



4-H Enrollment Form



Name of 4-H Group/Unit: _____ Year: _____

Member Name: _____
First Middle Last

Address: _____
Street Address City State Zip Code

Phone: (____) _____ Email: _____ County: _____

Gender*: Male Female Date of Birth: _____ School Attending: _____ Grade: _____

If re-enrolling in 4-H, how many years have you been in 4-H: _____

Do you live*: Farm City over 50,000 people
(Choose only one) Town under 10,000 people or rural non-farm Suburbs of city over 50,000 people
 City 10,000-50,000 people Military installation: _____

Do you have parent/guardian(s) active in the military? Yes ___ No ___

If yes, circle all that apply: Army Air Force Navy Marines Coast Guard National Guard(Air & Army) Reserves

Ethnic group*: A. Choose One: Hispanic or Latino Non-Hispanic or Latino

B. Choose all that apply:

- White or Caucasian Asian
- Black or African-American Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native Other _____

Parent or Guardian: _____
First M.I. Last

Address: _____
Street Address (if different from above) City State Zip Code

Phone: _____
Daytime/Cell phone Home phone Email

Additional Parent or Guardian: _____
First M.I. Last

Address: _____
Street Address City State Zip Code

Phone: _____
Daytime/Cell phone Home phone Email

MEDIA RELEASE: (requires parent signature)

A parent or guardian should sign below whichever statement you wish to apply to the youth's involvement in 4-H programs.

_____ I **agree** to allow 4-H to take photographs/audio/video of my child for use in 4-H and other N.C. Cooperative Extension educational, promotional, and/or marketing materials. Neither individual addresses nor telephone numbers will be published within these materials.

_____ I **do not wish** for 4-H to take photographs/audio/video of my child for use in 4-H or N.C. Cooperative Extension educational, promotional or marketing purposes.

CODE OF CONDUCT: (requires youth and parent signature)

The enrolling youth is bound by the NC 4-H Code of Conduct and Disciplinary Procedure for 4-H events and activities (see attached document.) The youth and a parent should sign here if he/she has received and reviewed the NC 4-H Code of Conduct and Disciplinary Procedure for 4-H events and activities:

Youth Signature: _____ Parent Signature: _____

**This information is required for all federally assisted programs and is solely used for the purpose of determining compliance with Federal civil rights laws; your responses will not affect consideration of your application. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.*

NC STATE UNIVERSITY

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COLLEGE OF
AGRICULTURE & LIFE SCIENCES
ACADEMICS • RESEARCH • EXTENSION

For office use only
4-H Membership
_____ Date: _____



4-H MEDICAL INFORMATION AND INFORMED CONSENT FOR TREATMENT
FOR NC 4-H SPONSORED EVENTS 4-H'ers

Name: _____ Date of Birth: _____

PLEASE READ AND COMPLETE THE FOLLOWING FORM. THIS FORM MUST BE PRESENTED
AT THE OFFICIAL REGISTRATION FOR THE 4-H SPONSORED EVENT BEING ATTENDED.
PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

I. Medical Information

Known allergies to foods, drugs, insect stings or bites, etc:

Special medical concerns or conditions that event supervisors should know about, including contagious illnesses, epilepsy, asthma, diabetes, previous injuries to bones/joints, etc.:

List special dietary needs: _____

Medications currently being taken (please include name of medication, dose, and frequency; this information is required for overnight events):

If not available in an emergency, please notify: (Name) _____
Relationship: _____ Phone: (_____) _____

Family Physician/Practice Name _____ Phone: (____) _____
Address: _____

II. Insurance Information

The 4-H program purchases insurance for youth participants for many sponsored events. In some cases, this coverage will not pay for some medical expenses and it may be necessary to bill the family or your insurance company.

Health Insurance Company _____
Health Insurance Policy # _____
Company Address _____
Company Telephone Number (____) _____

III. Special Accommodations

If you are a person with a disability and desire any assistive devices, services or other accommodations to participate in this activity, please contact the Chowan County Cooperative Extension Center at 252-482-6585 during business hours of 8 a.m. and 5 p.m. to discuss accommodations at least 72 hours prior to the activity.

Signatures Acknowledging Parts I, II, and III

Parent's/Guardian's signature _____ Date: _____

Participant's Signature: _____ Date: _____

Parent/Guardian telephone #: Home _____ Work _____

IV. Informed Consent

In the event that a participant needs minor medical care from 4-H or more significant medical care from a qualified health care provider, including in rare cases possible hospitalization and/or surgery, the parent/guardian is asked to sign the informed consent form below. In case of serious medical condition, 4-H will make every effort to notify the parents, but the first priority may be providing care to the participant.

Authorization to Consent to Health Care for Minor

I, _____, of _____ County, am the custodial parent having legal custody of _____, a minor child, age _____, born _____ . I authorize any adult(s) acting as agents (including official volunteers) or employees of the Chowan County/North Carolina 4-H program and in whose care the minor child has been entrusted , to do any acts which may be necessary or proper to provide for the health care of the minor child, including , but not limited to, the power (i) to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person for such health care, and (ii) to consent to and authorize any health care, including administration of anesthesia, X-ray examination, performance of operations, and other procedures by physicians, dentists, and other medical personnel except the withholding or withdrawal of life sustaining procedures.

This consent shall be effective for one year from the date of the execution.

Custodial Parent Signature _____ Date _____

STATE OF NORTH CAROLINA
COUNTY OF _____

On this _____ day of _____ (month), 20____ (year), personally appeared before me the said named, _____, to me known and known to me to be the person
(Parent/Guardian)

described in and who executed the foregoing instrument and he (or she) acknowledged that he (or she) executed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

My commission expires _____, 20_____.

Signature Notary Public

Printed Name

(OFFICIAL SEAL)