

CLUB INFORMATION

PRIMARY Club Name _____

PRIMARY County of Enrollment _____ Club Leader _____
(this will be county that member competes in)

List additional 4-H clubs, if any _____

MEMBER INFORMATION

First Name _____ MI _____ Last Name _____

Street _____ City _____ Zip _____

Member Email Address: _____

Member Cell Phone: _____

Years in 4-H: _____ Gender (circle one): M F Is member a Youth Leader? (circle one) YES NO

Birth date: _____ (4-H Age) Age on 01/01/14: _____ Grade: _____

The member is (must check one): Hispanic _____ Non-Hispanic _____

The member is (check all that apply but not less than one): White _____ Black _____
American Indian _____ Asian _____ Hawaiian & Pacific Islander _____

PARENT INFORMATION

Circle one: Primary Parent Additional Parent Legal Guardian Other _____

I will pay required participation fee by (circle one): enclosed check fee waiver

Note: to request a fee waiver you must follow instructions on "Participation Fee Income Eligibility Guidelines"
Enrollment cannot be processed (member is not enrolled) until fee is received or waiver is approved.

Parents' First Name _____ Last _____

Street _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

PARENT EMAIL ADDRESS: _____

(This is important since all correspondence and newsletters are sent electronically)

Initial here if we have your permission to give your contact information to the MA 4-H Foundation: _____

REQUIRED SIGNATURES

Leader Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Turn this sheet over and indicate 4-H project(s) on the back as instructed.

MASSACHUSETTS 4-H PROJECTS

For each member: Circle the 4-H project(s) that the member is involved with; numbers 100-910. Every member must circle at least one project and will receive program information for only the project(s) they circle on this form. **Important: circle only projects that are part of your 4-H work, not general activities that you are involved with. For most 4-H members this is a minimum of 1 to a maximum of 5 projects.**

NOTE: If there is a household member in the military, please circle which branch; numbers 950-961.

NOTE: All youth under age 8 should circle 910, Cloverbud, regardless of the type of club they are in.

- | | | |
|--|-------------------------------------|------------------------------------|
| 100 Animal Science | 410 Forestry | 740 Food and Nutrition |
| 101 Beef | 432 Water Resources | 742 Food Safety |
| 103 Dairy | 435 Marine Science | 751 Food Science |
| 107 Goats | 440 Wildlife | 770 Child Care |
| 110 Dog Care & Training | 445 Sport Fishing | |
| 120 Horse (includes horse owners and non-owners) | 460 Waste Management | 780 Personal/Character Development |
| 128 Poultry | 461 Recycling | 781 Intergenerational Program |
| | 500 Community Service | 800 Graphic Arts |
| 130 Embryology | 502 Pet Therapy/COMPACT | 810 Photography/Video |
| 140 Rabbits | 505 Government/Citizenship | 820 Public Speaking/Radio/TV |
| 141 Cavies | 506 Community Service Learning | 821 Writing/Print Media |
| | 514 Cultural Education | 910 Cloverbuds (ages 5, 6 & 7) |
| 150 Sheep | 515 Interstate Exchange | |
| 159 Reptiles/Amphibians | 530 Leadership Development | |
| 160 Small Pets | 531 Entrepreneurship/Small Business | |
| 161 Cats | 601 Arts and Crafts | |
| | 604 Performing Arts | |
| 170 Swine | 606 Hobbies and Collections | |
| 180 Veterinary Science | | 950 Active Army |
| 190 Working Steer | 611 Health | 951 Army National Guard |
| 195 Llama | 612 Fitness | 952 Army Reserves |
| 200 Plant Science | 613 Sports | 953 Air Force |
| 231 Fruit/Vegetable Garden | | |
| 270 Flower Gardening & House Plants | 614 ATV Safety | 954 Air Force Reserves |
| 306 Computers | 630 Safety | 955 Air National Guard |
| 307 Electrical | | |
| 310 Robotics | 710 Home Environment | 956 Navy Active Duty |
| 313 Aerospace | 720 Consumerism | 957 Navy Reserves |
| 314 Small Engines | 730 Clothing | 958 Marine Active Duty |
| 320 Woodworking | 734 Needlework and Quilting | 959 Marine Reserves |
| 325 General Science | | 960 Coast Guard |
| 400 Environmental Studies | | 961 Coast Guard Reserves |
| 401 Geology | | |
| 402 Entomology | | |
| 403 Bee Keeping | | |



