

Name: \_\_\_\_\_ 4-H County: \_\_\_\_\_ 4-H District: \_\_\_\_\_ Program Year: \_\_\_\_\_

## Florida 4-H Participation Form

Note: This form must be completed by the participant and/or parent/guardian in order to participate in the 4-H program. All items must be completed. 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: \_\_\_\_\_ 4-H Age: \_\_\_\_\_  
Last First

Home Address: \_\_\_\_\_ Youth/Adult: \_\_\_\_\_ Female/Male: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Primary Emergency Contact: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Alternate Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Name of Family Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_  
Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Name of Insured: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Emergency Contact and Health History was current as of \_\_\_\_\_, verified by \_\_\_\_\_ Parent/Guardian or Adult Participant

### Health History

Reporting conditions will not prevent a person from attending and will be kept confidential. Does the participant have, or at any time had, any of the following? "Yes" or "No" indicated for each item, and "Yes" responses explained.

- 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) Penicillin Allergy.....
- 14) Aspirin Allergy.....
- 15) Tetanus Allergy.....
- 16) Other Drug Allergies.....
- 17) Food Allergies.....
- 18) Poison Ivy, Oak or Sumac.....
- 19) Other Allergies.....
- 20) Other Health Conditions.....

Recent Surgeries or Illnesses: \_\_\_\_\_  
Activities to be Restricted: \_\_\_\_\_  
Special Dietary Regulations: \_\_\_\_\_  
Current Medications: \_\_\_\_\_  
Other Comments: \_\_\_\_\_  
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 antibiotic): \_\_\_\_\_  
Other: \_\_\_\_\_ Please contact me for permission to administer ANY over-the-counter medications: \_\_\_\_\_

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

Name: \_\_\_\_\_ 4-H County: \_\_\_\_\_ 4-H District: \_\_\_\_\_ Program Year: \_\_\_\_\_

## Florida 4-H Participation Form: Youth and Adults Official Authorizations

### 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 well being 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 shooting sports 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 areas (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.

\_\_\_\_\_ **Youth or Adult Participant: I have read the Florida 4-H Events Youth/Adult 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.**

\_\_\_\_\_ **I understand & Agree to the Florida 4-H Events Youth/Adult Code of Conduct above—considered a Parent/Guardian Signature.**

Medical Release: I 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 cover only a portion of the medical costs and I, or my personal insurance, may be responsible for the remaining expenses.

\_\_\_\_\_ **I understand & Agree to the Medical Release, considered a Parent/Guardian or Adult Participant Signature.**

General Release: 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 actions of any kind, including the 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.

\_\_\_\_\_ **I understand & Agree to the General Release, considered a Parent/Guardian or Adult Participant Signature.**

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 the Florida 4-H Foundation.

\_\_\_\_\_ **I 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 and 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 competing a survey or an evaluation.

\_\_\_\_\_ **I am willing to participate—or give permission for my child to participate—in any program evaluation.**

Official Authorizations current as of \_\_\_\_\_, verified by \_\_\_\_\_ Parent/Guardian or Adult Participant

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

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