



Minnesota 4-H 2010 Membership Information

Return to:
Scott County 4-H
7151 190th St. West, Suite 100
Jordan, MN 55352
Fax: 952-492-5405

Member Information *(all information is required)*

County: **SCOTT**

4-H Club Name _____

Name _____
Last First MI

Address _____
Street

City/Town State Zip

Home Phone (____) _____ Cell Phone (____) _____

Date of Birth _____ Gender Male Female

Place of Residence

- Farm Rural non-farm or town under 10,000 Town or City 10,000 to 50,000
- Suburb of city over 50,000 City over 50,000

Grade _____ School Name _____

Years in 4-H _____ Email Addresses _____

Parent/Guardian Name(s) _____

Check if either parent/guardian is in the military. Branch _____

Optional Information

Are you of Hispanic ethnicity?

- Yes
- No

What is your racial group?

- White
- Black or African American
- American Indian or Alaskan Native
- Asian
- Hawaiian or Pacific Islander
- More than one

Additional Parent/Guardian Information *(if different than above)*

Name _____
Last First MI

Address _____
Street City/Town State Zip

Home Phone (____) _____ Work Phone (____) _____ Email _____

Member Health Information

Member has the following:

Health problems? Yes No Explain _____

Allergies or reactions to drugs, foods or things in nature? Yes No Explain _____

Member has a condition that requires medication. Yes No Explain _____

Is the member capable of self-administering the medication? Yes No

Tetanus Immunization Current? Yes No Year _____

Any other concerns? _____

Emergency Contacts

Name _____

Relationship to Member _____

Daytime Phone Number (____) _____

Evening Phone Number (____) _____

Cell Phone Number (____) _____

Name _____

Relationship to Member _____

Daytime Phone Number (____) _____

Evening Phone Number (____) _____

Cell Phone Number (____) _____

By checking this box, I certify that I have filled out this form as completely and accurately as possible.

Signature is required on Authorization Sheet —>



2010 Project Enrollment Form



Name _____

County: **SCOTT**

4-H is all about trying new things; you can find any project interest you may have. For project resources, contact your local Extension office at 952-492-5410 or refer to the *4-H Project Selection Guide* or visit www.fourh.umn.edu.

Cloverbud Enrollment: (for youth in Kindergarten through Grades 2 or 3)

Some youth in Grade 3 may be ready to join as regular members; you must choose either Cloverbud membership or regular membership, not both.

- Cloverbuds: A Discovery 4-H Program

Project Enrollment: (for youth in Grades 3 and up)

Place a checkmark (✓ or X) next to the projects that you plan to explore this year. You must enroll in at least one project. You may be invited to attend events or workshops and receive mailings on projects as they become available because you checked that project area. You will be encouraged to complete a project record for each of the projects you select. Ask your club leader or Extension staff if you have questions.

