Michigan 4-H Youth Authorization and Acknowledgment Form

4-H Youth Enrollment ☐ New ☐ Returning **20_____**

MICHIGAN STATE UNIVERSITY Extension

Email Address _____

First Name_____(*preferred*)_____MI _____**Last Name** _____

Address_____**City**_____**State**_____**Zip** _____

Date of birth _____/_____/_____ **Phone #**_____ **Years in 4-H** _____

School County: _____
School District: _____
School Name: _____
Grade:_____

Gender : ☐Female ☐Male
☐Gender identity not listed
☐Prefer not to respond

Military
☐ I am serving in the military
☐ I have a family member serving in Military
☐ I have a family member retired from Military
☐ I have a parent serving in the Military
☐ I have a sibling serving in the Military
☐ I have a parent who served in the Military
☐ I have a parent retired from military
☐ No one in my family is serving

Branch of Service
☐Air Force ☐ Army ☐ Coast Guard
☐ DOD Civilian ☐ Marines ☐ Navy ☐N/A

Branch Component
☐ Active Duty ☐National ☐Guard Reserves ☐N/A

Ethnicity *(Optional, Select one)*
☐ Not Hispanic ☐ Hispanic
☐ Prefer not to state

Race *(Optional, select all that apply)*
☐White ☐Black ☐Asian
☐Hawaiian/Pacific Islander
☐American Indian/Alaskan Native
☐Other combinations ☐ Prefer not to state

Residence:
☐ Farm
☐ Town <10,000
☐ Town >10,000
☐ Suburb>50,00
☐ City>50,000

Emergency Contact #1: Full Name_____Relationship to Member _____
Contact #1 Phone _____Contact #1 Email_____

Emergency Contact #2: Full Name_____Relationship to Member_____
Contact #2 Phone _____Contact #2 Email_____

Parent/Guardian #1: First Name_____Last Name_____Phone_____
Work Phone_____Work Extention #_____

Parent Guardian #2: First Name_____Last Name_____Phone_____
Work Phone_____ Work Extension #_____

4-H Club/s: _____

Projects:

- ☐ Aerospace
- ☐ Age in the Classroom
- ☐ Agronomy
- ☐ Alpacas & Llamas
- ☐ Animal Evaluation
- ☐ Aquatic Science
- ☐ Beef
- ☐ Biological Sciences
- ☐ Birds & Poultry
- ☐ Business & Entrepreneurship
- ☐ Career Exploration & Work Prep.
- ☐ Cats
- ☐ Child Development, Child Care
- ☐ Citizenship & Civic Engagement
- ☐ Clothing & Textiles
- ☐ College & Ind. Living Readiness
- ☐ Communication
- ☐ Community Service
- ☐ Computer & Digital Technology
- ☐ Dairy Cattle
- ☐ Dogs
- ☐ Emus & Ostriches
- ☐ Engines & Transportation
- ☐ Entomology & Bees
- ☐ Environmental Resource Mgt.
- ☐ Environmental Science & Natural Resources
- ☐ Expressive Arts
- ☐ Financial Literacy
- ☐ Food & Nutrition
- ☐ Global & Cultural Education
- ☐ Goats
- ☐ GPS/GIS
- ☐ Health & Fitness
- ☐ Horse & Pony
- ☐ Horseless Projects
- ☐ Horticulture
- ☐ Introductory 4-H Projects (Cloverbuds)
- ☐ Leadership Skills Development
- ☐ Leisure Education
- ☐ Life Skills & Character Education
- ☐ Meat & Food Science
- ☐ Mechanical Sciences
- ☐ Outdoor Education/Recreation
- ☐ Physical Sciences
- ☐ Plant Science
- ☐ Poultry Science & Embryology
- ☐ Proud Equestrian Program
- ☐ Rabbits/Cavies
- ☐ Robotics
- ☐ Safety
- ☐ Service Learning
- ☐ Sheep
- ☐ Shooting Sports: 0.22 Rifle
- ☐ Shooting Sports: Air Pistol
- ☐ Shooting Sports: Air Rifle/Pellet
- ☐ Shooting Sports: Archery (3-D)
- ☐ Shooting Sports: Archery (target)
- ☐ Shooting Sports: BB
- ☐ Shooting Sports: Coordinators
- ☐ Shooting Sports: Hunter Safety
- ☐ Shooting Sports: Hunting & Wildlife
- ☐ Shooting Sports: Muzzleloader
- ☐ Shooting Sports: Shotgun (trap & skeet)
- ☐ Small /Pocket Pets/Lab Animals
- ☐ Soils & Soil Conservation
- ☐ Swine
- ☐ Technology & Engineering
- ☐ Veterinary Science
- ☐ Wildlife & Fisheries
- ☐ Other: _____

