2023 Idaho County 4-H Member Enrollment Form

Check One: ☐ Member ☐ Cloverbud

Check One: ☐ New Enrollment ☐ Re-Enrollment

Member Information

Member First Name: _____ Member Last Name: _____ M.I. ____

Family Mailing Address: _____
Street/P.O. Box City State Zip

Family Email Address: _____ Family Phone: _____

Cell Phone: _____

Birthdate: ____ / ____ / ____
Month Day Year

Gender: ☐ Female ☐ Male Year(s) in 4-H: _____

4-H Age: _____ (Age as of 01-01-2023)

School: _____ Grade: _____

Race: (Check all that apply)
☐ American Indian/Alaskan
☐ Asian
☐ Black or African American
☐ Caucasian
☐ Pacific Islander
☐ Hispanic
☐ Other _____
☐ Prefer Not to State

Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino

Residence: ☐ Farm/Ranch ☐ Rural under 10,000

T-shirt Size: ☐ Youth or ☐ Adult ☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ 2X-Large ☐ Other _____

Do you need an accommodation due to a disability to participate in 4-H programs? ☐ Yes ☐ No

If yes, list accommodations you will need: _____

I have a parent/guardian serving in the military? ☐ Yes ☐ No

If yes, list branch of service: _____ ☐ Active ☐ Reserve

Parent/Legal Guardian Information

Parent/Guardian 1
First Name: _____ Last Name: _____

Cell Phone: _____ Work Phone: _____

Parent/Guardian 2
First Name: _____ Last Name: _____

Cell Phone: _____ Work Phone: _____

Club & Project Information - Please use one enrollment form per club

Club Name: _____

Project Code & Name: _____ Project Code & Name: _____

Project Code & Name: _____ Project Code & Name: _____

Project Code & Name: _____ Project Code & Name: _____

4-H HEALTH FORM

Emergency Contact Information - Person 1

Full Name _____ Relationship _____

Cell Phone _____ Home Phone _____ Other _____

Emergency Contact Information - Person 2

Full Name _____ Relationship _____

Cell Phone _____ Home Phone _____ Other _____

Health Insurance Information

Do you have Health Insurance? _____ Insurance Company Name: _____

Policy/Group Number: _____

Physician Information

Physician's Name: _____ Phone: _____

Allergy Information

Do you have any allergies? _____ If yes, please list all allergies: _____

_____

Do you carry epinephrine, such as an Epi-Pen? _____ Are any of your allergies life threatening? _____

If yes, please include the allergen information, allergic reaction, and other precautions. (Add pages as necessary)

_____

_____

Health Conditions

Do you have a prescribed inhaler? _____ Do you have any health conditions? _____

If yes, please list all conditions that apply (Add pages as necessary)_____

_____

Other Allergy or Health Conditions? Please list and describe in detail. _____

_____

Are accommodations needed? _____ If accommodations are needed, please contact the Idaho County Extension Office at 208-983-2667 or idaho@uidaho.org. You may also contact the University of Idaho Center for Disability Access and Resources (CDAR) at 208-885-6307 or cdar@uidaho.edu

Acknowledgement of Risk and Waiver of Liability
Parent/Guardian Permission

Both participants and a parent or guardian of participants must read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document. Please read both sides of this page. Sign and return this form to Activity Coordinators. If a participant is under the age of 18, this form must be signed by the participant AND by a parent or legal guardian of the participant. The term "undersigned" when used herein shall include the both the participant and the custodial parent/guardian signing at the end of this document unless such term is qualified to mean one or the other. The term "Activity" or "Activities" means the 4-H Program, along with any and all associated activities, events, clinics or classes conducted by the University of Idaho (UI) in conjunction therewith.