- | | | |
|---|---|--|
| <input type="checkbox"/> Aerospace | <input type="checkbox"/> Flower Gardening | <input type="checkbox"/> Plant & Soil Sciences |
| <input type="checkbox"/> Beef | <input type="checkbox"/> Food & Nutrition | <input type="checkbox"/> Potatoes |
| <input type="checkbox"/> Beef (Breeding) | <input type="checkbox"/> Food Preservation | <input type="checkbox"/> Poultry (& pigeons) |
| <input type="checkbox"/> Beef (Market) | <input type="checkbox"/> Forest Resources | <input type="checkbox"/> Quilting |
| <input type="checkbox"/> Beef (Dairy Steer) | <input type="checkbox"/> Fruit | <input type="checkbox"/> Rabbits (& guinea pigs) |
| <input type="checkbox"/> Bicycle | <input type="checkbox"/> Geology | <input type="checkbox"/> Robotics |
| <input type="checkbox"/> Cat | <input type="checkbox"/> Geospatial | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Child & Family Development | <input type="checkbox"/> Goat | <input type="checkbox"/> Scrapbooking |
| <input type="checkbox"/> Citizenship | <input type="checkbox"/> Global Connections | <input type="checkbox"/> Self-determined |
| <input type="checkbox"/> Clothing & Textiles | <input type="checkbox"/> Health | <input type="checkbox"/> Sheep |
| <input type="checkbox"/> Clowning | <input type="checkbox"/> Home Environment | <input type="checkbox"/> Shooting Sports/Wildlife Management |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Horse (includes Horse Science) | <input type="checkbox"/> Shop (wood &/or metal) |
| <input type="checkbox"/> Consumer Education | <input type="checkbox"/> Horse Training | <input type="checkbox"/> Small Engines |
| <input type="checkbox"/> Crafts & Fine Arts | <input type="checkbox"/> Horseless Horse | <input type="checkbox"/> Swine |
| <input type="checkbox"/> Crop Sciences | <input type="checkbox"/> Indoor Gardening | <input type="checkbox"/> Tractor |
| <input type="checkbox"/> Dairy | <input type="checkbox"/> Lawn & Landscape | <input type="checkbox"/> Vegetable Gardening |
| <input type="checkbox"/> Dog | <input type="checkbox"/> Lama (llamas & alpacas) | <input type="checkbox"/> Veterinary Science |
| <input type="checkbox"/> Electric | <input type="checkbox"/> Needle Arts | <input type="checkbox"/> Video |
| <input type="checkbox"/> Entomology | <input type="checkbox"/> Performing Arts | <input type="checkbox"/> Water & Wetlands |
| <input type="checkbox"/> Exploring Animals | <input type="checkbox"/> Pets | <input type="checkbox"/> Wildlife Biology |
| <input type="checkbox"/> Exploring the Environment | <input type="checkbox"/> Photography | <input type="checkbox"/> Youth Leadership |
| <input type="checkbox"/> Fishing Sports | <input type="checkbox"/> Photography (Digital) | |

Activity Interests: (some activities may be grade dependent)

Place a checkmark (✓ or X) next to the activities you are interested in receiving more information about. Ask your club leader or Extension staff if you have questions.

- | | | |
|--|--|---|
| <input type="checkbox"/> 4-H Camp | Project Bowl: | Judging Teams: |
| <input type="checkbox"/> Auction Committee | <input type="checkbox"/> Dairy | <input type="checkbox"/> Consumer Decisions |
| <input type="checkbox"/> Camp Counselor | <input type="checkbox"/> Dog | <input type="checkbox"/> Dairy |
| <input type="checkbox"/> Cloverbud Day Camps | <input type="checkbox"/> Goat | <input type="checkbox"/> General Livestock |
| <input type="checkbox"/> Communication Arts Contest | <input type="checkbox"/> Horse | <input type="checkbox"/> Horse |
| <input type="checkbox"/> County Arts-In | <input type="checkbox"/> General Livestock | <input type="checkbox"/> Horse Hippology |
| <input type="checkbox"/> City to Country Tour Volunteer | <input type="checkbox"/> Poultry | <input type="checkbox"/> Poultry |
| <input type="checkbox"/> County Ambassador | <input type="checkbox"/> Rabbit | <input type="checkbox"/> Rabbit |
| <input type="checkbox"/> County Fair Volunteer | <input type="checkbox"/> Wildlife | |
| <input type="checkbox"/> Demonstration Day | Project Development Committees: | |
| <input type="checkbox"/> Fashion Revue | <input type="checkbox"/> Animal Science | |
| <input type="checkbox"/> Food Revue | <input type="checkbox"/> Dog | |
| <input type="checkbox"/> Foodstand Committee | <input type="checkbox"/> Horse | |
| <input type="checkbox"/> Leaders' Council | | |
| <input type="checkbox"/> Share the Fun | | |
| <input type="checkbox"/> Youth Teaching Youth (Gr. 9-12) | | |
| <input type="checkbox"/> Youth at Large Ext. Comm. (Gr. 11-12) | | |

Name: (please print) _____

Club: _____



Authorization Sheet



4-H Newsletters & Updates *(check only one):*

Families, please choose the same option. Thanks!

