

Wisconsin 4-H Youth Enrollment Form

Name of Club/Camp/Experience: _____

Last Name(s): _____ First Name(s): _____

Date of Birth (MM/DD/YYYY): ____/____/____ Grade in School: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian Names (First and Last): _____

Parent/Guardian Names (First and Last): _____

Preferred Phone (Adult): (____)____-____ Preferred E-mail (Adult): _____

Emergency Contact Name: _____

Relationship: _____ Phone Number: (____)____-____

You are not required to provide the following information to participate. This information is used for statistical purposes.

Gender: ☐ Female
☐ Male

Residence: ☐ Farm
☐ Rural Non-Farm or Town Less than 10,000
☐ Town/City 10,000 – 50,000
☐ Suburb of City Over 50,000
☐ City Over 50,000
☐ I prefer not to respond

Ethnicity: ☐ I identify as Chicano/Chicana/Chicanx, Hispanic, or Latino/Latina/Latinx
☐ I do not identify as Chicano/Chicana/Chicanx, Hispanic, or Latino/Latina/Latinx
☐ I prefer not to respond

Race (Check all that apply): ☐ Alaskan Native, American Indian, Indigenous, or Native American
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ One or more races that are not listed above
☐ I prefer not to respond

School Name: _____

Is Parent/Guardian/Sibling/Spouse a Member of the Military? ☐ Yes ☐ No

If Yes, What Branch? _____

Was Parent/Guardian enrolled in 4-H as a youth? ☐ Yes ☐ No

I would like to request an interpreter or translated materials for participation in this program for:
 (mom ☐; dad ☐; guardian ☐; youth ☐) (N/A, no one ☐) (Check all that apply).
 If yes, please provide additional information:

I would like to request accommodations or alternative means for communication (braille, large print, audiotape, etc.) to fully participate in this program for:
 (mom ☐; dad ☐; guardian ☐; youth ☐) (N/A, no one ☐) (Check all that apply)
 If yes, please provide additional information:

I recognize and acknowledge that the University may record my child's participation and appearance on any recorded medium including, but not limited to video, audio, photos (collectively, "recordings") for use in any form (including, but not limited to print, websites, blogs, internet, and social media). I authorize such recording and release the University to use my child's name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or in part without restrictions or limitations for any educational or promotional purpose. I further authorize the University to distribute such recording to third parties (e.g., newspapers) and release such third parties to use my child's name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or in part without restrictions or limitations for any educational, promotional, editorial, or news reporting purpose.

☐ Yes ☐ No

Parent/Guardian Signature: _____ Date: _____

Project Selections (Attach additional paper if needed)

The University of Wisconsin–Madison Division of Extension provides equal opportunities in employment and programming in compliance with state and federal law.



UW-MADISON EXTENSION

Wisconsin 4-H Code of Conduct for Members and Participants

The opportunity to participate in 4-H programs is a privilege. Everyone who participates in any 4-H programs are expected to follow these standards. This Code of Conduct applies to all 4-H activities (i.e. in-person, social media, virtual meetings, etc.).

Participate - I will do my best to participate in 4-H programs as my abilities allow. I will do my best to meet new friends, try new things, and explore new opportunities and have fun!

Create a Welcoming Environment for All - I will help create a safe, inclusive space for learning, sharing and cooperating. I will welcome people from diverse backgrounds, cultures, and perspectives.

Bring Your Best Self - I will conduct myself in a manner that reflects honesty, integrity, awareness and self-control. I will accept responsibility for my decisions and actions. I will be open to new ideas, suggestions, and opinions. I will use appropriate language, exhibit good sportsmanship and have empathy for others.

Follow the Rules - I will obey federal, state and local laws. I will follow the policies, guidelines and procedures of the University of Wisconsin Division of Extension. I will not possess, offer to others, or use alcohol, illicit drugs, nicotine or any vaping products during any 4-H program. I will not attend 4-H activities under the influence of alcohol or illegal substances. Possession or use of a weapon or look-alike or other item that might cause bodily harm is not allowed unless it is authorized as part of the educational program.

Honor Diversity – Mine and Others'. I respect and uphold the rights and dignity of all persons who participate in 4-H programs. I recognize that all people have skills and talents to contribute.

Create a Safe Environment - I will keep myself and others safe from harm (verbal, mental, physical, or emotional). I will be kind, considerate and courteous of all persons and their property. I will not insult, harass, or bully others or engage in other hostile behaviors. I will not engage in romantic displays or sexual activities during 4-H activities.

Be a Team Player - I will work cooperatively with all individuals involved in 4-H activities. I will accept appropriate guidance from staff and volunteers. I will respect the integrity of the group and the group's decisions. I will be aware that my words and actions have an impact on others. Though I may not always agree with others, I will disagree respectfully and seek mutual understanding.

