Bay County Florida 4-H Participation Form

Note: This form must be completed by the participant and/or parent or guardian in order to participate in the 4-H program. All items must be completed, even if the response is not applicable – indicate by using N/A (for example: no health insurance).

Failure to complete this form in its entirety will result in the person being ineligible to participate in 4-H activities.

Last Name: ___________ First Name: ___________ County: ___________  

Name

<table>
<thead>
<tr>
<th>Birth Date</th>
<th>Age</th>
<th>Youth</th>
<th>Adult</th>
<th>Last</th>
<th>First</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month / Day / Year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Club

<table>
<thead>
<tr>
<th>Project</th>
<th>School</th>
<th>Grade</th>
<th>Year in 4-H</th>
</tr>
</thead>
</table>

Category (Circle one): Member  Cloverbud (Age 5-7)  Volunteer  Special  Enrollment type: New  Reenroll  Club change  Drop

Ethnic (Circle one): Hispanic  Non-Hispanic  Race: (Circle all that apply) White  Black  Alaskan/Am Indian  Asian  Hawaiian/Pac Island

Home Address

| City | FL | Zip Code | Home Phone ( ) | Primary Emergency Contact | Work Phone ( ) | Email | Cell Phone ( ) | Alternate Emergency Contact | Phone ( ) |

Military

| Family | A member of my family is in the military, guard or reserves. Relationship to Participant: ___________________ |

| Family | If yes, please indicate the branch of service. Check all boxes that apply. |

| Category | Air Force | Army | Coast Guard | Navy | Marine Corps | National Guard | Reserves | Retired |

Name of Family Doctor ___________________ Phone ( )

Health Insurance Company ___________________ Policy number ___________________

Date of Last Tetanus Shot __/__/_____

HEALTH HISTORY

Does the participant have, or at any time had, any of the following? Check “Yes” or “No” to each item. Please explain any “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. 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.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

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) Other Conditions

14) Penicillin Allergy

15) Aspirin Allergy

16) Tetanus Allergy

17) Other Drug Allergies

18) Food Allergies

19) Serious Ivy, Oak, or Sumac

20) Other Allergies

Date of Last Tetanus Shot __/__/_____

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

<table>
<thead>
<tr>
<th>Antihistamine</th>
<th>Antacid</th>
<th>Ibuprofen (Advil)</th>
<th>Acetaminophen (Tylenol)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decongestant</td>
<td>Dramamine</td>
<td>Hydrocortisone</td>
<td>Polysporin (topical antibiotics)</td>
</tr>
</tbody>
</table>

Please contact me for permission to administer ANY over-the-counter medications.
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 this 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.

If you, or your child, may not participate in any of the below items you must ☐ “No”.

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: I hereby establish my willingness to participate as an adult (i.e. 4-H leader, other volunteer, parent/guardian, site manager, etc.) and give permission for my child (under 18 years of age) to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program. I understand that participation in surveys and evaluations is voluntary and that my child and I may choose not to participate and may withdraw from surveys and evaluations without impact on my or my child’s eligibility to participate in the 4-H program. I understand that my child or I may be asked for consent before competing a survey or an 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: ___________________________

You must complete both sides.
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 where they live.

**Home Address:** Participant’s primary mailing address.

**E-mail:** Optional, but useful for activity coordinators

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

**Military Family:** Please indicate if you are a military family and the branch of service.

**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.

**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.

**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.