

Summit County Jr. Livestock 4-H/FFA Exhibitor Enrollment/Contract Sheet

Date Due: **March 30, 2012**

Date Received in 4-H Office: _____

Member's Information: (Please Print Clearly and enter ALL information as indicated)

Member's Name _____ Home Phone _____

Mailing Address _____ City, State, Zip _____

Member's Email Address _____ Family Email Address _____

Name of School _____ Grade/age (as of Oct 1) _____ Birth Date (mm/dd/yy) _____ Year in 4-H/FFA _____

Father/Guardian Name _____ Mother Guardian Name _____

Alternate Phone - Work or Cell _____ Alternate Phone - Work or Cell _____

Youth Leader -Assists Club leaders in leading club or meeting
(Must be in grade 7-8 for Junior Leader, 9-12 for Teen Leader)

Circle Project (s) Carried: Steer Lamb Hog

Type of Registration:

- 4-H Club*
- Family 4-H Club**
- FFA Chapter
- New Enrollment
- Re-enrollment

Gender: Male

 Female

Ethnicity mark all the apply.

- White
- Hispanic
- Black
- Native American
- Asian
- Pacific Islander
- Other
- Have parent/guard. in military at present time

*4-H club - Club with 5 or more members from 3 or more families, youth in leadership roles, and meets at least six times /yr.

**Family F-H Club - A club with less than 5 members or less than 3 families, youth in leadership roles, meets at least six times/yr.

Emergency and Medical Information

Relatives or friends to act in my behalf in case of emergency, if parent/guardian cannot be reached

Emergency Contact Name _____ // _____
Emergency Contact Name

Home Phone _____ Alternate Phone _____ // _____
Home Phone Alternate Phone

Address _____ // _____
Address

Family Physician _____ Physician's Phone Number _____ Date of last tetanus _____

My Child has the following allergies, medical concerns or special needs (please be specific): _____

_____ Note if child has medications with them at event, please make sure that their name is on them and that adult in charge is advised of the directions and conditions of use.

In the event of an emergency, I hereby give my permission to the 4-H/FFA staff to request emergency services for my child, which may include transportation to a medical facility and in the event that none of the contacts listed above can be reached, I also give my permission to the physician to hospitalize and provide proper necessary treatment to my child.

x Parent / Guardian Signature _____ Date _____

Project Leader Information:

Name _____ Address _____ (If different from member)

Phone _____ Gender: Male Female

Ethnicity: White Hispanic Black Native American Asian Other



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 X All Signatures must be included to validate this enrollment and contract.



Member's Name _____

Code of Conduct: Our primary goal of the 4-H/FFA program is to build character while participating in 4-H/FFA. We expect all youth and adults to abide by the following behavior while participating in 4-H/FFA program and events:

- I will exhibit positive character and behavior including (but not limited to) trustworthiness, responsibility, respectfulness, caring, citizenship and fairness.
- I will attend all sessions as part of a planned program and be in the assigned area at all times.
- I will follow guidelines and rules established for the planned programs.
- I will be responsive to the reasonable requests of the staff leaders and respectful of the needs for their personal safety and the safety of others.
- I will dress appropriately, use appropriate language and rights of others.
- I will be respectful of public or private property and will be responsible for any damage, theft or misconduct.
- I will not possess or use alcohol, illegal drugs or tobacco products.
- I will not behave recklessly, engage in sexual misconduct, assault, threaten or harm another person.
- I will promote the spirit of inclusion and comply with equal opportunity and anti-discrimination laws.

Member Agreement

Photo Release: Participants in USU events are sometimes photographed and videotaped for use in promotion and educational materials.

I authorize Utah State University to record and photograph my image and/or voice for use by Utah State University or its assignees in research, education and promotional program; I understand and agree that these audio, video, film and/or print images may be edited, duplicates, distributed, reproduced, broadcast and/or reformatted in any form and manner without payment of fees, in perpetuity.

Code of Conduct/Waiver of Liability: I have read the 4-H/FFA Code of Conduct and agree to live up to these expectations while participating in 4-H/FFA programs and events. I am aware that all my actions and decisions affect others. I realize that my failure to act with good character could result in the loss of privileges, consequences and suspension from the event or program, or for future programs or events. I am willing to accept the appropriate and logical consequences of my actions. As a participant in a 4-H/FFA sponsored program, I release the County, School, State Extension programs and personnel, Utah State University and those affiliated from liability should I accidentally be injured in part to my own negligence.

X Member Signature: _____ Date: _____

Parent/Guardian Agreement

Photo Release: Participants in USU events are sometimes photographed and videotaped for use in USU promotional and educational materials. I authorize Utah State University to record and photograph the image and/or voice of my child for use by Utah State University or its assignees in research, educational and promotional programs; I understand and agree that these audio, video, film and/or print images may be edited, duplicates, distributed, reproduced, broadcast and/or reformatted in any form and manner without payment of fees, in perpetuity.

Code of Conduct/Waiver of Liability: I have read the 4-H/FFA Code of Conduct, and, like my child, agree to live up to the expectations while participating in 4-H/FFA programs and events. I will support the individual in charge in maintaining appropriate behavior and in the development of good character. I agree to reimburse the 4-H/FFA program for additional transportation cost if it is necessary to send our child home because of discipline problems, illness or injury that might occur. I release the County, School, State Extension programs and personnel, Utah State University and those affiliated from liability should my child accidentally be injured due in part to their own negligence.

I also agree to abide by this same code of conduct and to conduct myself in an appropriate manner at all 4-H events. I am willing to accept the appropriate and logical consequences of my actions, which may include being asked to leave the event or my child being disqualified from the event and/or the 4-H/FFA Program

X Parent/Guardian Signature _____ Date _____

4-H/FFA Member and Parent Contract Agreement

We agree to abide by all of the Summit County Jr. Livestock Program Rules as contained in the 4-H/FFA Jr. Livestock Newsletters and Summit County Fair Book. If it is found that we have broken any of the rules pertaining to this program, we understand the Summit County Jr. Livestock Committee can prohibit the under signed exhibitor from entering the Summit County Fair Jr. Market Livestock Show.

X Signature of 4-H/FFA Exhibitor _____

X Signature of Parent/Guardian/Leader _____

Utah State is an affirmative action/equal opportunity institution.



(Over)