



Florida 4-H Participation Form



Note: This form must be completed by the participant and/or parent or guardian in order to participate in the 4-H program. **All items must be completed, even if the response is not applicable – indicate by using N/A (for example: no health insurance).** This form must be present while traveling to, and during each event.

Failure to complete this form in its entirety will result in the person being ineligible to participate in 4-H activities.

Name _____ Birth Date ____/____/____ Age _____ Youth _____ Adult _____
 Last First Month / Day / Year Female Male
 Home Address _____ County/District _____/_____
 City ST Zip _____ FL _____ Home Phone () _____
 Primary Emergency Contact _____ Work Phone () _____
 Email _____ Cell Phone () _____
 Alternate Emergency Contact _____ Phone () _____

Name of Family Doctor _____ Phone () _____
 Health Insurance Company _____ Policy # _____
 Name of Insured _____ Relationship to Participant _____

HEALTH HISTORY

Does the participant have, or at any time had, any of the following? Check "Yes" or "No" to each item. Please explain any "Yes" answers (noting the # of the item) in the space below or on an additional sheet of paper if necessary. Reporting conditions will not prevent a person from attending and will be kept confidential.

- | | Yes | No | Please explain "Yes" answers and provide information on recent medical issues (including injuries and surgeries), allergic reactions, special dietary regulations, present medications, any specific activities to be restricted and other comments. |
|--|-----|----|--|
| 1) Asthma..... | | | _____ |
| 2) Bronchitis..... | | | _____ |
| 3) Convulsions..... | | | _____ |
| 4) Diabetes..... | | | _____ |
| 5) Ear Infection..... | | | _____ |
| 6) Fainting..... | | | _____ |
| 7) Heart Condition..... | | | _____ |
| 8) Headaches..... | | | _____ |
| 9) Hypoglycemia..... | | | _____ |
| 10) Serious Insect Stings..... | | | _____ |
| 11) Wear Glasses..... | | | _____ |
| 12) Wear Contact Lenses..... | | | _____ |
| 13) Other Conditions..... | | | _____ |
| 14) Penicillin Allergy..... | | | _____ |
| 15) Aspirin Allergy..... | | | _____ |
| 16) Tetanus Allergy..... | | | _____ |
| 17) Other Drug Allergies..... | | | _____ |
| 18) Food Allergies..... | | | _____ |
| 19) Serious Ivy, Oak, or Sumac..... | | | _____ |
| 20) Other Allergies..... | | | _____ |
| 21) Other Health Conditions..... | | | _____ |
| Date of Last Tetanus Shot ____/____/____ | | | |

The following over-the-counter medications may be administered to my child, without contacting me:
 Antihistamine Antacid Ibuprofen (Advil) Acetaminophen (Tylenol)
 Decongestant Dramamine Hydrocortisone Polysporin (topical antibiotics)
 Other _____ Please contact me for permission to administer ANY over-the-counter medications.

PUBLICITY RELEASE

I authorize UF IFAS Extension and the Florida 4-H Foundation or their assignees to record and photograph my image and/or voice (or that of my child, if under 18) for use in research, educational and promotional programs. I also recognize that these audio, video and image recordings are the property of UF IFAS Extension and/or the Florida 4-H Foundation.

No, I do not authorize use of my – or my child's – individual image or voice.

SURVEY & EVALUATION RELEASE

- I hereby establish my willingness to participate as an adult (i.e. 4-H Leader, other volunteer, parent/guardian, site manager, etc.) and give permission for my child (under 18 years of age) to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program.
- I understand that participation in surveys and evaluations is voluntary and that my child and I may choose not to participate and may withdraw from surveys or evaluations without impact on my or my child's eligibility to participate in the 4-H program.
- I understand that my child or I may be asked for consent before completing a survey or an evaluation.


No, I am not willing to participate – or give permission for my child to participate – in any program evaluation.

