

4-H Member Enrollment Form

County _____
4-H Club (s) _____

New Enrollment.....
Re-enrollment.....
Youth Leader

Legal Name (please print) _____
Last First Middle

Address _____
Street/Mailing Address City Zip

School _____ Year in 4-H _____ Birth Date _____

Gender: Male Female Grade _____ Residence (check one) Farm Rural/10,000
 Town/10 - 50,000 Suburb/50,000 City/50,000

E-mail _____ Receive Newsletter's via E-mail?

Cell Phone _____ Is it okay to text this number? List Cell Phone Carrier _____

List any special accommodation for a disability to participate in this program. _____

Ethnicity (check one) Hispanic Not Hispanic
Race (check one) White Black Alaskan/Am Indian Asian Hawaiian/Pac. Island
 White/Black White/Am. Black/Alaskan/ White/Asian Other
Indian/Alaskan Am. Indian

Parent 1 _____ Parent 2 _____
Last, First Last, First

Address (if different) _____ Address (if different) _____

City _____ Zip _____ City _____ Zip _____

Home _____ Work _____ Home _____ Work _____

Cell Phone _____ Cell Phone _____

E-mail _____ E-mail _____

Occupation _____ Occupation _____

Legal Guardian Send Mailing Legal Guardian Send Mailing
Member of Military? Y N What Branch? _____ Reserve or Guard? _____

| Project Name | Year in Project | Is project manual needed? | For Office Use Only |
|--------------|-----------------|------------------------------|--------------------------|
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> |

We have read and understand the 4-H enrollment rules, deadlines and requirements. We have read and agreed to abide by the 4-H Code of Conduct on the back of this form.

Member's Signature _____ Date _____ Parent or guardian signature (required) _____ Date _____

Organizational Leader _____ Date _____

Permission for Youth to Participate
For the 4-H Enrollment Year

I hereby give permission for _____ to participate in organized events and activities offered by the Colorado 4-H Youth Development Program. It is my understanding that my child will learn, understand and follow established guidelines for safety in the activities in which he/she participates. We also agree to follow the County/State 4-H Code of Conduct.

ACKNOWLEDGEMENT OF RESPONSIBILITY AND RELEASE

Participants Full Name: _____ for the current 4-H enrollment year beginning October 1 and ending September 30.

I understand and acknowledge that there are certain hazards and risks associated with my child's participation in 4-H educational activities. These risks may result in injury, death or damage to property. I understand and accept such risks, and thus waive all claims, demands and causes of action against the State of Colorado, The Board of Governors of the Colorado State University System, Colorado State University, _____ County and their members, officers, employees, agents and volunteers acting on their behalf. I understand that I am solely responsible for any costs arising out of any injury or property damage sustained through my child's participation in 4-H educational programs.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent to my child's participation and agree to the terms contained in this Acknowledgement of Responsibility and Release.

READ, UNDERSTOOD AND AGREED TO THIS _____ DAY OF _____, 20____.

I, (printed name) _____, am the parent or legal guardian of the 4-H participant. I have read and I understand the provisions of this document, I consent to the participant taking part in the activities described above, and I fully enter into and agree to the above Acknowledgement of Responsibility and Release.

Signature of Parent or Legal Guardian

Date

Witness of Signature over 18 years of age

Date

DENIAL OF PERMISSION TO USE CHILD'S PHOTOGRAPHIC FORM FOR PROMOTION

Colorado State University Extension would like to share the positive results of youth participation in Extension and 4-H Youth Development events. However, in some cases, parents or guardians may want to deny this publicity. If you DO NOT want your child's picture used for certain promotional efforts, please fill out and sign the form below. If this form is not filled out, publicity about this child's participation will be used.

I, (name of parent/guardian) _____, the legal parent/guardian of (name of child) _____ do hereby DENY permission for Colorado State University Extension and/or 4-H to use publicity information and/or photographs for (check one or both) _____ print and/or _____ internet use of my child's participation in the following officially recognized activity or event – including its contest results and/or awards: (name of activity) _____ on (date) _____

(Signature of Parent or Legal Guardian) _____ (Date) _____

COLORADO 4-H CODE OF CONDUCT

4-H members, leaders, parents and other adults participating in 4-H activities will:

1. Adhere to program rules, curfews, dress codes, policies, and rules of the facility being used.
2. Conduct themselves in a courteous, respectful manner, use appropriate language, exhibit good sportsmanship, and provide positive role models.
3. Abstain from illegal behaviors, use of alcohol, illegal or illicit drugs, and tobacco during 4-H events and activities.
4. Fully participate in scheduled activities.
5. Respect other's property and privacy rights.
6. Abstain from child abuse (physical and/or verbal) and harassment.
7. Accept personal and group responsibility for behavior including any financial damage.
8. Adhere to rules of safety.

