

Year: \_\_\_\_\_

Program Area: \_\_\_\_\_

**Fayette County 4-H  
4-H Enrollment Form**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Years in 4-H: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Racial Classification:  
White African-American American Indian Asian Multi-Racial Other

Are you Hispanic or Latino? \_\_\_\_\_ Military Family? \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

4-H'ers Email: \_\_\_\_\_ Family Email: \_\_\_\_\_

Parent or Guardian Information: Work Phone: Mobile Phone:

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Health Concerns: \_\_\_\_\_



**GENERAL RELEASE**

This General Release made this \_\_\_\_\_ day of \_\_\_\_\_ by and among Fayette

County, Georgia, and \_\_\_\_\_ as parent or natural

(Print parent/guardian name here)

guardian of \_\_\_\_\_ as follows:

(Print 4-H'ers name here)

**TO PARTICIPATE IN ALL FAYETTE COUNTY 4-H YOUTH DEVELOPMENT  
ACTIVITIES AND EVENTS FOR THE PERIOD OF:**

**AUGUST 1<sup>st</sup> – July 31<sup>st</sup> of the program year listed above.**

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
4-H'ers Name (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



4-H'ers Name: \_\_\_\_\_ County: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**BEHAVIOR STANDARDS**

All rules and regulations governing 4-H program activities and events will be discussed with agents, leaders, and 4-H'ers. The Georgia 4-H Code of Conduct is valid for one year and applies to all activities coordinated through 4-H including local, county, district, state and national activities.

- 4-H'ers are expected to attend all sessions as part of a planned program exhibiting positive character and behavior including (but not limited to) trustworthiness, responsibility, respectfulness, caring, citizenship and fairness.
- 4-H'ers are expected to be responsive to the reasonable requests of the leaders and respectful of the needs for their personal safety and the safety of others.
- 4-H'ers should dress appropriately, use appropriate language and respect the rights of others.
- 4-H'ers may not use alcohol, drugs, or tobacco, nor be associated with or remain in the presences of others using the substances.
- 4-H'ers may not behave recklessly, engage in sexual misconduct, assault, threaten or harm another person nor may they misuse or abuse public or private property.
- 4-H'ers may have access to computers at UGA/CES offices and facilities. Computer use is for educational purposes. 4-H'ers may not access in appropriate websites.
- Realizing these guidelines are not "all inclusive" the University of Georgia Extension Staff reserves the right to make adjustments to these policies

**CONSEQUENCES OF MISBEHAVIOR**

4-H'ers and adults who observe a breach in the Code of Conduct should report the misbehavior to the appropriate leader. 4-H'ers misbehaving will have the opportunity to explain their actions to leaders in charge of the activity and may request a review board. The person coordinating the event may also convene a review board for the purposes of determining what has occurred and what disciplinary action should be taken. A review board will consist of one Extension faculty or staff member, two volunteers and three 4-H members. The Extension faculty member coordinating the event will serve as chairperson. Disciplinary action should only be discussed with those involved, their parents/guardians and their Extension leaders.

If the 4-H'er is found in violation of the actions listed below and receives disciplinary action issued through the review process, his/her parents/guardians will be notified, the 4-H'er may be sent home at the parents' expense and may be suspended from participation of 4-H events for a period of no more than 6 months

- Breaking curfew or disturbing the peace
- Unexcused absences from the activities of an event
- Unauthorized use of vehicles during the event
- Reckless behavior
- Use of foul or offensive language
- Possession or use of tobacco
- Breach of the 4-H Code of Ethics
- Remaining in the presence of those using alcohol, illegal drugs or tobacco

If the accused is found in violation of the items below, his/her parents/guardians will be notified, the 4-H'er may be sent home at the parents' expense and suspended from participation of 4-H events for a period of no more than 12 months.

- Possession or use of illegal drugs or alcoholic beverages
- Theft, misuse or abuse of public or personal property
- Sexual misconduct
- Possession of weapons or fireworks
- Unauthorized absence from the premise of the event
- Assault or personal harm

In extraordinary cases, the 4-H review board may recommend suspense exceeding those listed above.

If a 4-H'er wishes to appeal the decision of the review board, the 4-H'er must appeal in writing through the County Extension office. Appeals must be filed within 10 days of notification of the disciplinary action. The appeal is sent to the Program Development Coordinator of the 4-H member and the State 4-H Leader. If the district and state 4-H staff can not resolve the matter, an appeal board will meet within 30 days of the 4-H'ers request. The appeal board will consist of one Extension worker, two volunteers and three 4-H members.

Following any disciplinary action, the person coordinating the activity must provide written notification concerning the action to the 4-H'ers parent/guardian, the county Extension faculty and the 4-H Program Development Coordinator.

**PARENT/GUARDIAN & 4-H'er AGREEMENTS** Release Waiver of Liability and Covenant Not to Sue

I have read the Georgia 4-H Code of Conduct and agree to participate fully in all aspects of program activities. I understand the standard of behavior and agree to maintain such during 4-H programming.