FLORIDA 4-H EVENTS – YOUTH/ADULT CODE OF CONDUCT

As a participant in Florida 4-H events, I have the responsibility of representing Florida 4-H programs to the public. I am expected to conduct myself in a manner that will bring honor to me, my family and 4-H. To do that, I must:


- 1) Obey local, state and federal laws. Follow policies set for county, district, state or national 4-H youth programs. I am responsible to know the rules for the event.
- 2) Speak and act in a responsible, courteous, and respectful way.
- 3) Act responsibly to maintain a safe environment for all participants. Report threats to the wellbeing of a participant.
- 4) Know that the use or possession of tobacco, alcohol and illegal drugs is prohibited at all 4-H events.
- 5) Know that the possession or use of firearms is prohibited, except when part of an approved educational program.
- 6) Respect all persons, facilities and vehicles. I will be responsible for any damage caused resulting from my behavior. Know that harassment of any type is illegal.
- 7) Help others have a pleasant experience by making every attempt to include all participants in activities.
- 8) Be in the assigned program area (for example: dorms, cabins, programs, etc.) at all times. If I am unable to attend, I will tell the adult in charge.
- 9) Dress appropriately for each event.
- 10) Not use a cell phone during any scheduled events. I understand that abuse of this could lead to loss of cell phone privileges or confiscation of my phone.

PARTICIPANT: *I have read the Florida 4-H Events Code of Conduct above and agree to live up to the expectations. I realize my failure to do so could result in a loss of privileges during the event and/or in the future.*


Participant Signature  _____ **Date** _____

VERIFICATION


I, _____ (parent/guardian or adult participant) understand participants will be supervised and that, if serious illness or injury develops, medical and/or hospital care will be given. I hereby give my permission to the attending physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child or myself and affirm that the information set forth in the Health History is true and correct to the best of my knowledge and belief. I realize the event's insurance will only cover a portion of the medical costs and I, or my personal insurance, may be responsible for the remaining expenses.

Parent/Guardian or Adult Participant Signature  _____ **Date** _____

I have read and understand the Florida 4-H Events Youth/Adult Code of Conduct, Publicity Release and Survey & Evaluation Release.

Parent/Guardian or Adult Participant Signature  _____ **Date** _____

I hereby release the Florida 4-H Foundation, local extension boards, the University of Florida, the State of Florida, and their agents, trustees, officers and employees, from all claims, demands, and causes of action of any kind, including claims of negligence, which may arise from participation of myself or my minor child in any Florida 4-H sponsored activity, and this release is specifically granted in consideration of the services, programs and activities being provided by Florida 4-H.

Parent/Guardian or Adult Participant Signature  _____ **Date** _____

Directions for Florida 4-H Participation Form

This form is to be completed at least once per year for all 4-H members. Adults are required to use this form for state events and activities. All participants should review and update their form before each out-of-county event. Below are explanations for sections where questions are anticipated.

Date of Birth and Age: Optional for adults.

Primary Emergency Contact: Parent or Guardian of youth; Spouse, or other contact for adults.

County/District: Where participant is enrolled or registered for 4-H; not necessarily the county they live in.

Home Address: Participant's primary mailing address.

E-mail: Optional, but useful for activity coordinators

Alternate Emergency Contact: Someone other than the Primary Emergency Contact. Please include their phone number to the right of their name.

Family Doctor: If consultation is needed, please include the doctor's phone number to the right of their name.

Name of Insured: List the individual who the insurance is provided through. Relationship could be: self, father, mother, spouse, etc. Please note the event's insurance will only cover a portion of the individual's medical costs and you, or your personal insurance, may be responsible for additional expenses

Health History: This section is important to help the activity coordinators and health care providers be aware of serious or special medical issues and diagnose problems. It is the parents' or participants' responsibility to keep this and other sections current. Please use the blank/lined section to provide details on any serious conditions that need explanation. **Be sure to include any medications the participant is currently using**

Publicity Release: Only needs to be checked if the participant refuses to allow their voice or image to be recorded.

Survey and Evaluation Release: This preliminary permission only needs to be checked if the participant refuses to be involved in any program evaluation.

Youth/Adult Code of Conduct: All participants (regardless of age) must read and sign this section. Adults are included in this section for the purpose of maintaining effective role models and chaperones.

Verification: Must be signed by adult participants, parents, or guardians. Youth participants 18 years and older may sign, but a parent or guardian signature is preferred.

This form must be present for all participants at each event and while traveling to these events. Check with your County Extension Office for county specific information.