



# Wisconsin 4-H Youth Enrollment Form

Name of Club/Camp/Experience: \_\_\_\_\_

Last Name(s): \_\_\_\_\_ First Name(s): \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade in School: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian Names (First and Last): \_\_\_\_\_

Parent/Guardian Names (First and Last): \_\_\_\_\_

Preferred Phone (Adult): (\_\_\_\_)\_\_\_\_-\_\_\_\_ Preferred E-mail (Adult): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_

You are not required to provide the following information to participate. This information is used for statistical purposes.

- |         |  |            |  |
|---------|--|------------|--|
| Gender: | <input type="checkbox"/> Female                  | Residence: | <input type="checkbox"/> Farm                                    |
|         | <input type="checkbox"/> Male                    |            | <input type="checkbox"/> Rural Non-Farm or Town Less than 10,000 |
|         | <input type="checkbox"/> Nonbinary               |            | <input type="checkbox"/> Town/City 10,000 – 50,000               |
|         | <input type="checkbox"/> Not listed              |            | <input type="checkbox"/> Suburb of City Over 50,000              |
|         | <input type="checkbox"/> I prefer not to respond |            | <input type="checkbox"/> City Over 50,000                        |
|         |  |            | <input type="checkbox"/> I prefer not to respond                 |

- |            |  |                              |  |
|------------|--|------------------------------|--|
| Ethnicity: | <input type="checkbox"/> I identify as Chicano/Chicana/Chicanx, Hispanic, or Latino/Latina/Latinx        | Race (Check all that apply): | <input type="checkbox"/> Alaskan Native, American Indian, Indigenous, or Native American |
|            | <input type="checkbox"/> I do not identify as Chicano/Chicana/Chicanx, Hispanic, or Latino/Latina/Latinx |                              | <input type="checkbox"/> Asian   |
|            | <input type="checkbox"/> I prefer not to respond   |                              | <input type="checkbox"/> Black or African American                                       |
|            |  |                              | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander                       |
|            |  |                              | <input type="checkbox"/> White   |
|            |  |                              | <input type="checkbox"/> One or more races that are not listed above                     |
|            |  |                              | <input type="checkbox"/> I prefer not to respond   |

School Name: \_\_\_\_\_

Is Parent/Guardian/Sibling/Spouse a Member of the Military?  Yes  No

If Yes, What Branch? \_\_\_\_\_

Was Parent/Guardian enrolled in 4-H as a youth?  Yes  No

I would like to request an interpreter or translated materials for participation in this program for:  
(mom ; dad ; guardian ; youth ) (N/A, no one ) (Check all that apply).

If yes, please provide additional information:

I would like to request accommodations or alternative means for communication (braille, large print, audiotape, etc.) to fully participate in this program for:

(mom ; dad ; guardian ; youth ) (N/A, no one ) (Check all that apply)

If yes, please provide additional information:

I recognize and acknowledge that the University may record my child's participation and appearance on any recorded medium including, but not limited to video, audio, photos (collectively, "recordings") for use in any form (including, but not limited to print, websites, blogs, internet, and social media). I authorize such recording and release the University to use my child's name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or in part without restrictions or limitations for any educational or promotional purpose. I further authorize the University to distribute such recording to third parties (e.g., newspapers) and release such third parties to use my child's name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or in part without restrictions or limitations for any educational, promotional, editorial, or news reporting purpose.

Yes       No

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Project Selections (Attach additional paper if needed)


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Developed by the Wisconsin 4-H, 130 Pyle Center, 702 Langdon St., Madison, WI 53706. The 4-H name and emblem are federally protected under Title 18 US Code 707.



UW-MADISON EXTENSION

## Wisconsin 4-H Youth Development Code of Conduct

### As a 4-H participant, I will:

- Be curious to learn
- Be respectful to self and others
- Work to positively resolve problems or differences
- Accept guidance from Extension volunteers and staff
- Follow program rules, curfews, dress codes, policies, and rules of the facility being used.
- Use appropriate language, exhibit good sportsmanship, and be a positive role model.
- Comply with local, state and federal laws.
- Abstain from use of alcohol, illicit drugs, and tobacco during any 4-H program, activity or educational experience.
- Fully participate in scheduled activities and orientations.
- Respect others' property and privacy rights.
- Abstain from child abuse (physical, sexual, emotional and neglect), harassment, hazing and bullying.
- Refrain from all sexual activity/contact during any 4-H program, activity or educational experience.
- Accept personal responsibility for behavior including any financial damage.
- Follow safety rules.

