



South Dakota 4-H Member Enrollment

2012

Last Name: _____ First: _____ MI: _____

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

Home Phone: _____ Alternate Phone: _____

E-mail address: _____ Birthdate: _____ Age: _____

Parent/Guardian name(s): _____

Years in 4-H: _____ Grade: _____ School Name: _____

Hispanic Ethnicity: (check one) Yes - Hispanic or Latino Ethnicity - OR - No - Not Hispanic or Latino Ethnicity

Racial groups: (check all that apply): White Black or African American American Indian or Alaskan Native Asian
 Native Hawaiian or Other Pacific Islander More than One Race Undetermined

Gender: Male Female Residence (check one): Farm Rural non-farm or town less than 10,000
 Town/City 10,000 to 50,000 Suburb City over 50,000

Military Family (check appropriate branch of service):

Army Navy Air Force Marines Coast Guard

Clubs [Code Name]

1: _____ 2: _____ 3: _____

Projects [Code Name (Year In Project)]

1: _____	2: _____	3: _____
4: _____	5: _____	6: _____
7: _____	8: _____	9: _____
10: _____	11: _____	12: _____
13: _____	14: _____	15: _____
16: _____	17: _____	18: _____

Media Release (Please check one)

_____ I hereby authorize South Dakota State University to photograph me and/or my property, and authorize South Dakota State University, its legal representatives, or successors and assigns the absolute right and unrestricted permission to copyright, publish and/or use such photographs or recordings in whole or part, or composite or form made for art, advertising, trade or any lawful purpose. I hereby waive any right that I may have to inspect and approve the finished product or the advertising copy that may be used in connection therewith, or the use to which it is applied. I understand no payment or compensation will be provided to use my photograph or recordings. I hereby release, discharge and agree to hold harmless South Dakota State University from any liability by virtue of any use whatsoever, whether intentional or otherwise, that may occur or be produced in the taking of said picture, or in any processing tending toward the completion of the finished product.

_____ I do NOT permit pictures of my child to be used for any purpose.

I have read the South Dakota 4-H Behavioral Expectations as well as the Code of Conduct Policy and Procedures. I am aware that my actions and decisions affect myself as well as others. I am aware that my behavior and decisions may result in the loss of privileges during 4-H events and/or future events. I will accept the appropriate and logical consequences of my actions, as determined by the South Dakota 4-H program.

Member Signature _____ Date: ____/____/____

As the parent/guardian of the 4-H member in this document, I have read the South Dakota 4-H Behavioral Expectations document as well as the Code of Conduct Policy and Procedures. I will support the individual in charge of maintaining appropriate behavior at 4-H events. I agree to accept the appropriate and logical consequences of my child's actions according to this policy and determined by the South Dakota 4-H program.

Parent Signature _____ Date: ____/____/____

Persons seeking admission, employment, or access to programs of South Dakota State University shall be considered without regard to race, color, religion, sex, national origin, disability, age, political belief, veteran status, sexual orientation, and marital or familial status. Persons with disabilities who require alternative means for communication or program information (Braille, large print, audiotape, etc.) should contact their local SDSU CES Office.



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Last Name: _____ First: _____ MI: _____

Member Health Information:

List any significant health conditions (diabetes, asthma, psychological counseling, etc.) _____

List any significant allergies to drugs: _____

List any other significant allergies: _____

Are immunizations current: Yes No Date of last tetanus shot: ____/____/____

Health and Accident Insurance Information

_____ County 4-H Policy _____ Family Policy _____ Public Health Service _____ Valid Waiver on File

Company Name: _____ Policy Number: _____

Emergency Contact Name: _____ Home Number: (____) _____ Other Number: (____) _____

I understand that first aid will be available at the event, that the 4-H member will be supervised closely, and that if a serious illness or injury develops, medical and/or hospital care will be given; however, the staff will not be held responsible in case of accidental illness or injury. I further understand that in case of serious illness or injury we will be notified. If it is impossible to contact us, we give permission of emergency treatment or surgery as recommended by the attending physician. Insurance is the responsibility of the individual according to the 4-H policies of the County Extension Service. I am familiar with, and understand the Extension policy regarding health and accident insurance. My signature indicates that I have read this form, including the 4-H code of Conduct, and support the individual(s) in charge of maintaining appropriate behavior. I agree to accept the appropriate and logical consequences of my child's actions according to this policy as determined by the South Dakota 4-H program.

Furthermore, I give permission for my child to receive emergency medical attention, and to participate in 4-H program activities.

Parent Signature _____ Date: ____/____/____

Release and Waiver of Liability, Assumption of the Risk and Indemnity Agreement and Consent to Medical Treatment

By our signatures below, we acknowledge that we are aware of, appreciate the character of, and voluntarily assume the risks involved in participating in 4-H activities and programs.

By our signatures below, on behalf of ourselves, our heirs, next of kin, successors in interest, assigns, personal representatives, and agents, we hereby:

1. Waive any claim or cause of action against and release from liability the state of South Dakota, its officers, employees, and agents for any liability for injuries to person or property resulting from participation in 4-H activities and programs.
2. Agree to indemnify and hold harmless the state of South Dakota, its officers, employees, and agents for any claims, causes of action, or liability to any other person arising from participation in 4-H activities and programs.
3. Consent to receive any medical treatment deemed advisable during participation in 4-H activities and programs.

I have read this release and waiver of liability, assumption of the risk and indemnity agreement and consent to medical treatment, fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

I understand that in case of serious injury or illness, efforts will be made to notify a parent/guardian. In the event that a parent/guardian cannot be contacted, we give permission of emergency treatment or surgery as recommended by a medical professional. Insurance is the responsibility of the individual according to the 4-H Policies and Procedures of the South Dakota Cooperative Extension Service.

I have read and understand the Extension policy regarding health and accident insurance.

Member Signature _____ Date: ____/____/____

Parent Signature _____ Date: ____/____/____