Treat Animals Humanely - Treat animals humanely and provide appropriate animal care.

Follow the Dress Code - I will wear clothing that promotes safety and inclusion for all. I will wear clothing that is practical for the activity occurring. I will wear clothing that is free of promoting violence, obscenity, illegal activities, discrimination, or intimidation. When participating in 4-H, I recognize I am representing myself and the organization. Individual programs may have more specific requirements.

Be a Positive Role Model - I will act in a mature, responsible manner, recognizing I am a role model for others and am representing both myself and the Wisconsin 4-H Program. I will be responsible for my behavior, use positive and supportive language, and work to Make the Best, Better!

Violations of the code of conduct may lead to a restorative process focused on repairing the harm done and rebuilding relationships in the community. This process may also include temporary or permanent limits to participation in 4-H.

We have read, understand, and agree to the above.

Member Name (printed) _____

Member Signature _____ Date _____

Parent (Guardian) Name (printed) _____

Parent (Guardian) Signature _____ Date _____

Agreement for Assumption of Risk and Consent for Emergency Treatment - Minors

I, _____ (print name of Parent/Guardian), desire to allow _____ (print name of minor child) my minor child/ward to participate voluntarily in the programs conducted by the University of Wisconsin-Madison Division of Extension.

Parent Guardian Signature: _____ Date: _____

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT THE WISCONSIN 4-H PROGRAM LEADER AT TELEPHONE NUMBER 608-262-2391.

ASSUMPTION OF RISKS:

I understand that not all risks can be foreseen and there are some risks which are unpredictable. I understand that certain inherent risks cannot be eliminated regardless of the care taken to avoid injuries. Some of these involve food-borne illness or allergens, strenuous exertions of strength using various muscle groups, and exposure to infectious disease. The specific risks vary from one activity to another, but in each activity the risks range from: 1) minor injuries such as scratches, bruises, and cuts, to 2) major injuries and illness such as severe cuts, injuries, allergic reactions, or severe illness, to 3) catastrophic injuries including anaphylaxis, paralysis, and death. I understand that the University of Wisconsin – Madison Division of Extension has advised me to seek the advice of my child/ward's physician before participating in the program. I understand that I have been advised to have health and accident insurance in effect for my child/ward and that no such coverage is provided for me by the University or the State of Wisconsin. **I KNOW, UNDERSTAND, AND APPRECIATE THE RISKS THAT ARE INHERENT IN THE ABOVE-LISTED PROGRAMS AND ACTIVITIES, I HEREBY ASSERT THAT MY CHILD/WARD'S PARTICIPATION IS VOLUNTARY AND THAT I KNOWINGLY ASSUME ALL SUCH RISKS. I FURTHER AGREE TO ASSUME RESPONSIBILITY FOR EXPENSE OF REPAIR OR REPLACEMENT OF UNIVERSITY OF WISCONSIN PROPERTY THAT IS ATTRIBUTABLE TO MY CHILD'S OR WARD'S NEGLIGENT ACTS OR WILLFUL MISCONDUCT.**

Parent Guardian Signature: _____ Date: _____

HOLD HARMLESS, INDEMNITY AND RELEASE:

In consideration of permission for my child/ward to voluntarily participate in these activities, I, and on behalf of my spouse, heirs, personal representatives, estate or assigns, agree to hold harmless and release the Board of Regents of the University of Wisconsin System and its officers, employees, agents and volunteers, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my child/ward's participation in the above-listed program, except where such loss arises from the Board's or its officers', employees', agents', or volunteers' gross negligence or willful misconduct. I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue. Furthermore, I, and on behalf of my spouse, heirs, personal representatives, estate or assigns, agree to defend and indemnify the Board of Regents of the University of Wisconsin System and its officers, employees, agents and volunteers from and against any and all claims, demands, actions, or causes of action of any sort arising from damage to personal property, or personal injury, or death where such loss arises from my or my child's/ward's negligent acts or willful misconduct while participating in the above-listed program.

Parent Guardian Signature: _____ Date: _____

CONSENT FOR EMERGENCY TREATMENT:

I authorize the University of Wisconsin – Madison Division of Extension and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician to my child/ward. **I AGREE TO BE RESPONSIBLE FOR ALL NECESSARY CHARGES INCURRED BY ANY HOSPITALIZATION OR TREATMENT REQUIRED PURSUANT TO THIS AUTHORIZATION.**

Parent Guardian Signature: _____ Date: _____

Final April 24, 2023 (reviewed by UW Madison Risk Management, Office of Legal Affairs, Extension Policy Advisor)