

Please return
to your club's
Organizational Leader



DUVAL COUNTY - Program Year _____
4-H MEMBER ENROLLMENT
Please Print Neatly

FOR OFFICE USE ONLY
Date Rec'd _____
Agent _____
EFNEP _____
Online _____
Member Card _____

Club Name _____

Category (please circle one)

Youth 1) Member 2) Cloverbud

Adult 3) Organizational Leader 4) Activity Leader 5) Resource Leader 6) Project Leader

Enrollment Type (please circle one) New Enrollment Re-Enrollment Drop from Club

FOR OFFICE USE ONLY Club Code _____ Member Code _____

Last Name _____ First Name _____ MI _____ Preferred Name _____

Address _____ City _____ State FL Zip _____

Home Telephone # _____ Work # _____ Cellular # _____

Youth only
Birth date ____/____/____ 4-H Age (as of September 1 of the current 4-H year) _____ Any other 4-H Clubs? _____

School Name _____ Grade _____ Year(s) In 4-H _____

E-mail address _____ @ _____
(Please print neatly)

Gender (circle one) Male Female

Ethnic (circle one) Hispanic Non Hispanic

Race (circle all that apply) White Black Am. Indian/Alaska Native Asian Hawaiian/Pacific Islander

Residence (circle one) Farm Rural/10,000 Town/10-50,000 Jacksonville Suburb Jacksonville City

If you have a parent serving in the military, please complete the branch information

Branch of Service (circle one) Air Force Army Coast Guard Marines Navy

Branch Component (circle one) Active Duty National Guard Reserves

Project Name	Level of Project Book	Do you need Project Book?
_____	_____	Yes / No _____
_____	_____	Yes / No _____

Are you a Teen Leader in your club? _____ If so, list project area _____

I want the Extension Office to be aware of the following special need (disability) _____

_____ I do not want University Extension to reveal my name, address, or telephone number as part of a public record or list.

I understand that photos taken at 4-H functions may be used for public relations, news media, displays, promotional brochures, web site or newsletters.

SIGNATURES FOR YOUTH ENROLLMENT

Member Signature _____ Date _____

Parent/Guardian Signature _____ Were you in 4-H as a youth? Yes / No

SIGNATURES FOR ADULT VOLUNTEER ENROLLMENT

Adult Volunteer Signature _____ Were you in 4-H as a youth? Yes / No

CLUB LEADERS - PLEASE SIGN ALL ENROLLMENTS

Organizational Leader Signature _____ Date _____



DUVAL COUNTY 4-H MEMBER ENROLLMENT



4-H Member's Last Name _____ First Name _____

Parental/Guardian Contact Information for 4-H Member

Parent/Guardian #1

Parent Last Name _____ First Name _____ M.I. _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Fax (____) _____

Occupation (optional) _____ Work Phone (____) _____ Ext _____

Cellular Phone (____) _____ Pager # (____) _____

E-Mail Address _____ Were you in 4-H as a youth? YES / NO

Parent Type (Circle One) Primary Parent Additional Parent Other _____

Legal Guardian (Circle One) YES / NO

Parent/Guardian #2

Parent Last Name _____ First Name _____ M.I. _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Fax (____) _____

Occupation (optional) _____ Work Phone (____) _____ Ext _____

Cellular Phone (____) _____ Pager # (____) _____

E-Mail Address _____ Were you in 4-H as a youth? YES / NO

Parent Type (Circle One) Primary Parent Additional Parent Other _____

Legal Guardian (Circle One) YES / NO

Parent/Guardian #3

Parent Last Name _____ First Name _____ M.I. _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Fax (____) _____

Occupation (optional) _____ Work Phone (____) _____ Ext _____

Cellular Phone (____) _____ Pager # (____) _____

E-Mail Address _____ Were you in 4-H as a youth? YES / NO

Parent Type (Circle One) Primary Parent Additional Parent Other _____

Legal Guardian (Circle One) YES / NO



Florida 4-H Participation Form



Note: This form must be completed by the participant and/or parent/guardian in order to participate in the 4-H program. All items must be completed, if the response is not applicable, indicate by using N/A. This form must be present while traveling to, and during each event. Failure to complete this form in its entirety will result in the person being ineligible to participate in 4-H activities.

Name: _____ Birth Date: _____/_____/_____ 4-H Age: _____
Last First Month/ Day /Year

Home Address: _____ Youth Adult Female Male

City, State, Zip: _____ Home Phone: (_____)_____

Parent or Primary Emergency Contact: _____ Contact Phone: (_____)_____

Primary e-mail: _____ Cell Phone: (_____)_____

Alternate Emergency Contact: _____ Phone: (_____)_____

Name of Family Doctor: _____ Phone: (_____)_____

Health Insurance Company: _____ Policy # _____

Name of Insured: _____ Relationship to Participant: _____

HEALTH HISTORY

Does the participant, have, or at any time had, any of the following? Check "Yes" or "No" to each item. Please explain "Yes" answers (noting the # of the item) in the space below or on an additional sheet of paper if necessary. Reporting conditions will not prevent a person from attending and will be kept confidential.

Yes No

- 1) Asthma... 2) Bronchitis... 3) Convulsions... 4) Diabetes... 5) Ear Infection... 6) Fainting... 7) Heart Condition... 8) Headaches... 9) Hypoglycemia... 10) Serious Insect Stings... 11) Wear Glasses... 12) Wear Contact Lenses... 13) Penicillin Allergy... 14) Aspirin Allergy... 15) Tetanus Allergy... 16) Other Drug Allergies... 17) Food Allergies... 18) Poison Ivy, Oak or Sumac... 19) Other Allergies... 20) Other Health Conditions...

