

Postal Mail  Email

Name	County	Family Email	Correspondence Pref.
Email		First Name	
Middle Name		Last Name	
Preferred Name		Mailing Address	
City		State	
Zip Code		Birth Date	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Primary Phone	
Cell Phone		Work Phone	
Years in 4-H			

### Parent / Guardian 1

First Name	Last Name
Cell Phone	Work Phone
Work Extension	

### Parent / Guardian 2

First Name	Last Name
Cell Phone	Work Phone
Work Extension	Address
City	State
Zip Code	Home Phone
Email	

### Second Household

Send Correspondence	<input type="checkbox"/> No <input type="checkbox"/> Yes	Correspondence Pref.	<input type="checkbox"/> Postal Mail <input type="checkbox"/> Email
Family Name	First Names		
Primary Phone	Address		
City	State		
Zip Code	Email		

### Emergency Contact

Name	Phone
Email	Relationship

### Enrollment

Ethnicity	Are you of Hispanic ethnicity?	<input type="checkbox"/> No <input type="checkbox"/> Yes	(please indicate both an ethnicity and race)
Race	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Pacific Islander	
	<input type="checkbox"/> Black	<input type="checkbox"/> Asian	
	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Prefer Not to State	
Residence	<input type="checkbox"/> Farm (rural area where agricultural products are sold)	<input type="checkbox"/> Suburb of city more than 50,000	
	<input type="checkbox"/> Town under 10,000 and rural non-farm	<input type="checkbox"/> Central city more than 50,000	
	<input type="checkbox"/> Town / City 10,000 - 50,000 and its suburbs		
Military	<input type="checkbox"/> No one in my family is serving in the military	<input type="checkbox"/> I have a parent serving in the military	
	<input type="checkbox"/> I have a sibling serving in the military		

4hOnline

Branch  Air Force  Army  Coast Guard  DOD Civilian  Marines  Navy

Component  Active Duty  National Guard  Reserves

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Grade	School Name
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School Type	<input type="checkbox"/> Public School	<input type="checkbox"/> Homeschool / Alternative
	<input type="checkbox"/> Private School	<input type="checkbox"/> Magnet / Specialized School
	<input type="checkbox"/> Special Education	<input type="checkbox"/> Charter School
	<input type="checkbox"/> Vocational Education	

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Member Signature		Date	
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Parent / Guardian Signature		Date	
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- Shooting Sports - Yankton
- Gayville Achievers - Gayville
- Get Up & Go - Irene
- Mission Hill Hillers - Mission Hill
- Yankton Clovers - Yankton
- Clever Clovers - Gayville

#### T- Shirt Size

*(shirts will be ordered in the spring  
so please take that into consideration with size)*

- Youth Small
- Youth Medium
- Youth Large
- Adult Small
- Adult Medium
- Adult Large
- Adult XL
- Adult XXL

## 4-H Project Enrollment

- ☘ Cloverbud members (age 5-7) need to only check the cloverbud box
- ☘ All other members please check the projects you would like to participate in up to 50

