

DATE \_\_\_\_\_



4-H YOUTH ENROLLMENT



NAME: \_\_\_\_\_  
LAST FIRST MI

BIRTHDATE: \_\_\_/\_\_\_/\_\_\_ CONTACT PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**FAMILY'S CURRENT MILITARY AFFILIATION**

(If Any- Please check all that apply)

	ACTIVE	RESERVE	GUARD
ARMY	_____	_____	_____
AIR FORCE	_____	_____	_____
NAVY	_____	_____	_____
MARINES	_____	_____	_____
COAST GUARD	_____	_____	_____

**MAILING ADDRESS:**

STREET CITY ZIP  
**PHYSICAL ADDRESS:**

STREET CITY ZIP

**SEX\*:**  
FEMALE \_\_\_\_\_ MALE \_\_\_\_\_

**I LIVE: (CHECK ONE)**  
\_\_\_\_ ON A FARM  
\_\_\_\_ RURAL AREA OR TOWN UNDER 10,000  
\_\_\_\_ TOWN OR CITY OF 10,000 TO 50,000  
\_\_\_\_ SUBURB OF CITY OVER 50,000  
\_\_\_\_ CITY OVER 50,000

**RACE\*:**  
\_\_\_\_ WHITE \_\_\_\_\_ HISPANIC  
\_\_\_\_ BLACK \_\_\_\_\_ ASIAN PACIFIC  
\_\_\_\_ AMER IND \_\_\_\_\_ OTHER(S)  
\_\_\_\_ HAWAIIAN

**GRADE:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_

**NAME OF 4-H CLUB OR GROUP:** \_\_\_\_\_

**NAME OF LEADER/ADVISOR:** \_\_\_\_\_

**PROJECT TO BE CONDUCTED:**

(See list on last page)

CODE	NAME
_____	_____
_____	_____
_____	_____

**LEADERSHIP POSITIONS HELD:** (check if applicable)

\_\_\_\_ JR. LEADER  
 \_\_\_\_ TEEN LEADER  
 \_\_\_\_ CLUB OFFICER  
 \_\_\_\_ COUNCIL/FEDERATION OFFICER  
 \_\_\_\_ COUNCIL/FEDERATION COMMITTEE CHAIR  
 \_\_\_\_ OTHER

**I agree to attend and participate in meetings and complete my projects**

**I approve, and will have my child attend meetings and complete projects.**

Signature of Youth: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

\*This information is needed for reporting purposes only. Hawaii Cooperative Extension Service Activities and employment opportunities are available to all people Regardless of race, color, religion, sex, age, national origin, handicap, or political affiliation



**UNIVERSITY OF HAWAI'I**  
**Hawai'i 4-H Youth Development**  
**Program**



**Name of Child** (Last Name, First Name, Middle Initial): \_\_\_\_\_

**ASSUMPTION OF RISK AND RELEASE.**

I/We, the undersigned, certify that the above named child is in good physical health and able to participate in all activities of the Hawai'i 4-H Youth Development Program from September \_\_\_\_\_ to August \_\_\_\_\_.

I/We further understand that the University of Hawai'i does not provide medical or liability insurance or otherwise indemnify individuals with respect to injuries or other liabilities arising out of participation in the Hawai'i 4-H Youth Development Program.

I/We understand that participation in the Program is voluntary. In giving this consent, I/We understand that there are unavoidable and unforeseen risks in participating in the Program. I/We also acknowledge and have independently reviewed and assessed the risks. Knowing these risks, and in consideration of my child's participation, I/We agree, individually, and on behalf of my heirs, successors and personal representative(s) to assume all of the risks and responsibilities associated with my child's participation in the Program.

\_\_\_\_\_  
 Signature of Parents/Guardian(s)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name(s)

**MEDIA RELEASE**

I/We give the University of Hawai'i College of Tropical Agriculture and Human Resources (CTAHR), National 4-H Council, 4-H Cooperative Extension Service, USDA/CSREES, 4-H clubs and programs, its nominees, agents, and assigns, unlimited permission to use, publish and republish for purposes of advertising, public relations, trade or any other lawful use, the right to utilize any media of or by me, including but not limited to photographs, video or audio of me (and/or my property), or any written or electronic end product created by me as a result in my participation in any 4-H project or event. Use includes but is not limited to posting it on the CTAHR website. I waive any rights, claims or interest I may have to control the use of my identity or likeness in the photographs, video, or audio and agree that any uses described herein may be made without compensation or additional consideration of me.

I also give the above fore-mentioned parties the right to utilize information I provide in any of their evaluation reports and exhibit this work publicly or privately. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

\_\_\_\_\_  
 Signature of Parent (if participant is under 18 years of age)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name(s)



**MEDICAL INFORMATION SUMMARY**  
**For Minors in the 4-H Program**



Name \_\_\_\_\_  
Last First Middle

Mailing Address \_\_\_\_\_  
Number & Street City, State, Zip

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_

Name of parent or legal guardian \_\_\_\_\_

Parent phone during this program: Home \_\_\_\_\_ Bus \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Name of two alternates (relatives or friends) who may be contacted in case parent or legal guardian cannot be reached in an emergency

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name of child's physician \_\_\_\_\_ Phone \_\_\_\_\_

Date last seen by physician \_\_\_\_\_ Reason \_\_\_\_\_

Give name and identification number of hospital/medical insurance \_\_\_\_\_

Policyholder's name \_\_\_\_\_ Agent \_\_\_\_\_

**GENERAL HEALTH & MEDICAL HISTORY:**

If participant has been under the care of a physician within the past 12 months or if there is any question about activity restriction, attach a statement from a physician indicating restrictions and noting any pertinent recommendations.