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COMPLETION OF THIS TWO PAGE FORM IS REQUIRED

Name of Youth Member

County of Enrollment

____/____/____
Date of Birth

1. Please check the following conditions that apply to your child:

- | | | | |
|--------------|----------------------|---|---------------------------------|
| ADD/ADHD | Convulsions/seizures | Heart or cardio-vascular problems/disease | List other conditions:
_____ |
| Appendicitis | Diabetes | Migraine headaches | _____ |
| Asthma | Fainting Spells | | |
| Bronchitis | | | |

2. Please list all medications taken within the last six months:

Name of Medication	Purpose	Dosage	Times Taken	Can the child self-medicate? Yes or No

3. Please identify allergies:

Bee stings/insect bites <i>Does the youth carry an EpiPen?</i>	
Drug reactions/Medications	
Foods; peanuts, dairy, gluten	
Medications	
Other	

4. Please check over-the-counter medications that can be administered:

- | | | | |
|--------------|----------------|------------|-----------------|
| Antacid | Dramamine | Polysporin | Other:
_____ |
| Cough Syrup | Hydrocortisone | Tylenol | _____ |
| Decongestant | Ibuprofen | | |

5. Are there any operations or serious illnesses within the last year AND any complications that we should be aware of?

6. Provide any additional information not covered above that a physician, emergency personnel or staff would find helpful:

7. If you have any question about your child's health, please secure a complete health examination from a physician and provide a signed physician's statement permitting participation.



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This Medical Release Form is authorized for all 4-H Youth Development meetings & activities for the current 4-H year (October 1, 2013 – September 30, 2014):

Name of Member

Name of 4-H Club(s)/Group(s)

While my child is attending or traveling to or from a 4-H function, I HEREBY AUTHORIZE THE ADULT 4-H VOLUNTEER LEADER OR 4-H STAFF MEMBER, or in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR:

- Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act.
- This authorization shall remain effective until my child completes his/her activities in this program unless sooner revoked in writing. I understand that as a parent/guardian, I will be responsible for the cost of any service or treatment provided not covered by the 4-H Accident/Sickness Insurance Program sponsored by UMass Extension.

EMERGENCY CONTACT INFORMATION

Name

Relationship to Youth Identified Above

(____)_____
Home Phone (with area code)

(____)_____
Cell Phone (with area code)

Mailing Address

City

State

Zip

Person to Contact if Parent/Guardian Cannot Be Reached

Cell Phone

Relationship to Child

Name of Health Insurance Company & Policy Number

Name of Child's Physician

Phone number

AUTHORIZATION, CONSENT AND RELEASE

I hereby certify that my child is in good health and can participate in and travel to all functions of the 4-H Youth Development Program.

- I understand it is my responsibility to keep the Health History Information form updated regarding my child/ward's medical situation including pre-existing conditions, allergies, change in medications or medical status so that in case of a medical emergency appropriate medical assistance can be given, and may affect the youth's regular participation in program activities.
- I understand that the volunteer leader(s) and 4-H staff understand that medical information is confidential and will release health information only to designated medical personnel in the event of an emergency, as authorized by my signature below.
- I understand that 4-H may require a doctor's note if there are any questions about the ability of the member to participate safely in 4-H activities.
- I certify that I have accurately provided the required information, and signed the **Permission & Liability Waiver** form.
- In case of emergency, I give my consent for necessary examination and treatment as prescribed by the attending physician.

Signature of Custodial Parent(s)/Guardian

Date

**4-H Member (ages 8 and older) and Parent
(including parents of 5-7 year olds) must read & sign**

MEMBER GUIDELINES

I understand that when participating in any/all UMass Extension 4-H programs, activities, and events, I am representing the good name and reputation of 4-H in partnership with the University of Massachusetts Amherst in cooperation with the United States Department of Agriculture and will willingly obey all established policies and guidelines.

The following conduct is not allowed while participating in any 4-H Event/Activity:

1. Possession, use, or distribution of alcohol or drugs, including tobacco products.
2. Theft, destruction, or disregard for public and private property.
3. Involvement in sexual misconduct or harassment or physical or verbal abuse of any kind.
4. Possession or use of weapons or other dangerous materials.
5. Fighting or other acts of violence that endanger participants.
6. Unauthorized use of vehicles or property.
7. Leaving the site of an event unsupervised.
8. Use of profane or abusive language.
9. Public displays of affection or inappropriate actions.
10. Intentionally interfering with or disrupting the event.

The following Dress Code must be followed at all 4-H Events/Activities:

1. Ripped or torn clothing is not appropriate.
2. Clothing with offensive slogans or messages cannot be worn.
3. If 4-H shirts, jackets, etc. are provided, they should be worn while you are participating at the event/activity.
4. You should change into your own clothes when you are not participating at the event or are "off duty."
5. Extremely short skirts or extremely short shorts should not be worn.
6. Tops or shirts that allow your midriff area to be exposed or strapless tops should not be worn.
7. Please do not share your 4-H items with non-4-Hers who may not understand the Code of Conduct and Dress Code.