Consequences for violating any of these codes may include removal, at the individual's expense and without refund, from participation in the event in which the code of conduct has been violated, resolution or repayment of damages, sanctions on participating in future 4-H events, forfeiture of financial support for the event, removal from offices held, etc.

Age, offices held in the 4-H organization, and presence of an adult or other perceived status are not grounds for behavior outside of established guidelines.

It is the responsibility of all program participants to reinforce the code of conduct and intervene when necessary to enforce the rules.

Animal Care and Housing Form for Colorado 4-H Livestock Projects

It is the responsibility of every 4-H member to ensure that proper care is taken of their animal(s) according to acceptable methods of good animal husbandry, as set forth by Colorado State University Extension and the Colorado Department of Agriculture. A healthy animal requires sufficient food, water, shelter, and appropriate health care. Cruel and inhumane training methods are prohibited in the Colorado State University Extension 4-H Program and will not be tolerated. Specific animal husbandry guidelines and humane training methods are provided in the appropriate 4-H manual. It is necessary for the local county Extension office to know the location of all 4-H livestock/horse projects.

The Colorado 4-H current project recommendation for primary care states that “4-H members will provide primary and continuous care of their project animals.” **Primary care is defined as the 4-H member making the decisions for and/or providing the care, handling, and training of their animal project a majority of the time.** Primary care exemption must be approved by the designated local representative body comprised of at least one Extension agent and other committee representatives as appointed by the Extension office. The county will determine a one-step appeal process if request is denied.

Each situation for exemption of primary care will be evaluated within the exhibitor’s county by an appropriate review body. An approval or disapproval of the situation will be communicated to the participant(s) in writing. An appeal may be submitted through established grievance channels established in each county. 4-H members and guardians acknowledge that approval of facilities and animal welfare checks may be conducted at anytime by the local county Extension agent.

Submission of this animal care document is required by all 4-H animal project participants each 4-H year. Please check the box for each species you will be enrolled in this year. Sign and return this form to your county Extension office as a commitment to the above guidelines.

Beef Cattle Dairy Cattle Goat Horse Llama Poultry Sheep Swine
 Dog Rabbit Other _____ *Please check all that apply*

Date: _____ 4-H Club: _____

Exhibitor Name: _____

Physical Address: _____

City, State, and Zip Code: _____

Telephone/cell phone number: _____

Optional Information: Premises Registration Number with NAIS: _____

This section is for animals housed at your home

1. Will **all** of your animals be housed at your **home location**?
 Yes No

If your answer is No, please answer the following questions on page 2 and list the animal(s) not housed at your home location and submit to your Extension agent for approval. I grant the Extension agent permission to check on the 4-H member’s animals while they are housed on my property provided advance notice of such visits are given.

If your answer is Yes, please sign below.

I hereby certify that I have read the above information and will comply with the rules set forth above.

4-H Member’s Signature

Parents/Guardian’s Signature

This section for animals NOT housed at your home

2. List the particular circumstances that prevent you from having your project animal(s) housed at your primary residence.

3. Please indicate where (including address) each animal will be housed and the landlord/caretaker of the residence.

(Horse projects only: Check this box if your horse(s) is being boarded and supply the following information.)

Landlord/Caretaker Name: _____

Physical Address: _____

City, State, and Zip Code: _____

Telephone/cell phone number: _____

Optional Information: Premises Registration Number with NAIS: _____

4. How do you plan to care for the project animal(s) not located at your primary residence? What arrangements have you made for traveling to and from the non-primary residence to care for your animal(s)?

5. If you will not be providing primary care for your project animal(s) during the entire ownership period, please explain who will be providing primary care, when they will be caring for the project animal, and why you are unable to provide primary care for the project animal through the ownership period.

6. What 4-H shows do you plan to participate in? You will be under the same primary care requirements at all times. Please list the shows below:

As the landlord/caretaker of the property listed above, I acknowledge the 4-H program's intent is educational; as such I will encourage and require the 4-H member to be extensively and continuously involved in the care of their animals housed at my property. If deemed necessary by the Extension agent, I grant the Extension agent permission to check on the 4-H member's animals while they are housed on my property provided advance notice of such visits are given.

Landlord/Caretaker's Signature _____
Date

I hereby certify that the above information is truthful and accurate.

4-H Member's Signature

Parents/Guardian's Signature

4-H Leader's Signature

*Your request for Animal Care Exemption has been:

Approved

Denied

4-H Extension Agent's Signature

Date