Please explain "Yes" answers and provide information on recent medical issues (including injuries and surgeries), allergic reactions, special dietary regulations, present medications, any specific activities to be restricted and other comments.

Date of Last Tetanus Shot _____

The following over-the-counter medications may be administered to my child, without contacting me:

- Antihistamine Antacid Ibuprofen (Advil) Acetaminophen (Tylenol)
Decongestant Dramamine Hydrocortisone Polysporin (topical antibiotics)
Other Please contact me for permission to administer ANY over-the-counter medications.

Parent/Guardian Signature: _____ Date: _____

You must complete both sides.

Last Name: _____ First Name: _____ 4-H County: _____

**Florida 4-H Participation Form: Youth and Adults
Official Authorizations**

Florida 4-H Events - Youth/Adult Code of Conduct: As a participant in Florida 4-H Events, I have the responsibility of representing Florida 4-H programs to the public. I am expected to conduct myself in a manner that will bring honor to me, my family and 4-H. To do that I must:

- 1) Obey local, state and federal laws. Follow policies set for county, district, state or national 4-H youth programs. I am responsible to know the rules for the event.
- 2) Speak and act in a responsible, courteous and respectful way.
- 3) Act responsibly to maintain a safe environment for all participants. Report threats to the well being of a participant.
- 4) Know that the use or possession of tobacco, alcohol and illegal drugs is prohibited at all 4-H events.
- 5) Know that the possession or use of firearms is prohibited, except when part of an approved shooting sports educational program.
- 6) Respect all persons, facilities and vehicles. I will be responsible for any damage caused resulting from my behavior. Know that harassment of any type is illegal.
- 7) Help others have a pleasant experience by making every attempt to include all participants in activities.
- 8) Be in the assigned program areas (example—dorms, cabins, programs etc.) at all times. If I am unable to attend, I will tell the adult in charge.
- 9) Dress appropriately for each event.
- 10) Not use a cell phone during any scheduled events.

Participant: Yes No I have read the Florida 4-H Code of Conduct above and agree to live up to the expectations. I realize my failure to do so could result in a loss of privileges during the event and in the future.

Verification by Parent/Guardian or Adult Participant—

Yes No I understand and agree to the Florida 4-H Events Youth/Adult Code of Conduct above—considered a Parent/ Guardian or Adult Participant Signature.

Medical Release: I understand participants will be supervised and that, if serious illness or injury develops, medical and/or hospital care will be given. I hereby give my permission to the attending physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child, or myself and affirm that the information set forth in the Health History is true and correct to the best of my knowledge and belief. I realize the event’s insurance will cover only a portion of the medical costs and I, or my personal insurance, may be responsible for the remaining expenses. You must complete the medical information on the back of this sheet.

Yes No I understand & Agree to the Medical Release, considered a Parent/Guardian or Adult Participant Signature.

General Release: I hereby release the Florida 4-H Foundation,. local extension boards, the University of Florida, the State of Florida, and their agents, trustees, officers and employees, from all claims, demands and causes of actions of any kind, including the claims of negligence, which may arise from participation of myself or my minor child in any Florida 4-H sponsored activity, and this release is specifically granted in consideration of the services, programs and activities being provided by Florida 4-H.

Yes No I understand and agree to the General Release—considered a Parent/Adult or Adult Participant Signature.

Publicity Release: I authorize UF IFAS Extension and the Florida 4-H Foundation or their assignees to record and photograph my image and/or voice (or that of my child if under 18) for use in research, educational and promotional programs. I also recognize that these audio, video and image recordings are the property of UF IFAS Extension and the Florida 4-H Foundation.

No, I do not authorize use of my—or my child’s individual image or voice.

Survey & Evaluation Release: This permission only needs to be checked if the participant refuses to be involved in any program evaluation.

No, I am not willing to participate—or give permission for my child to participate—in any program evaluation.

Member Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Directions for Florida 4-H Participation Form

This form is to be completed at least once per year for all 4-H members. Adults are required to use this form for state events and activities. All participants should review and update their forms before each major event or activity. Below are a few explanations for sections or spaces where questions are anticipated.

Date of Birth and Age: Optional for adults.

Primary Emergency Contact: Parent or Guardian of youth; Spouse, or other contact for adults.

County/District: Where participant is enrolled or registered for 4-H; not necessarily the county they live in.

Home Address: Participant's primary mailing address.

E-mail: for Individual youth is optional, but useful for activity coordinators.

A **Family E-mail** is required for access to online enrollment.

Alternate Emergency Contact: Someone other than the Primary Emergency Contact. Please include their phone number to the right of their name.

Family Doctor: Please include the doctor's phone number to the right of their name.

Name of Insured: List the individual who the insurance is provided through. Relationship could be: self, father, mother, spouse, etc. Please note the event's insurance will only cover a portion of the individual's medical costs and you, or your personal insurance, may be responsible for additional expenses.

Health History: This section is important to help the activity coordinators and health care providers be aware of serious or special medical issues and diagnose problems. It is the parents' or participants' responsibility to keep this and other sections current. Please use the blank/lined section to provide details on any serious conditions that need explanation. Be sure to include any medications the participant is currently using. **Be sure to include any medications the participant is currently using.**

Publicity Release: Only needs to be checked if the participant refuses to allow their voice or image to be recorded.

Survey and Evaluation Release: This preliminary permission only needs to be checked if the participant refuses to be involved in any program evaluation.

Youth/Adult Code of Conduct: All participants (regardless of age) must read and sign this section. Adults are included in this section for the purpose of maintaining effective role models and chaperones.

Verification: Must be signed by adult participants, parents, or guardians. Youth participants 18 years and older may sign, but a parent or guardian signature is preferred.

Check with your County Extension Office for county specific information.