I will show respect for my fellow 4-H'ers, Extension staff, volunteers and others involved with activities and programs. I understand that after careful evaluation, the UMass Extension staff has the right to dismiss me from any 4-H activity/event if my behavior constitutes a health, safety, or liability risk to myself or others, and that my parent/guardian will be notified and are responsible for my immediate transportation home. I understand that if I am dismissed from a 4-H activity/event for disciplinary reasons there can be additional consequences including dismissal from the 4-H program without the opportunity to return to Massachusetts 4-H in the future.

Member Signature _____ **Date** _____
(All members ages 8 and older must sign)

PARENT GUIDELINES

I agree to support my child's involvement in 4-H and be familiar with and abide by the rules and policies of 4-H as outlined here and on the 4-H website. I will be responsible for my behavior, exhibit good sportsmanship and uphold exemplary standards of conduct at all 4-H activities. I will not possess, sell, consume or use alcohol or controlled substances at 4-H events and activities that include youth nor will I attend 4-H activities under the influence of alcohol or controlled substances. I will not be disruptive at meetings nor will I be verbally abusive to youth or adults and will respect the leadership position of the 4-H club leader and staff. I understand that my failure to comply with these expectations or other 4-H policy may result in my loss of the privilege to attend 4-H events and activities and could result in my child's exclusion from 4-H as well.

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____



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List all of your children enrolled in the MA 4-H Program:

1. I, the undersigned parent(s) or legal guardian of child/children listed above, a minor(s), give permission for the above named 4-H member(s) (the "Member(s)") to participate in all 4-H programs and activities, including club meetings, conferences, after-school programs, and other sponsored 4-H programs ("4H Programs"), conducted by and through the University of Massachusetts Extension/Massachusetts 4-H ("University") for the 4-H year 2013-2014.

2. I give permission for the University to take photographs, videotapes and interviews of the Member(s) 4H Programs and for content from the Member(s)'s 4-H record to be used. I understand that any such photography, videotapes or interviews are the property of the University. I further give permission and consent that any such photographs, videotapes or content from interviews with the Member(s) or from the Member(s)'s 4-H record may be used by the University in newsletters, videos, printed matter, and on the University's website. Use of these is an important way to promote 4-H to the general public. *No youth names will be used on website without prior notification and consent.*
 Circle no and initial if you do not give your permission: NO _____

3. I fully recognize that there are dangers and risks to which the Member(s) may be exposed by participating in the 4-H Program, including but not limited to personal injury and/or death and property damage. I also understand that it is the responsibility of me and the Member(s) to ensure that the Member(s) engage only in those activities and programs for which the Member(s) have the prerequisite skills, qualifications, preparation, and training. I/the Member(s) have made ourselves aware of the physical requirements necessary for participation in the 4-H Programs, and I certify that I/Member(s) possess all of the necessary physical abilities, experience, training, and knowledge. I understand that the University does not require the Member(s) to participate in the 4-H Programs, but the Member(s) want to do so, despite the possible dangers and risks and despite this RELEASE. I am aware that the University does not provide health or liability insurance of any kind for the Member(s), and that I am solely responsible for any medical costs arising out of the Member(s) participation in the 4-H Programs.

4. I fully recognize and understand that I will be solely responsible for any loss, injury or damage to any other member participant or animal occasioned by the Member(s)' actions, and for loss, injury or damage done by or arising from any animal exhibited by the Member(s). Examples of possible specific, significant, non-obvious dangers and risks associated with the animal activities include but are not limited to an animal or participant contracting an illness at an event, causing or suffering an injury during an event or during transport to and from the event, or as incurred by one animal to another at events.

5. In consideration of the benefits received, I hereby voluntarily and knowingly ASSUME all risks of damages and injury, including death, which the Member(s) may sustain while participating in or as a result of, or in any way arising out of the 4-H Programs, or in travel to and from the 4-H Programs. I hereby RELEASE and HOLD HARMLESS the University, its Trustees, officers, employees, and authorized volunteers (the "Releasees") from any and all liability, claims and actions that may arise from injury or death to the Member(s) or damage to my/the Member(s)' property, including any animal owned or exhibited by the Member(s), in connection with the Member(s) participation in the 4-H Programs whether caused in whole or in part by Releasees. I agree that, except in the event of willful neglect or willful injury inflicted by the Releasees, I covenant not to sue, or otherwise bring any claim, demand or litigation against the Releasees for any economic or non-economic loss due to bodily injury, death or property damage sustained or caused by the Member(s), or any animal owned or exhibited by the Member(s), arising from or in relation to the 4-H Programs. I also understand that this RELEASE binds me, the Member(s), and the Member(s)' heirs, executors, administrators, and assigns.

