

KANSAS 4-H YOUTH PARTICIPATION FORM

For camp or other 4-H events with non-enrolled youth. Please complete in ink or on a computer and print a copy for state enrollment system entry.



Local Extension Unit: _____ Today's Date: _____

Family Information

Family Last Name (for correspondence): _____ Family Email: _____

Family Mailing Address: _____ City: _____ State: _____ Zip: _____

Family Primary Phone: _____ Correspondence Preference: Mail Email

Youth Information

First Name: _____ Middle Name: _____ Last Name: _____

Preferred Name: _____ Youth Email: _____

Youth Mailing Address (if different from family): _____ City _____ Zip: _____

Date of Birth: _____ Gender: Male Female

Cell Phone: _____ Correspondence Preference: Mail Email

Texts OK? Yes No Cell Provider: _____ Years in 4-H: _____

Parent Information

First Name: _____ Last Name: _____ Cell Phone: _____

Email: _____ Work Phone: _____

First Name: _____ Last Name: _____ Cell Phone: _____

Email: _____ Work Phone: _____

Second Household Parent (if applicable)

First Name: _____ Last Name: _____ Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Correspondence Preference: Mail Email

Youth Demographics

Check One, Ethnicity: Hispanic Non-Hispanic

Race (Check all that apply): Asian White American Indian or Alaskan Native
Black or African American Native Hawaiian or Pacific Islander

Check One, Residency: Farm Town<10K Town 10K-50K Suburbs>50K Cities>50K

Check all that apply, Military Service of Family:

I have a: Parent Sibling serving in the military No one in my family is serving in the military

Branch of Service

Air Force Army Coast Guard DOD Civilian Marines Navy

Branch Component:

Active Duty National Guard Reserves

School Information

School County: _____ School District: _____

School Name: _____ **Check one type:** Homeschool/Alternative Magnet
Public Private Special Education

Kansas 4-H Participant Code of Conduct, Participant Agreement and Consent, Waiver, Release and Assumption of Risk

The 4-H Code of Conduct is intended to foster a safe environment that encourages optimal learning and growth. The opportunity to participate in or attend 4-H activities is a privilege and not a right. All 4-H participants – **youth, families, volunteers, and Extension staff** – who participate in or attend any activity or event sponsored by Kansas State Extension 4-H Youth Development Program are expected to uphold the values of the Kansas 4-H program and conduct themselves according to the following standards listed below. These standards also apply to online 4-H activity, including social media and internet presence. Whether online or in person, this Code of Conduct is to guide participants to think critically, behave safely, and participate responsibly in our shared world. The following Kansas 4-H Code of Conduct is a condition of participation in any Kansas 4-H activity or program.

When I participate in 4-H programs, I agree to:

1. Be present, attentive and engaged in the 4-H activities. Practice good sportsmanship, be helpful to others, uphold ethical practices in 4-H projects and events, and never cheat or falsely represent efforts related to 4-H project activities.
2. Know and follow federal, state and local laws that apply to minors (e.g., no use of alcohol, illicit (non-prescribed) drugs, and tobacco in any form) even when I am 18 or 19 years old and still a program participant.
3. Use language and actions that do not substantially interfere with others' participation in the program. (Swearing, harassment, and bullying are not allowed.) You are personally responsible for any damage you cause as a result of your behavior, including the cost of any physical injury or property damage you cause in the course of your participation in any program or event.
4. Know and follow safety policies and procedures of Kansas State University, Kansas State Research and Extension (KSRE), and guidelines of the 4-H Youth Development Program, as applicable to this program. (Such as: not leaving the program area without permission from the program supervisor; be in assigned lodging and program areas during activities; abide by curfew hours; and, any other additional safety policies established by a specific event or program.)
5. Obey all rules and directives that apply to the 4-H activity where I am involved.
6. Use mobile electronic devices during a scheduled 4-H activity only in a manner that is consistent with the approved activity and not disruptive.
7. Apply these conduct standards also apply to online 4-H activity, including social media and internet presence.

Kansas 4-H Participant Code of Conduct, Participant Agreement and Consent, Waiver, Release and Assumption of Risk (continued)

I acknowledge and agree that:

- a) I have read and agree to abide by the Kansas 4-H Participant Code of Conduct. I agree to comply with the policies, rules, and regulations of the Kansas 4-H Youth Development program.
- b) I am bound by Kansas State University's standards of appropriate conduct found in applicable University policies, including but not limited to the non-discrimination policy (PPM 3030), and the Threat Management Policy (PPM 3015).
- c) Failure to abide by this participation agreement may result in restrictions on my participation during a current or future 4-H event.
- d) I am responsible for any costs associated with my dismissal or removal from any program event or activity, or any physical injury or property damage I cause during the course of any program or event.
- e) I have received, read, understand, and accept the terms and conditions related to participation in the 4-H Youth Development program as stated above. I understand that my or my minor child's failure to comply with the requirements of participation may result in dismissal or removal from the program, at my own expense.
- f) I consent to my or my minor child's participation in all activities during program events, including but not limited to riding in vehicles operated by the releasees (defined below) to and from events during the event, as and if applicable.
- g) In consideration for my or my minor child's participation in in KSRE programs, including but not limited to 4-H Youth Development, I WAIVE, RELEASE, AND DISCHARGE for myself and my heirs, executors, administrators, legal representatives, assigns, and successors in interest ("successors"), Kansas 4-H Youth Development, K-State Research and Extension, Kansas State University, the State of Kansas, the Kansas Board of Regents, and all their agents, officers, and employees (all collectively referred to as "releasees"), from all claims, demands, and causes of action of any kind, including claims for negligence which may arise from or be related to my or my minor child's participation in Kansas 4-H Youth Development.
- h) I give permission to the releasees to act in my absence to authorize members of the medical profession and any hospital to treat me or my minor child for illness or injury suffered during the event. Without limiting the foregoing release, waiver, and discharge, I (and on behalf of the successors) specifically hold the releasees harmless in the exercise or non-exercise of such permitted action and related decisions. I shall assume responsibility for all medical expenses and recognize that no medical insurance is being provided by or through the releasees.
- i) I grant permission for the releasees to store the medications supplied by me or my child in a safe location in order for my child to access it to self-administer or for me to administer during the event. I understand that I must label all medications with the child's name. I understand that releasees will not dispense or administer or instruct about medications, and take no responsibility for the child's or my administration of any medications. I understand that the releasees will permit access by my child at my child's request to the medications I have supplied.
- j) Misrepresentation of the individuals providing signatures (electronic or in-person) or falsification of provided personal information will result in termination of program participation.

