur on or after the Effective Date.

PARTICIPANT/VOLUNTEER SIGNATURE: _____ **DATE:** _____

PRINTED NAME: _____ **BIRTHDATE:** _____

HOME STREET ADDRESS: _____ **CITY:** _____

STATE: _____ **ZIP:** _____ **PHONE:** _____ **EMAIL:** _____

IF PARTICIPANT/VOLUNTEER IS UNDER 18 YEARS OLD:

PARENT/LEGAL GUARDIAN SIGNATURE: _____ **DATE:** _____

PRINTED NAME: _____ **PHONE/EMAIL:** _____

UNIVERSITY OF ILLINOIS EXTENSION 4-H PROGRAM
YOUTH EMERGENCY MEDICAL INFORMATION

EVENT: _____

PARTICIPANT'S NAME: _____

Address: _____
Street City State/Zip Code

Age: _____ Sex: _____ Date of Birth: ____/____/____

PARENT/GUARDIAN/OTHER EMERGENCY CONTACTS:

Name: _____ Relationship

Home Phone: _(____)____-____ Work Phone: _(____)____-____

Address: _____
Street City State/Zip Code

Name: _____ Relationship

Home Phone: _(____)____-____ Work Phone: _(____)____-____

Address: _____
Street City State/Zip Code

HEALTH INFORMATION STATEMENT

Check below any information you feel staff and/or volunteers may need, to maximize the safety and the well being of the exhibitor or staff member. To the right of the condition statement is space for more information relating to the condition checked. Please be specific. In case of emergency, this health information may be the only source of accurate, important information.

[] Nervous or Mental (epilepsy, emotional stress, convulsions) _____

[] Lung Disease (asthma, persistent cough, tuberculosis) _____

[] Disease of Heart or Blood Vessels, Increased or Abnormal Blood Pressure _____

[] Pain in Chest or Shortness of Breath (heart murmur, rheumatic fever) _____

[] Stomach or Intestinal Trouble (ulcers, gall bladder or liver disorder, jaundice, hernia, colitis) _____

[] Arthritis, Diabetes, Kidney or Bladder Disease _____

[] Hay Fever or Allergies _____

[] Allergy to Medicines (including penicillin, tetanus) _____

[] Impaired Sight or Hearing, Chronic Ear Infections _____

- [] Recent Surgical Operation, Accidents or Injuries _____
- [] Any Infectious Disease _____
- [] Skin Disease _____
- [] Allergy to Foods _____
- [] Currently taking Medicines (list names & doses) _____
- [] Medication that needs refrigeration _____
- [] Under on-going care of a Physician (NAME & PHONE #) for chronic or recurring problem _____

- [] Do you wear glasses? YES [] NO [] SOMETIMES []
- [] Do you wear contact lenses? YES [] NO [] SOMETIMES []
- [] Date of last TETANUS BOOSTER _____
- [] Date of last FLU SHOT _____
- [] Significant Orthopedic and/or Neuromuscular Impairment (e.g. loss of limb, spinal cord injury) _____

Primary Care Physician: _____

Clinic/Hospital Affiliation: _____

City: _____ State: _____ Phone: (____) _____ - _____

Health Insurance Provider: _____

Owner's Name: _____ ID/Policy Number: _____

Medical Privacy Statement: *It is the policy of University of Illinois Extension 4-H Youth Development Programs to keep any medical information it may have regarding 4-H Youth Development program participants confidential. However, there may be time in which such medical information will be needed and may need to be shared with others. Examples of sharing might include: providing information to medical personnel in the event of an emergency so that a youth may be treated; providing information to Extension staff or volunteers who are coordinating specific events in the case of a request for reasonable accommodation; and providing information to chaperones or host families who are responsible for the health and safety of program participants at a specific event. Except in the case of emergency, prior to sharing any medical information, it may have with those external to the University, Extension, or 4-H, every effort will be made to get the permission of the program participant or parent or guardian.*

As a parent or guardian, I understand that if a serious illness/injury develops, medical or hospital care will be given. I further understand that in case of serious illness/injury, I will be notified. However, if it is impossible to contact me, I give my permission for emergency treatment, x-ray or surgery, as recommended by an attending physician.

I also understand that any accident insurance in effect (IF PROVIDED) for the event does not cover pre-existing conditions or self-inflicted injuries.

SIGNED: _____ **DATE:** _____
Parent or Guardian

Revised 7/03

