

Utah 4-H Afterschool Member Registration Form



Year _____

Office Use Only	
Club Code	_____
Entered	____ / ____ / ____
Paid (if app)	_____

Member's Information (Please Print Clearly)

Member's Name _____		Home/Cell Phone _____	County _____	<input type="checkbox"/> New Enrollment
Mailing Address _____		City, St, Zip _____		<input type="checkbox"/> Re-enrollment
Name of School _____	Yr in 4-H _____	Birth Date (mm/dd/yy) _____	Grade (on 10/1/12) _____	Gender:
Member's Email Address _____		Family Email Address _____		<input type="checkbox"/> Male
Mother/Guardian Name _____		Father/ Guardian Name _____		<input type="checkbox"/> Female
Alternate Phone – Work or Cell _____		Alternate Phone – Work or Cell _____		Ethnicity: (Mark all that apply)
Club Name _____		Leader Name _____		<input type="checkbox"/> White
Name of additional club _____		Leader Name of second club (all need copies of form) _____		<input type="checkbox"/> Hispanic
				<input type="checkbox"/> Black
				<input type="checkbox"/> Native American
				<input type="checkbox"/> Asian
				<input type="checkbox"/> Pacific Islander
				<input type="checkbox"/> Other _____

Youth Leader – Assists club leaders in leading club or meetings (must be in grade 7-8 for Junior Leader, grade 9-12 for Teen Leader)

Project Code	Name of Project	Project Year (1,2)

Project Code	Name of Project	Project Year (1,2)

Type of Registration:

4-H Club *

Family 4-H Club **

Individual Study

Afterschool

Military

Other _____

Have parent in military

***4-H Club** – Club with 5 or more members from 3 or more families, youth in leadership roles, and meets at least six times a year

****Family 4-H Club** – Club with less than 5 members or from less than 3 families, youth in leadership roles, and meets at least six times a year

Emergency and Medical Information

Relatives or friends to act in my behalf in case of emergency if I cannot be reached:

Emergency Contact Name _____	Emergency Contact Name _____
Home Phone () _____	Home Phone () _____
Alternate 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 include any food or drug allergies): _____

Note: If bringing medications to the event, please make sure your name is on them and that the adult in charge is advised of the directions.

In the event of an emergency, I hereby give permission to the 4-H 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 permission to the physician to hospitalize and provide proper necessary treatment to my child.

Parent / Guardian Signature _____ Date _____

Leaders should keep a copy of these forms to have available when you are with club members.

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Member's Name _____

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Code of Conduct

Our primary goal of the 4-H program is to build character while participating in 4-H. We expect all youth and adults to abide by the following behavior while participating in 4-H programs 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 4-H staff/club leaders and respectful of the needs for their personal safety and the safety of others.
- I will dress appropriately, use appropriate language and respect the 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 USU promotional 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, educational and promotional programs; I understand and agree that these audio, video, film and/or print images may be edited, duplicated, 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 Code of Conduct and agree to live up to these expectations while participating in 4-H 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 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 sponsored program, I release the County, State Extension programs and personnel, Utah State University and those affiliated from liability should I accidentally be injured due in part to my own negligence.

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, duplicated, 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 Code of Conduct, and, like my child, agree to live up to the expectations while participating in 4-H 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 program for additional transportation costs if it is necessary to send our child home because of discipline problems, illness or injury that might occur. I release the County, 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 Program.

Parent / Guardian Signature

Date

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Survey Research Consent

Intro/Purpose: Utah 4-H is conducting a research study, under the direction of Dr. Stacey MacArthur, to find out more about the positive effects that 4-H has on youth participating in the 4-H Program. (See Research Proposal) You have been asked to give consent for your child to take part in this study because your child is enrolled in 4-H. There will be approximately 3,000 participants in this study.

Procedures: If you and your child agree to be in this study, your child will be asked to complete an online survey. An email will be sent to you and your child with a link to complete the survey. The child will be asked for their assent before answering any questions. The survey will ask questions about 4-H experiences which may include: club meetings, camps, events, and other 4-H sponsored activities. Each survey will take approximately 15 minutes to complete and may include a pre and/or post survey.

Risks: There is minimal risk in participating in this study. There is a small risk of loss of confidentiality but we will take steps to minimize this risk.

Benefits: There is no direct benefit to you or your child. Your participation in this study will allow Utah 4-H to "Make the Best Better". Participation will allow you to express to us what you have learned, experienced, and hope to see from the 4-H program in years to come.

Explanation & offer to answer questions: We hope that the above information has explained this research study to you and answered your questions. If you have other questions or research-related problems, you may reach Dr. Stacey MacArthur at (435)797-2202 or Stacey.MacArthur@usu.edu.

Voluntary nature of participation and right to withdraw without consequence: Participation in research is entirely voluntary. You may refuse to participate or withdraw at any time without consequence or loss of benefits. In the case of misconduct, you may be withdrawn from this study without your consent by the investigators.

Confidentiality: Research records will be kept confidential, consistent with federal and state regulations. Only Utah 4-H State Research Officials will have access to the data which will be kept in a locked file cabinet or will be accessed via password protection. To protect your privacy, no personal, identifiable information will be collected. Non-identifiable data will be archived and potentially used for longitudinal studies.

IRB: The Institutional Review Board for the protections of human participants at Utah State University has approved this research study. If you have any questions or concerns about your rights or a research-related injury and would like to contact someone other than the research team, you may contact IRB Administrator at (435)797-0567 or email irb@usu.edu to obtain information or to offer input.

Parent/Guardian Consent: By signing below, I agree to participate in the program and evaluation.

Parent/Guardian Signature Date

Youth Assent: I understand that my parent/guardian is aware of this research study and that permission has been given for me to participate. I understand that it is up to me to participate even if my parent says "yes". If I do not want to be in this study, I do not have to and no one will be upset if I don't participate or if I change my mind later and want to stop. I can ask any questions that I have about this study now or later.

By signing below, I agree to participate in the program and evaluation.

Youth Signature Date

Leaders should keep a copy of these forms to have available when you are with club members.