

It is the parent's or guardian's responsibility to make sure this form is filled out in its entirety!

## 4-H MEMBER INSURANCE FORM 2011-2012

<b>NOTE</b>	<p><b>Directions:</b> 4-Hers-below this box please fill in your name, club, and check mark if you plan to be in 4-H events/activities <b>-\$1.50</b>; or 4-H events/activities with <b>horse -\$2.50</b>; or 4-H <b>rodeo-\$40</b>. (You must be in one of them.) Check mark in box option 1-the option that is for you: 4-H insurance events/activities, or 4-H insurance with horse, or 4-H rodeo insurance.</p> <p><b>ONLY fill out option 2 waiver if you are in "RODEO"</b> and have your own insurance (you will then also need to buy the \$2.50 horse insurance.) Have a parent or guardian sign/date form then return to leader. Club Leaders will send one check (made out to: 4-H Leaders Assoc.) for total insurance amount with completed forms to the Extension Office by <b>Thursday, April 5</b>.</p> <p><b>Note: Rodeo members will later be sent a second form to fill out and return to the Extension Office.</b></p>
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Name of 4-H Member \_\_\_\_\_ Club: \_\_\_\_\_

This 4-H member plans to participate in:

\_\_\_ 4-H events/activities (\$1.50) \_\_\_ 4-H events/activities with **horse** (\$2.50) \_\_\_ 4-H **Rodeo** (\$40)

### PLEASE SELECT ONE OPTION\*\*

1	<p>We wish to purchase 4-H insurance for our child. (Requires 100% participation by each club). Select one of the following:</p> <p>___ 4-H group insurance-<b>events/activities</b> (\$1.50) ___ 4-H group insurance with <b>horse project</b> (\$2.50) ___ 4-H <b>rodeo</b> insurance (\$40)</p> <p>** If you wish to purchase HORSE insurance and also have a RODEO waiver, please complete box 2, also.</p>
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**OR Only fill out option 2 rodeo waiver if you are in "rodeo" and have your own insurance.**

2	<p>I hereby certify that _____ has insurance coverage equal to or greater (Name of 4-H Member)</p> <p>than the coverage provided by 4-H (see below) for health, accident, and illness. Coverage provided by _____ Policy # _____ Expiration Date _____ (Name of Insurance Company)</p>
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For all options, please sign below:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or guardian)

A copy of this form is to be on file in the county Extension office by date of annual county 4-H insurance program contract.

SD Policy # A SD23219 coverage is: \$2,500 medical and hospital expenditure resulting from injuries; \$500 –medical & hospital expenses resulting from illness which manifest itself on the day or days this policy is in force; \$500 dental expense due to injury to sound, natural teeth; \$5,000 loss of life within 100 days of accident; \$5,000 loss of any one: arm, leg, hand or foot within 100 days of accident; \$10,000 loss of any two: arms, legs, feet, or hands or sight of both eyes within 100 days of accident; \$3,000 loss of sight of one eye within 100 days of accident. Not covered under policy- downhill skiing, bobsledding, tobogganing, snow tubing, eyeglass replacement, suicide, aviation accidents, hernia in any form.