### Consequences for violating any part of this Code of Conduct may include, but are not limited to:

- Removal from leadership positions held.
- Removal from participation in the event in which the Code of Conduct has been violated (at the individual's expense).
- Forfeiture or repayment of financial support for the event.
- Sanctions on participation in future 4-H events.
- Suspension of membership.
- Dismissal from 4-H.

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

I have shared the code of conduct with my son, daughter or ward. We have read, understand, and agree to the above.

Member Name (printed) \_\_\_\_\_

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent (Guardian) Name (printed) \_\_\_\_\_

Parent (Guardian) Signature \_\_\_\_\_ Date \_\_\_\_\_

## Agreement for Assumption of Risk and Consent for Emergency Treatment - Minors

I, \_\_\_\_\_ (print name of Parent/Guardian), desire to allow \_\_\_\_\_ (print name of minor child) my minor child/ward to participate voluntarily in the programs conducted by the University of Wisconsin-Madison Division of Extension.

Parent Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT THE WISCONSIN 4-H PROGRAM LEADER AT TELEPHONE NUMBER 608-262-2391.

### **ASSUMPTION OF RISKS:**

I understand that not all risks can be foreseen and there are some risks which are unpredictable. I understand that certain inherent risks cannot be eliminated regardless of the care taken to avoid injuries. Some of these involve food-borne illness or allergens, strenuous exertions of strength using various muscle groups, and exposure to infectious disease. The specific risks vary from one activity to another, but in each activity the risks range from: 1) minor injuries such as scratches, bruises, and cuts, to 2) major injuries and illness such as severe cuts, injuries, allergic reactions, or severe illness, to 3) catastrophic injuries including anaphylaxis, paralysis, and death. I understand that the University of Wisconsin – Madison Division of Extension has advised me to seek the advice of my child/ward's physician before participating in the program. I understand that I have been advised to have health and accident insurance in effect for my child/ward and that no such coverage is provided for me by the University or the State of Wisconsin. **I KNOW, UNDERSTAND, AND APPRECIATE THE RISKS THAT ARE INHERENT IN THE ABOVE-LISTED PROGRAMS AND ACTIVITIES, I HEREBY ASSERT THAT MY CHILD/WARD'S PARTICIPATION IS VOLUNTARY AND THAT I KNOWINGLY ASSUME ALL SUCH RISKS. I FURTHER AGREE TO ASSUME RESPONSIBILITY FOR EXPENSE OF REPAIR OR REPLACEMENT OF UNIVERSITY OF WISCONSIN PROPERTY THAT IS ATTRIBUTABLE TO MY CHILD'S OR WARD'S NEGLIGENT ACTS OR WILLFUL MISCONDUCT.**

Parent Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **HOLD HARMLESS, INDEMNITY AND RELEASE:**

In consideration of permission for my child/ward to voluntarily participation in these activities, I, and on behalf of my spouse, heirs, personal representatives, estate or assigns, agree to hold harmless and release the Board of Regents of the University of Wisconsin System and its officers, employees, agents and volunteers, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my child/ward's participation in the above-listed program, except where such loss arises from the Board's or its officers', employees', agents', or volunteers' gross negligence of willful misconduct. I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue. Furthermore, I, and on behalf of my spouse, heirs, personal representatives, estate or assigns, agree to defend and indemnify the Board of Regents of the University of Wisconsin System and its officers, employees, agents and volunteers from and against any and all claims, demands, actions, or causes of action of any sort arising from damage to personal property, or personal injury, or death where such loss arises from my or my child's/ward's negligent acts or willful misconduct while participating in the above-listed program.

Parent Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **CONSENT FOR EMERGENCY TREATMENT:**

I authorize the University of Wisconsin – Madison Division of Extension and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician to my child/ward. **I AGREE TO BE RESPONSIBLE FOR ALL NECESSARY CHARGES INCURRED BY ANY HOSPITALIZATION OR TREATMENT REQUIRED PURSUANT TO THIS AUTHORIZATION.**

Parent Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Final April 24, 2023 (reviewed by UW Madison Risk Management, Office of Legal Affairs, Extension Policy Advisor)