\_\_\_\_\_  
4-H'ers Signature

\_\_\_\_\_  
Date

I have reviewed the Code of Conduct and agree to all of its provisions. For the sole consideration of the Cooperative Extension Service's arranging for participation in 4-H programming, I hereby release and forever discharge The University of Georgia, the Board of Regents of the University System of Georgia, their members individually, and their officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind that I may have, either on my own behalf or in my capacity as a legal representative of my child, arising from or in any way connected with my child's participation in 4-H. I further covenant and agree that for the consideration stated above I will not sue the Institution, the Board of Regents of the University System of Georgia, its members individually, its officers, agents or employees for any claim for damages arising or growing out of my child's participating in the program. I understand that the acceptance of this Release, Waiver of Liability, and Covenant not to Sue the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or part, of sovereign immunity by said Board, its members, officers, agents, and employees. I certify that my child is participating in 4-H with my knowledge and consent. I have read and understand all of the above policies. I also give permission for photographs, videos, or audio tape of my child to be used for promotional and educational purposes by 4-H and the University of Georgia. I realize that these images may appear in print media as well as the Internet.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone



# Georgia 4-H Medical Information & Release

Event or Activity \_\_\_\_\_ Date of Event/Activity \_\_\_\_\_

## 4-H'ers Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

## Parent/Guardian Information

Name \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Please list the names of two adults other than parent/guardian who may be contacted in case of emergency.**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

## Medical Information

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Date of Last Physical Examination \_\_\_\_\_ Drug Allergies \_\_\_\_\_

Other Allergies \_\_\_\_\_

Describe any physical limitations \_\_\_\_\_

Describe any recent illness or injury \_\_\_\_\_

Is there a history of heart condition \_\_\_\_\_ diabetes \_\_\_\_\_ asthma \_\_\_\_\_ epilepsy \_\_\_\_\_ rheumatic fever \_\_\_\_\_

### PARENT/GUARDIAN AGREEMENT:

I understand that should a health problem arise, I will be notified but that if I can not be reached by telephone, such medical treatment, including surgery, as deemed necessary by competent medical personnel could be rendered; that such necessary information may be released for insurance purposes and that I understand the limitation of the coverage as indicated below. Furthermore, I am aware that participation in this event includes risk including, but not limited to, transportation to/from event, sports and recreational games, ropes courses, water activities, hiking, as well as risks that are not foreseeable. For the sole consideration of the Cooperative Extension Service's arranging for participation in 4-H programming, I hereby release and forever discharge The University of Georgia, the Board of Regents of the University System of Georgia, their members individually, and their officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind that I may have, either on my own behalf or in my capacity as a legal representative of my child, arising from or in any way connected with my child's participation in 4-H. I further covenant and agree that for the consideration stated above I will not sue the Institution, the Board of Regents of the University System of Georgia, it's members individually, its officers, agents or employees for any claim for damages arising or growing out my child's participating in the program. I understand that the acceptance of this Release, Waiver of Liability, and Convent not to Sue the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or part, of sovereign immunity by said Board, its members, officers, agents, and employees. I certify that my child is participating in 4-H with my knowledge and consent. I have read and understand all of the above policies

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**INSURANCE COVERAGE INFORMATION** (to be completed by County Extension personnel)  
Insurance for the event/activity has been purchased as indicated. For complete details of coverage, please contact the county Extension Office.

- Insurance for Summer Camp at Georgia 4-H Centers
- American Income Life Insurance (Plan 3)
- American Income Life Insurance (Dollar a Year Plan)
- Other Insurance Plan \_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES**

# Over the Counter & Prescription Medication Summary

4-H'ers Name \_\_\_\_\_ County \_\_\_\_\_

Please list any/all medication currently being taken by the 4-H club member including prescription and over the counter medications. Additionally, parent/guardian should list any over the counter medication that may be given to the 4-H'er in case of illness. 4-H personnel may not administer over the counter or prescription medication without parental/guardian approval unless prescribed by medical personnel. 4-H'ers are expected to provide all medication(s) listed and administer the medication. If health facilities and/or personnel are available at the facility, a request may be made prior to the event to have medication administered by trained personnel. Additional copies of this page may be made as necessary.

Name of Medication:

What illness/condition is medication being taken for:

Describe dosage and special instructions:

Is medication self administered?

Dates for administration:

\_\_\_\_\_

Name of Medication:

What illness/condition is medication being taken for:

Describe dosage and special instructions:

Is medication self administered?

Dates for administration:

\_\_\_\_\_

Name of Medication:

What illness/condition is medication being taken for:

Describe dosage and special instructions:

Is medication self administered?

Dates for administration:

\_\_\_\_\_

I am the parent/guardian of \_\_\_\_\_ and give permission for the medications listed to be administered to my child as directed.

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

**PLEASE COMPLETE BOTH SIDES**