I Agree Member Signature Field: _____

I Agree Parent/Guardian Signature Field: _____

Evaluation Release

- 1. I give permission for my child to complete evaluations that will be used to determine program effectiveness or to promote the program.
- 2. I understand that participation in program evaluations is voluntary and that my child may choose not to participate and may withdraw from evaluations without impact on my or my child's eligibility to participate in the 4-H program.
- 3. I understand that my child may be asked for consent before completing an evaluation.

I Agree I Do Not Agree Parent/Guardian Signature Field: _____

Publicity Release

I waive any rights to and consent to the recording and use of my or my child’s image and likeness by releasees. I understand and voluntarily authorize the releasees to: (1) record my or my child’s participation and appearance on videotape, audio tape, film, photograph, electronic data or image, and/or any other medium (collectively referred to as “Photographs”); (2) use and/or publish my or my child’s name, likeness, voice, biographical material, and/or other private and/or public facts and/or opinions (collectively, “Likeness”) in connection with or separate from these Photographs; (3) exhibit and distribute such Photographs and/or Likeness in whole or in part, without restrictions or limitation, for any communications, educational, marketing, advertising, publicizing, promotional, and/or any other purpose which the releasees deem appropriate.

I understand and consent that my or my child’s Likeness and any Photographs may be posted on and/or accessible to the public via the Internet and other media. I waive any right that I or my child may have to inspect and/or approve any finished Photographs or Likeness products or the use to which it may be applied, and I understand and consent that neither I nor my child will receive financial compensation in exchange for use of the Photographs and/or Likeness. Without limiting the foregoing releases, waivers, and discharges, I (and on behalf of the successors) specifically hold the releasees harmless from any and all types of liability related to the Photographs and/or Likeness, including without limitation, for negligence or invasion of privacy of any and all types, and for damages to my person, property, and/or reputation, including without limitation damages related to any blurring, distortion, alteration, or optical illusion that may occur and/or be produced in any manner whatsoever.

I Agree I Do Not Agree Youth Signature Field: _____

I Agree I Do Not Agree Parent/Guardian Signature Field: _____

T-Shirt Size Please indicate the youth's shirt size:

- | | | | | | |
|-------------|--------------|-------------|----------|-----------|-----------|
| Youth Small | Youth Medium | Youth Large | Youth XL | | |
| Adult Small | Adult Medium | Adult Large | Adult XL | Adult 2XL | Adult 3XL |

Health Form

While it is recommended that a parent or guardian complete this section for their child, reporting medical history is voluntary. Reporting health conditions will not prevent a youth from attending events and will be kept confidential.

Please indicate if any of the following health conditions apply to the participant:

- | | | |
|-----------------------|--------------------------------------|--------------------------|
| Asthma | Auto Immune Diseases | Seizures/Convulsions |
| Diabetes | Hypoglycemia | Hypertension |
| Heart Condition | Migraines | Stroke History |
| Serious Insect Stings | Serious Ivy, Oak or Sumac Poisoning | Drug Allergies |
| Food Allergies | Other Serious Allergies or Reactions | Recent Injury or Surgery |
| Other Conditions | Wears Glasses/Contact Lenses | |

Date of Last Tetanus Shot: _____

If any health conditions are indicated above, please explain and provide information to include special or dietary needs and/or activity restrictions for your child. If none exist, please type "none."

Please list your child's current medications, including rescue medications such as inhalers and/or EPI pens. If there are none, please type "none."

Name of Medication & Purpose	Dosage (Amount to be Given)	Please Select time:		Remarks or other info:
		Morning	Dinner	
		Lunch	Bedtime	
		Morning	Dinner	
		Lunch	Bedtime	
		Morning	Dinner	
		Lunch	Bedtime	

Please specify any accommodations that your child will need to participate in 4-H activities. If there are none, please type "none."

Medications

Please indicate which over-the-counter medications may be administered to your child without contacting you.

- | | | |
|-----------------------------------|----------------------------------|--------------------|
| Antihistamine (Benadryl) | Antacid | Ibuprofen (Motrin) |
| Acetaminophen (Tylenol) | Decongestant | Dramamine |
| Hydrocortisone (anti-itch creams) | Polysporin (topical antibiotics) | |

Data Management Acknowledgement

To keep 4-H youth enrollment and participation information secure and to improve data management and reporting requirements, KSRE will maintain your child's information in an online database. This system is managed on a certified secure server.

Please indicate you understand this requirement by signing your name below.

Youth Signature Field: _____

Parent/Guardian Signature Field: _____

Kansas State University Agricultural Experiment Station and Cooperative Extension Service

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