- As a good steward of resources, we prefer to receive an email notification when the newsletters are available on the web.
- We don't have Internet access and need to receive the newsletter by mail.

- **Medical Authorization.** If an injury or illness develops during an activity or event, medical care will be provided and parent/guardian will be notified as soon as possible. We/ I authorize each of the following: (a) the health history and medical information I have provided is correct and the member has permission to engage in all program activities as noted. We/I understand that it is our responsibility to provide updates (including changes in health conditions, medical coverage, or activity restrictions) throughout the program year and prior to any events/ activities in which the member intends to participate; (b) if an injury or other medical condition occurs or arises, We/I grant permission for medical treatment to be obtained for the member and authorize the physician and/or the other medical staff to employ such diagnostic procedures and medical treatment as deemed necessary; c) We/I authorize the release of any medical records necessary for treatment, referral, billing, or insurance purposes; and (d) We/I understand that we are financially responsible for charges and hereby guarantee full payment to the attending physicians and/or health care unit.
- **Waiver and Release.** Furthermore, We/I agree that all activities and use of all facilities relating to participation in 4-H activities shall be undertaken at the sole risk of the member/family and that the Board of Regents of the University of Minnesota, its officers, representatives, agents, employees, leaders, and members of any 4-H program shall not be liable for any claims, demands, injuries, damage, actions or causes of action, whatsoever, to me, my family, or my property arising out of or connected with participation in 4-H programs/events or the premises where the programs/events occur and we/I do hereby expressly forever release, discharge, and hold harmless the Board of Regents of the University of Minnesota, its officers, representatives, agents, employees, leaders, and members of the 4-H program from all such claims, demands, injuries, damage to person or property, actions or causes of action, including but not limited to all acts of active or passive negligence on the part of the University of Minnesota, any 4-H program, their servants, agents, or employees. **We/I do not, however, release these individuals and entities from liability for intentional, willful or wanton acts and this release shall not be construed to include such acts.**
- **Privacy statement.** The contact and health information requested on the Member Enrollment Form and Authorization Sheet is private. The information will be used as necessary to assist the member in the event of an emergency, to help ensure safe participation by the member in 4-H programs, and to provide information to the member about 4-H programs. You are not legally required to provide any of the requested information. You may not be allowed to participate, though, in 4-H or in specific programs if you fail to provide the requested information. Information will be shared within 4-H and the University of Minnesota for the uses described above and may be released to outside organizations and government bodies in limited circumstances, as authorized by state or federal law.
- **Photo release.** We/I give permission to Minnesota 4-H and its employees or representatives to take photographs, video, or audio footage of members and/or their property for use in any media format, now or hereafter known for future educational programs to help promote 4-H. We/I release to Minnesota 4-H all rights to exhibit this work publicly or privately in an educational/promotional format without compensation or additional consideration.
- **Code of Conduct.** We/I have read, discussed, accept, and will abide by the full Minnesota 4-H Code of Conduct . The full Code is available online at www.mn4H.org/policy or is available through your Extension Office or club leader. We/I also understand that infractions of the Code may cause loss of privileges during the event; participation in the event or future events (including camps, state fair, or exchange trips) to be terminated; forfeiture of premiums or awards; or possible termination from membership of the 4-H program. We/I agree to accept the appropriate and logical consequences of my actions.

By signing below, the parent/guardian agrees to the each of the above statements on his or her own behalf and on behalf of the member; the member, if eighteen years or older, agrees, on his or her own behalf, to each of the above statements; the member, if under eighteen years old, agrees to abide by the Code of Conduct.

Member Signature

Date

Parent/Guardian Signature

Date