The undersigned acknowledge that they are aware that participation in an Activity or in Activities as well as any or all University of Idaho, activities, events, clinics and classes associated therewith, may include activities that are risky and dangerous, which may include, but not be limited to, risks of injury, illness or death arising out of Activities involving animals, whether wild, domestic or feral; exposure to weather conditions, such as heat, cold, rain, snow, ice, hail, lightning, wind or other weather events; hazards from deserts, forests, mountains, canyons, lakes, rivers, streams, urban, suburban or rural places or other areas where the Activities occur; forces of nature or Acts of God, such as fire, earthquake, avalanche, rock-fall, flood, falling trees, poisonous plants or other occurrences; recreational or educational activities, such as archery, orienteering, skiing, swimming, biking, canoeing, kayaking, fishing, hiking, camping, shooting, horseback riding, operation of, or being a passenger in, or observer of motorized vehicles, crafts, hobbies, courses, events, clinics or other activities; the use of tools, instruments, machinery, equipment or other items associated with the Activities, or food, drink, lodging or travel to, during, from or otherwise related to, the Activities. These risks may arise from negligent acts or omissions of the participant, other participants, leaders, volunteers, or third parties occurring during, or otherwise associated with, the Activities. The undersigned acknowledge and accept the risks and give permission for participation in the Activities.

In consideration of the University of Idaho ("UI") permitting the participation in Activities, the undersigned **hereby voluntarily accept all risks associated with participation. To the extent permitted by law, the undersigned agree to indemnify, defend, save, hold harmless, discharge and release the State of Idaho, the Regents of the University of Idaho, their agents and employees from any and all liability, claims, causes of action or demands of any kind and nature whatsoever that may arise out of or in connection with such participation in any Activities.**

It is the express intent of the undersigned that this Acknowledgement of Risk and Waiver of Liability shall serve as a release, discharge and acceptance of risk for the heirs, estate, executor, administrator, assigns and all members of the undersigned's family. The venue of any dispute that may arise out of participation in any Activity, if the University is a party to the dispute, shall be in Latah County, Idaho.

The undersigned acknowledge and agree that if a vehicle not owned and operated by the University is provided by the undersigned or any of them for transportation to, at, or from any Activity site, or if the undersigned or any of them are a passenger in such a vehicle, the University is not responsible for any damage or injury caused by or arising from my use of such transportation. Furthermore, the undersigned acknowledge sole responsibility for any action taken by the undersigned, or any of them that is outside the scope of the Activity or Activities, and any events, clinics and classes associated with the Activity or Activities, regardless if occurring before, during or after the period of the Activity or Activities. The undersigned acknowledge that the university makes no representation with respect to the safety of any personally owned vehicle in which the undersigned or any of them may travel, or with respect to the qualifications of the driver of any personally owned vehicle. The undersigned acknowledge that if travelling in a personally owned vehicle it is the responsibility of the undersigned to determine the safety of the vehicle and qualifications of the driver.

Continued on next page . . .

The Undersigned hereby certify that, with or without accommodation, the participant named above is able to perform the essential functions of the Activities, and does not present a danger to the participant or others and the undersigned know of no medical reason why the participant is not able to participate in the Activity or Activities, Events, Clinics and Classes. The undersigned hereby consent to first aid, emergency medical care and if necessary, admission to an accredited hospital when necessary for executing such care, for treatment for injuries or illness that I/he/she may sustain while participating in any activity associated with the above named Activities and any events, clinics and classes associated with the Activity or Activities.

The undersigned acknowledge that any insurance provided through Activity Insurance provides only limited protection for injuries that occur while participating and that the undersigned remains responsible for all medical expenses not covered by Activity Insurance. Activity Insurance is provided by an American Income Life camp accident policy.

If the participant named above has a disability, food or drug allergy, dietary requirements, or any condition requiring accommodation, the undersigned will contact Disability Support Services (208) 885-6307 at least three weeks (21 days) prior to the start of the Activity.

Whether or not the participant named above is a student, the participant will abide by: the University of Idaho Student Code of Conduct, Articles II through IX at http://www.webs.uidaho.edu/fsh/2300.html ; the behavioral expectations of the Activity; and all applicable local, state and federal laws. Failure to do so may be considered grounds for denying participation in the Activity.