1. Any operations, serious injuries or chronic illness: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify: \_\_\_\_\_

2. Check communicable diseases to date:

Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Chicken Pox \_\_\_\_\_  
German Measles ( Rubella ) \_\_\_\_\_ Others \_\_\_\_\_

3. Note any communicable diseases minor have been exposed to in the last two weeks:

\_\_\_\_\_

4. Give year of last immunization or booster for

Tetanus \_\_\_\_\_ German Measles (Rubella) \_\_\_\_\_ Diphtheria \_\_\_\_\_  
Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Polio \_\_\_\_\_ Other \_\_\_\_\_

5. Indicate any known allergies:

Food \_\_\_\_\_ Drugs \_\_\_\_\_  
Plants \_\_\_\_\_ Animals \_\_\_\_\_  
Insects \_\_\_\_\_ Others \_\_\_\_\_  
Explain reaction and indicate medication used \_\_\_\_\_  
(Medication for above should be brought with you.)

6. Check if prone to any of the following conditions:

Asthma or respiration problems \_\_\_\_ Fainting \_\_\_\_ Stomach upset \_\_\_\_  
Frequent headaches \_\_\_\_ High blood pressure \_\_\_\_ Heart problems \_\_\_\_  
Restlessness or sleepwalking \_\_\_\_ Convulsions \_\_\_\_ Other (please specify) \_\_\_\_  
If you have checked any, please give details \_\_\_\_\_

7. List medication(s) and use, including insulin. (Should be in original container with prescription and/or label.)

Medication \_\_\_\_\_ used for \_\_\_\_\_ When taken \_\_\_\_\_  
Medication \_\_\_\_\_ used for \_\_\_\_\_ When taken \_\_\_\_\_  
Medication \_\_\_\_\_ used for \_\_\_\_\_ When taken \_\_\_\_\_

Does youth require help with medication? \_\_\_\_\_

Is refrigerator needed? Please explain \_\_\_\_\_

8. Any known physical, mental, social difficulties or other special information which may affect participation or for which special consideration should be given? \_\_\_\_ (yes) \_\_\_\_ (no)

Explain \_\_\_\_\_

9. Any prior activity restriction? \_\_\_\_ (yes) \_\_\_\_ (no) If yes, specify \_\_\_\_\_

10. Any present activity restriction desired by participant, his or her parent, guardian or physician? \_\_\_\_\_  
If yes, describe \_\_\_\_\_

### **MEDICAL CONSENT FORM**

I/We, the undersigned, consent to and authorize any medical professional and others working under their supervision to treat me for any injury or illness arising from or related to my participation in the above named program.

I/We further agree to pay any and all medical expenses, costs and other charges and to release and discharge and hold harmless the University of Hawai'i, State of Hawai'i, its officers, employees, agents, and assigns from and against any liability or any claims or demands arising from or connected with such medical treatment or care.

\_\_\_\_\_  
Signature of Parent (if participant is under 18 years of age)

\_\_\_\_\_  
Date

### **IN CASE OF EMERGENCY:**

First Person to Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Second Person to Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician to Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parents/Guardian(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name(s)

**Animals**

Animal Science  
Beef Breeding  
Beef Heifer  
Beef Market  
Dairy Cattle  
Dairy Goat  
Dog  
Horse  
Meat Goat Breeding  
Meat Goat Market  
Pets  
Poultry Layer  
Poultry Meat  
Rabbit Breeding  
Rabbit Meat  
Sheep Breeding  
Sheep Market  
Swine  
Veterinary Science  
Working Ranch Horse

**Career/Workforce Prep**

Entrepreneurship  
Workforce Readiness

**Cloverbuds**

Cloverbuds

**Communications and Expressive Arts**

Creative Writing  
Cultural Arts  
Photography  
Public Speaking  
Reading  
Theatre Arts  
Video  
Visual Arts

**Community / Volunteer Service**

Citizenship  
Civic Engagement  
Leadership  
Mentoring

**Consumer and Family Science**

Personal Financial Management  
Sewing/Clothing

**Environmental Education / Earth Science**

Air Rifle  
Archery  
Environmental Education/Earth Sciences  
Backyards and Beyond  
Bicycle  
Butterfly  
Entomology  
Erosion and Soil Control  
Exploring Your Environment  
Fishing  
Forestry  
Gardening  
Honey Bee  
Outdoor Activities  
Science Discovery  
Soil Conservation/Land Management  
Stormwater Management  
Water Conservation  
Wind Energy

**Food and Nutrition**

Cooking  
Food Preservation  
Food Safety  
Health  
Physical Activities  
Safety  
Nutrition

**Personal Development**

Communication

**Plant Science**

Gardening  
Learn Grow Eat Grow

**Technology and Engineering**

Aerospace  
Computer  
Computer Science  
Electricity  
Food Science  
Geospatial  
Kitchen Chemistry  
Robotics  
Science Fun with Physics  
Small Engines  
STEAM Clothing  
Woodworking  
Wind Energy