To be accepted, the Code of Conduct/Eval/Media/Medical/RiskWaiver pages must ALL accompany this enrollment form.

Michigan 4-H Youth Authorization and Acknowledgment Form

Participant Name: _____

County of 4-H Participation: _____ **Program Year:** 20_____ - 20_____

Instructions: This five-page form is required for participation in Michigan State University Extension 4-H youth programs. Each section requires a separate authorization.

Section 1 - Required

Michigan 4-H Youth Code of Conduct

The opportunity to participate in or attend 4-H experiences is a privilege. 4-H experiences include engagement and/or participation in clubs, groups, educational activities, social activities, projects, field trips, camps, etc. All 4-H participants – youth, families, volunteers, and Extension staff – who participate in 4-H experiences or events sponsored by the Michigan State University Extension 4-H Youth Development Program are expected to uphold the values of the Michigan 4-H program.

All 4-H youth participants must conduct themselves according to the following standards that apply to all Michigan 4-H programs, including virtual programs and interactions such as social media and internet engagement:

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, national origin, gender, gender identity, religion, age, height, weight, disability, political beliefs, sexual orientation, marital status, family status or veteran status.

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 activities and programs 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.** Obey the laws of the locality, state and nation and Michigan State University and Extension policies and guidelines. Commit no illegal acts. Do not possess, offer to others, or use alcohol, illegal drugs, marijuana, 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 attend 4-H activities under the influence of alcohol or illegal substances. Do not possess or use weapons or firearms except as expressly permitted as part of supervised 4-H shooting sports programming. This includes dangerous or unauthorized materials such as explosives or similar items.

4. **Honor Diversity – Yours and Others'.** Respect and uphold the rights and dignity of all persons with whom you interact as part of Michigan 4-H.

5. **Create a Safe Environment.** Be kind and compassionate toward others. Be considerate and courteous of all persons and their property. Do not carelessly or intentionally harm or intimidate anyone in any way (verbally, mentally, physically, or emotionally). Do not insult, harass, or bully others or engage in other hostile behaviors, including sexual harassment, sexual assault or sexual abuse. Abstain from sexual behavior and intimate physical/sexual contact in either public or private situations.

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 such as volunteers and staff. Respect the integrity of the group and the group's decisions.

7. **Humane Treatment of Animals.** Treat animals humanely and 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!

Michigan 4-H Youth Authorization and Acknowledgment Form

Participant Name: _____

County of 4-H Participation: _____ **Program Year:** 20_____ - 20_____

Section 1 – Required

Michigan 4-H Youth Code of Conduct - *Continued*

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 clothing that excessively exposes the body or shows undergarments.

10. **Be a Positive Role Model**. Act in a mature, responsible manner, recognizing you are a role model for others and that you are representing both yourself and the Michigan State University Extension 4-H Youth Development Program. Be responsible for your behavior, use positive language, and uphold the highest standards of conduct at all 4-H activities.