Note: If participant is under 18 years of age, a parent/legal guardian must also sign and accept responsibility for the participant's actions and terms of the above agreement. Acknowledgement of Risk and Waiver of Liability

PARTICIPANT'S SIGNATURE
Participant's Name (PLEASE PRINT):

_____

Participant's Signature:

X_____

Date: _____

PARENT(S) / GUARDIAN(S) SIGNATURE
Parent/ Guardian Name (PLEASE PRINT):

_____

Parent/ Guardian Signature:

X_____

Date: _____

Appendix A. Code of Conduct For Parents, Volunteers, And Youth Within The Idaho 4-H Youth Development Program

Idaho families and youth trust the University of Idaho Extension system to provide educational programs in a safe environment for all participants. The opportunity to participate in and/or work with University of Idaho Extension's 4-H Youth Development program is a privilege and honor, not aright. Volunteers are to be positive role models. Youth and parents/guardians are expected to demonstrate appropriate behavior at all times. The following Code of Conduct has been established as the foundation for all individuals participating in University of Idaho Extension programs. All University of Idaho 4-H Youth Development program participants are expected to:

- Work with youth, families, volunteers and Extension personnel in a cooperative, courteous, respectful manner demonstrating good sportsmanship and behaviors appropriate for a positive role model.
- Accept supervision from Extension personnel and cooperate with others; in addition, parents and youth will accept supervision from certified organizational and project volunteers.
- Maintain open, honest communication with members, volunteers, parents and Extension personnel.
- Uphold every individual's right to dignity, appropriate self-expression, and individual development.
- Refrain from verbal, physical or emotional abuse of others (via bullying, texting, social media, etc.) and report such abuse, if observed. Any actions, such as a conviction for child abuse or neglect, violent crimes, unethical behavior, substance abuse, verbal abuse, physical abuse, mismanagement of 4-H funds, or other serious offenses will not be tolerated.
- Respect, adhere to and enforce the rules, policies, and guidelines established at the county and state levels for the 4-H Youth Development Program.
- Promote the spirit of inclusion and welcome participation of other individuals from all backgrounds. Comply with equal opportunity and anti-discrimination laws.
- The consumption of alcoholic beverages, use of tobacco products or an illegal controlled substance at 4-H youth events is prohibited.
- Inform Extension personnel of any incidents that may violate 4-H policies.
- Treat animals humanely and encourage all participants to provide appropriate and ethical animal care.

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- Operate machinery, vehicles, and other equipment in a safe and responsible manner when working with youth and adults participating in 4-H Youth Development programs.
- Ensure that 4-H participants are not required to purchase materials, equipment, animals or services from any specific places of business.
- Comply with all applicable laws of the city, county, and state of residence and/or location of 4-H activity.
- Handle all concerns regarding county/area 4-H program management internally within the University of Idaho Extension system.

Violating the Code of Conduct shall be grounds for action up to or including immediate removal from the 4-H activity/program and termination. Decisions regarding immediate removal, suspension or termination will be made by the county 4-H Professional with subsequent notification of and consultation with the District Director and State 4-H Youth Development Director. Volunteers who wish to appeal a decision may do so through the Appeal Process.

I have read, understand and agree to abide by this Code of Conduct.

Date: _____

Members Signature: _____

Parent/Guardian Signature: _____

Surveys and Evaluations Permissions

Parent Consent/Youth Assent for Statewide 4-H Common Measures Evaluation

Project Directors: Dr. Tim Ewers, and Maureen Toomey

The University of Idaho Institutional Review Board has approved this project.

Idaho 4-H is conducting a statewide evaluation of programs. The goal of the evaluation is to obtain data on meeting state and national goals in related to positive youth development, 4-H science, healthy living, and/or citizenship. We hope to understand 4-H's progress in meeting state and national goals in the previously mentioned areas. The overall purpose is to inform and improve 4-H programming across the state and nation. The questions asked in the survey will help Extension professionals to better plan and implement programs. A strong youth development program at the community level benefits both the youth and the community as a whole.

Your child will complete the Common Measures survey following or during their participation in a 4-H program. Youth will take an online survey of approximately 10-20 minutes in length. If the web is not easily accessible, the youth will complete a paper copy of the survey, which the on-site facilitator will supply. If paper copies are used, the on-site facilitator will send paper copies to one of the investigators (listed above) for entry. Copies will be stored in a secure location until the study is complete and then destroyed.

Youth are NOT required to participate in the evaluation program. If your son or daughter decides that he/ she does not wish to participate, it will not affect his/ her participation in this or future University of Idaho Extension 4-H programs. If your son or daughter does not want to answer some questions on the survey, that is ok. If they chose not to participate or not finish the questions, there will be an alternate activity for them to do. The survey responses will be anonymous, (without your son's or daughter's name on it) but it might be possible that your son or daughter could be identified through demographic questions. This information will not be shared with anyone nor will it be reported individually.