6. **I HAVE READ THIS ENTIRE RELEASE, I FULLY UNDERSTAND IT AND AGREE TO BE LEGALLY BOUND BY IT.**

The above statements require one parental/guardian signature below (both if parents have joint custody).

 Signature of parent/guardian #1

 Date

 Signature of parent/guardian #2

 Date 5/30/13



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The Massachusetts 4-H Youth Development Program strives to provide a positive learning environment for each youth member that allows them to achieve their personal best. Every effort will be made to provide reasonable accommodations to members as outlined in the Americans with Disability Act.

In order for a 4-H member to receive accommodations, both the parent/guardian and the local 4-H Educator must participate in the following process:

1. The **parents/guardians** of any 4-H member requiring accommodations at any Massachusetts 4-H event or activity **must submit a written request to the local 4-H Educator** along with the member's enrollment information at the beginning of the 4-H year. If a diagnosis occurs during the 4-H year, the parent may file the request at that time.

The following items must be included in the request:

- ✿ A description of the disability and the reasonable accommodations requested.
 - ✿ Events or classes at 4-H events that the 4-H member might participate in that would require accommodations.
 - ✿ Educational contest areas that the member might participate in that would require accommodations.
 - ✿ A letter of documentation from the child's doctor, school counselor, teacher or other professional.
2. Upon receiving this information, **the 4-H Educator will send a letter to the parent** of the 4-H member stating the areas or classes that would require accommodations, and the accommodations that must be made available to that 4-H member at 4-H events. The request and letter must be updated each year.
 3. The **parent is then responsible for submitting this letter at least one month in advance to the coordinator** of any 4-H program that their child will attend and need accommodations. This advance notice is necessary to make sure the appropriate accommodation can be made. If information is not made available to the staff/volunteer coordinator running a 4-H program in advance of the contest or program, it will not be possible to provide accommodations.

This policy applies only to 4-H programs in Massachusetts. Other states, regional and national 4-H programs may have different requirements.

If your child does not need accommodations, no action is required on your part. Any questions about this policy or the document needed should be directed to your local 4-H Educator.

5.2013



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The Massachusetts 4-H Youth Development Program has changed its eligibility guidelines for a full or partial waiver of the annual participation fee of \$ 60.00 (*Early Bird Special enrollment of \$50 prior to Nov. 15*). Please note the annual family maximum is \$150. These funds are used in support of the 4-H program in Massachusetts.

A family can request that the full fee or a portion of the fee be waived:

- If a family income is at or below the income guidelines established by the federal government for eligibility for free or reduced price lunch in public schools. The guidelines are set at 185% of the federal poverty level. A full waiver will be granted in this case.
- When the financial hardship of the family will impact the participation of the youth in the 4-H.

Please submit a letter requesting a full or partial waiver of the participation fee:

- Include names of child/children and parent within the letter for which the waiver is being requested. Parent must sign, date the letter and include their address.
- **To be eligible for a partial fee waiver**, a family must provide an explanation of their financial hardship and the portion of the fee the family is willing to pay.
- **To be eligible for a full fee waiver**, the family must supply their SNAP ID number **or** documentation of family income. The family’s gross income (i.e. before taxes are withheld) falls at or below the following guidelines:

**INCOME ELIGIBILITY GUIDELINES
(Effective from July 1, 2013 to June 30, 2014)**

48 Contiguous States, D.C., Guam and Territories					
Household Size	Annual	Monthly	Twice Per Monthly	Every Two Weeks	Weekly
1	21,257	1,772	886	818	409
2	28,694	2,392	1,196	1,104	552
3	36,131	3,011	1,506	1,390	695
4	43,568	3,631	1,816	1,676	838
5	51,005	4,251	2,126	1,962	981
6	58,442	4,871	2,436	2,248	1,124
7	65,879	5,490	2,745	2,534	1,267
8	73,316	6,110	3,055	2,820	1,410
Each Add'l Member Add	+7,437	+620	+310	+287	+144

Send the letter and required documentation to your local 4-H Educator. Indicate on the space provided on the Member Enrollment Form that you have submitted a waiver request. **Members cannot be enrolled until the request for waiver is approved and/or a fee or partial fee is paid.** Please note the information supplied to the local Educator will be held in strict confidence.

Revised 6.2013



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