CONSEQUENCES

If I do not follow the Michigan 4-H Code of Conduct, I know that consequences may include any or all of the following:

- Having a discussion with 4-H adults such as staff and volunteers regarding my behavior and deciding what I can do to make up for any harm done
- Notification to my parents/guardians and appropriate staff members
- Dismissal from the 4-H event at my own expense and without any refund
- Not being allowed to participate in future 4-H events
- Paying for the financial cost of damages and repairs for damage or destruction of property
- Suspension or termination of my participation in the Michigan 4-H Youth Development Program
- Being released to the nearest law enforcement agency and/or proper authorities

☐I have read, understand, and agree to abide by the Michigan 4-H Youth Code of Conduct.

Participant Signature: _____Date: _____

Parent/Guardian Signature: _____Date: _____

Parent/Guardian must sign if participant is under 18.

SECTION 2 – Required

Youth Survey and Evaluation Acknowledgement

As a participant in Michigan State University Extension 4-H programs, your child may be provided with a survey or evaluation to help determine if a 4-H experience met their goal, was effective, or had the intended impact. There are times when youth may be asked about their knowledge about a content area or topic before a 4-H experience and then asked again at the completion of an experience. Surveys and evaluations are confidential, completely voluntary, and typically take no more than 10 minutes to complete. If you or your child does not wish to participate in a survey or evaluation, it will not affect involvement in any programs of Michigan State University. If you do not want your child to participate in 4-H experience surveys or evaluations, it is your responsibility to discuss this preference with the youth participant and prepare them to indicate this to volunteers or staff.

☐I acknowledge that my child may be asked to participate in a 4-H experience survey or evaluation by signing below.

Parent/Guardian Signature: _____Date: _____
Participant must sign if over 18.

Michigan 4-H Youth Authorization and Acknowledgment Form

Participant Name: _____

County of 4-H Participation: _____ **Program Year:** 20_____ - 20_____

SECTION 3 - Required

Youth Media Release

I authorize Michigan State University and MSU Extension to record my child's image and/or voice for use by Michigan State University Extension or its assignees in research, education, and promotional programs. I understand and agree that these audios, video, film, and/or print images may be edited, duplicated, distributed, reproduced, broadcasted, and/or reformatted in any form and manner without payment of fees in perpetuity.

☐**I Agree,** Parent/Guardian Signature: _____Date: _____
Participant must sign if over 18.

☐**I Disagree,** Parent/Guardian Signature: _____Date: _____
Participant must sign if over 18.

Section 4 required – Medical Information

Participant's full legal name:_____

Date of Birth: _____/_____/_____ Phone #: _____

Parent home phone: (_____) _____Parent work phone: (_____) _____

Parent CELL phone: (_____) _____

Mailing address:_____ City_____ Zip_____

INFORMATION NEEDED ABOUT PARTICIPANT (Required):

Yes	**No**	If yes, please list/explain below. Attach additional sheets if needed.
☐	☐	1. Does the participant have any allergies? If yes, what are the allergies? _____
☐	☐	2. Does the participant have any allergies to medication or local anesthetics? If yes, list. _____
☐	☐	3. Does the participant have any life-threatening allergies? If yes, please list. _____
☐	☐	4. Is the participant taking any prescription medications or regularly taking over the counter medications? If yes, list the medications. _____ _____
☐	☐	5. Has the participant recently been treated for an ongoing medical problem? If yes, what medical problem?_____
☐	☐	6. List any prescription quick-relief medications, for potentially life-threatening conditions, the participant is taking. ☐Epi-Pen ☐Inhaler ☐Insulin Pump ☐ other: _____ If yes, provide details:_____
☐	☐	7. Does the participant have any chronic health concerns? (*Chronic health concerns develop over time and are long term; examples: asthma, depression, diabetes, and behavior/learning concerns)* If yes, please list. _____

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Participant Name: _____

County of 4-H Participation: _____ **Program Year:** 20_____ - 20_____

Section 4 – Required

Medical Information – continued

☐ ☐ 8. Does the participant have any acute health concerns? (*Acute health concerns develop quickly and are short term; examples: common cold, broken bone, burn, and bronchitis.)*
If yes, please list. _____