Please read and explain the paragraph above to your son or daughter. If you have any questions about this project, please contact one of the investigators: Maureen Toomey (208-454-7648 or mtoomey@uidaho.edu) or Dr. Tim Ewers (208-885-6321 or tewers@uidaho.edu). If you have questions about your rights as a research participant, or concerns or complaints about the research, you may contact the University of Idaho Institutional Review Board at hac@uidaho.edu or 208-885-6340.

If you agree to allow your child to participate in this study, there is no signature required. You will just need to check the appropriate option below.

I DO give permission for my child to participate in the research study "Statewide 4-H Common Measures Evaluation" that may take place during a 4-H activity that he/she will participate in. Your child will automatically be given the survey at the scheduled activity.

_____ _____

Parent/Legal Guardian Signature Date

I DO NOT give permission for my child to participate in the research study "Idaho 4-H Skill Indicators Study" that will take place at the 4-H activity that I am going to be attending. I understand that no one will be upset or mad at me if I decide not to participate.

_____ _____

Parent/Legal Guardian Signature Date

Publicity Release

The individual signing below agrees that the UI may photograph or video any of the undersigned during, and in connection with, the Activity. The undersigned and each of them agree the UI shall be the exclusive owner of all images and all copyright and other rights in the images.

Waiver Consent

Do you agree to the above waiver? ☐ Yes ☐ No

_____ _____

Parent/Legal Guardian Signature Date

Privacy Release

The undersigned parent/guardian authorize the University of Idaho to use the contact information set out above to inform the undersigned or either of them of upcoming university events and activities.

Waiver Consent

Do you agree to the above waiver? ☐ Yes ☐ No

_____ _____

Parent/Legal Guardian Signature Date

Appendix B. UI Protection of Minors Code of Behavior

D-5. Code of Behavior

University of Idaho – APM 05.12 – May 9, 2018

Our program provides the highest quality services available to minors. Our commitment is to create an environment for minors that is safe, nurturing, empowering, and that promotes growth and success for the minors who participate in our program. Any type of abuse will not be tolerated and will result in immediate dismissal from the program and/or University of Idaho (UI). UI will fully cooperate with authorities if allegations of abuse are made and investigated.

To accomplish this mission together, employees, volunteers, and other adults participating in programs, events, and activities involving minors:

1. Will treat minors with respect at all times.

2. Will treat minors fairly regardless of race, sex, age, religion, sexual orientation or gender expression.

3. Will adhere to uniform standards of affection as outlined in any applicable university or program specific policies.

4. Shall not use or be under the influence of alcohol or drugs in the presence of minors or during activities or events involving minors.

5. Shall not discuss their sexual encounters with or around minors or in any way involve minors in their personal problems or issues.

6. Shall not date or become romantically involved with minors.

7. Shall not make pornography in any form available to minors or assist them in any way in gaining access to pornography.

8. Shall not have secrets with minors.

9. Shall not have private displays of affection with minors.

10. Shall not swear or tell off-color jokes.

11. Shall not stare or comment on the minors' bodies.

12. Shall not engage in inappropriate electronic communication with minors, as may be further defined by specific program policies.

13. Shall avoid outside contact with minors, which may be further defined by specific program policies.

14. Shall not shower, bathe, or undress with or in the presence of minors.

15. Will not take any photographs or videos of minors or posting photographs or videos on a digital, electronic, hosted media, web-based service or any other medium without first obtaining a release from the minor's parent or legal guardian.

16. Shall not abuse minors in anyway including the following:

- Physical abuse: hitting, corporal punishment, spanking, shaking, slapping, unnecessary restraints
- Verbal abuse: degrade, threaten, cursing
- Sexual abuse: inappropriate touch, exposing oneself, sexually oriented conversations
- Mental abuse: shaming, humiliation, cruelty
- Neglect: withholding food, water, shelter

17. Shall not allow minors to engage in hazing, bullying, derogatory name-calling, games of "Truth or Dare," ridicule, or humiliation.

18. Will report concerns or complaints about other adults or minors in accordance with all reporting policies.

I have read, understand, and voluntarily agree to comply with the University of Idaho's APM 05.12, Protection of Minors Code of Behavior.

4-H Member

4-H Member Signature *

Date

Parent/Legal Guardian

Parent/Legal Guardian Signature *

Date