☐ ☐ 9. Has the participant ever suffered a concussion? If yes, please provide date of last concussion.
_____

☐ ☐ 10. Would you like to disclose any other disabilities or special needs that could affect the participants ability to engage in a 4-H experience? If yes, please list. _____
_____

What was the date of the participant's last tetanus shot? *(*this is not a required field)* Date: _____/_____/_____

HEALTH INSURANCE INFORMATION (REQUIRED):

Does the participant have health insurance? _____**Yes** _____**No** *(Enter N/A below if no coverage)*

Insurance company name:_____

List the policy number(s) & please identify: _____

Participant's Primary Care Physician:_____

Physician's Address:_____

Physician's phone:_____

Policy holders name: _____

Policy holders address:_____

Employer's name:_____

Employer's address:_____

Policy holder's relationship to participant: _____

If you have HMO insurance,
please list emergency treatment authorization phone number: (_____) _____

Please attach a photo copy of both sides of your insurance card (preferred) OR complete the information requested here: Insurance company phone number: (_____) _____

Section 5 - Required

Youth Medical Authorization Release

I recognize that while attending this program, medical treatment on an emergency basis may be necessary for my child, and I further recognize that volunteers or staff overseeing the program may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the circumstances and to assume the expenses of such care. I also authorize the medical facility to release all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

☐ **I Agree, Parent/Guardian Signature:** _____Date: _____
Participant must sign if over 18.

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SECTION 6 – Required

Assumption of Risk

MSU Extension, 4-H Youth Development Consent, Acknowledgement of Risk, Waiver & Release Form

I grant permission for my child to participate in all 4-H clubs, groups, educational activities, social activities, and projects and ("experiences") they are enrolled for in 4-H Online and for which I otherwise seek participation.

I understand that 4-H experiences may entail field trips and visits to various locations. I also understand that participation in 4-H experiences carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one experience to another, but the risks range from (1) minor injuries such as scratches, bruises, and sprains, to (2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions, to (3) catastrophic injuries including paralysis and death.

I further understand that offered 4-H experiences include those which may pose greater risks. These experiences include, but are not limited to: shooting sports, equestrian activities, other activities which involve large animals, ATV/UTV activities, snowmobiling, boating, motor vehicles and activities involving tractors and other farm implements.

Shooting Sports: I understand that some experiences include the use of firearms, live ammunition, and/or archery equipment. I understand that shooting sports are potentially hazardous activities and entail the risk of serious injury; including, but not limited to, gun shot or archery wounds that could result in blindness, paralysis, loss of limb or life.

Equestrian/Large Animals: I understand that some 4-H experiences involve the riding and/or husbandry of large animals. I understand that all animals, even trained animals, can exhibit unpredictable and potentially dangerous behavior. I recognize the riding and or care of large animals entails the risk of serious injury; including, but not limited to, fall, crush and blunt force wounds that could result in paralysis, loss of limb or life.

I have reviewed or will review all of the 4-H experiences that my youth has selected or will select. I understand that by selecting 4-H experiences I am accepting any risks associated with those experiences.

I understand that my child has a role to play in regard to his or her safety and security. I will speak with my child about the need to listen to instructions, honor safety rules, and to behave responsibly.

If I am a participant who is 18 years of age or older: I have read the risks above, and, in consideration for being permitted to participate in chosen 4-H experiences, I release, waive, discharge, and covenant not to sue 4-H volunteers/leaders, County 4-H Extension Councils/Committees, Michigan State University (collectively, "Releasees"), and all officers, directors, employees, agents, volunteers, and contractors of releasees, from any claim, demand, loss, liability, damages, and attorney fees and costs whatsoever arising from, related to, or resulting from the above risks, including those caused by the negligent acts or omissions of any or all of the releasees.

☐ I have read and understand this Consent, Acknowledgement of Risk, Release and Waiver.

☐ **I Agree, Parent/Guardian Signature:** _____Date: _____
Participant must sign if over 18.