- |  |   |
|--|---|
| <input type="checkbox"/> Aerospace and Rocketry                                      | <input type="checkbox"/> Hobbies and Collection                     |
| <input type="checkbox"/> Automotive, Small and Tractors Engines                      | <input type="checkbox"/> Home Environment                           |
| <input type="checkbox"/> Beef  | <input type="checkbox"/> Horse and Pony                             |
| <input type="checkbox"/> Bicycle   | <input type="checkbox"/> Horticulture, Gardening and Landscaping    |
| <input type="checkbox"/> Cats  | <input type="checkbox"/> Leadership Skills Development              |
| <input type="checkbox"/> Character Education   | <input type="checkbox"/> Leisure Education and Recreation           |
| <input type="checkbox"/> Child Development & Family Life                             | <input type="checkbox"/> Meat Goats                                 |
| <input type="checkbox"/> Citizenship   | <input type="checkbox"/> Music/Dance                                |
| <input type="checkbox"/> Clothing and Textiles                                       | <input type="checkbox"/> Outdoor Education/Recreation               |
| <input type="checkbox"/> Cloverbuds (all members 5-7)                                | <input type="checkbox"/> Performing Arts Troupe                     |
| <input type="checkbox"/> Communications  | <input type="checkbox"/> Photography                                |
| <input type="checkbox"/> Community Service   | <input type="checkbox"/> Physics                                    |
| <input type="checkbox"/> Computers and Technology                                    | <input type="checkbox"/> Plant Science, Crops & Weeds               |
| <input type="checkbox"/> Conservation and Stewardship                                | <input type="checkbox"/> Poultry & Eggs                             |
| <input type="checkbox"/> Consumer Education  | <input type="checkbox"/> Rabbits/Cavies                             |
| <input type="checkbox"/> Cultural Education, International Study & Exchange Programs | <input type="checkbox"/> Range Sciences and Pasture Management      |
| <input type="checkbox"/> Dairy Cattle  | <input type="checkbox"/> Robotics                                   |
| <input type="checkbox"/> Dairy Goats   | <input type="checkbox"/> Rodeo                                      |
| <input type="checkbox"/> Dogs  | <input type="checkbox"/> Safety                                     |
| <input type="checkbox"/> Drama/Theater   | <input type="checkbox"/> Science and Technology Literacy            |
| <input type="checkbox"/> Economics, Business and Marketing                           | <input type="checkbox"/> Service Learning                           |
| <input type="checkbox"/> Electricity   | <input type="checkbox"/> Sheep and Wool                             |
| <input type="checkbox"/> Embryology  | <input type="checkbox"/> Shooting Sports                            |
| <input type="checkbox"/> Energy for Farm, Home and Transportation                    | <input type="checkbox"/> Small Animals / Pocket Pets / Lab Animals  |
| <input type="checkbox"/> Engineering   | <input type="checkbox"/> Social Recreation Skills                   |
| <input type="checkbox"/> Entomology and Bees   | <input type="checkbox"/> Soils and Soil Conservation                |
| <input type="checkbox"/> Entrepreneurship  | <input type="checkbox"/> Swine                                      |
| <input type="checkbox"/> First Aid & Health  | <input type="checkbox"/> Veterinary Science                         |
| <input type="checkbox"/> Fitness and Sports  | <input type="checkbox"/> Videography                                |
| <input type="checkbox"/> Food Preservation   | <input type="checkbox"/> Visual Arts                                |
| <input type="checkbox"/> Food Safety   | <input type="checkbox"/> Water and Water Conservation               |
| <input type="checkbox"/> Foods and Nutrition   | <input type="checkbox"/> Welding Science                            |
| <input type="checkbox"/> Forestry  | <input type="checkbox"/> Wildlife and Fisheries                     |
| <input type="checkbox"/> Geology and Minerals  | <input type="checkbox"/> Wood Science                               |
| <input type="checkbox"/> Geospatial  | <input type="checkbox"/> Workforce Preparation (Career Exploration) |
| <input type="checkbox"/> Graphic Arts  | <input type="checkbox"/> Writing/Public Speaking                    |
| <input type="checkbox"/> Health  |   |



# South Dakota 4-H Member Enrollment Health Form

All information is required. If any field does not apply, enter NA.

Member Full Name: \_\_\_\_\_

4-H County: \_\_\_\_\_

Birthdate: \_\_\_\_\_

## 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

Member health and accident insurance policy (Check one):

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

Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_



# South Dakota 4-H Member Enrollment Authorizations

## Code of Conduct and Behavior Expectations

The South Dakota 4-H Program expects youth members and participants to behave in an acceptable manner at all events and activities in accordance with the South Dakota 4-H Behavioral Expectations and the Code of Conduct Policy.

### Behavioral Expectations

The South Dakota (SD) 4-H Program is designed to provide youth of all ages with a positive environment in which to learn and grow. It also provides opportunities for children and youth to build positive traits of character. The SD 4-H Program supports the CHARACTER COUNTS! program and the six pillars of character: Trustworthiness, Respect, Responsibility, Fairness, Caring and Citizenship. To ensure that all youth have equal access to positive learning environments, SD 4-H members, staff, and volunteers agree to abide by these expectations of behavior:

#### • I will be trustworthy.

I will be worthy of trust, honor, and confidence. I will be a good role model by doing the right thing at all times. I will be honest in all of my activities. I will be on time for all scheduled events and will attend all of the planned activities. If I am not feeling well or have a schedule conflict, I will inform my chaperone or a person in charge of the event before the activity starts. I will be in the assigned area (club meeting room, building, dorm, etc.) at all times. The SD 4-H Program will not permit dishonesty such as lying or cheating.

#### • I will be respectful.

I will show respect, courtesy, and consideration to everyone, including myself, other participants, and those in authority. I will act and speak respectfully. I will treat meeting rooms, lodging areas, personal property, and transportation vehicles with respect. I will follow all published dress code guidelines for the event and/or activity. I will respect the personal space and choices of other participants and will not participate in inappropriate displays of affection or physical contact. I will not use vulgar or abusive language, cause physical or emotional harm, or create a feeling of fear amongst other participants.

#### • I will be responsible.

I will be responsible and accountable for my choices and my actions towards myself and other people. I will follow all rules and guidelines established for the activity or event. I will follow the verbal instructions issued by SDSU Extension staff, chaperones, and/or adult volunteers. I will abide by the established program curfew. I will be responsible for any damage, theft, or misconduct that I am involved in or cause.

**• I will be fair.**

I will participate in events fairly by following the rules, not taking advantage of others, and not asking for special help or favors.

**• I will be caring.**

I will be caring in my relationship with others. I will be kind and show compassion for others. I will treat others the way I want to be treated. I will show appreciation for the efforts of others. I will include all participants in activities and will try to help everyone be involved in the scheduled activities.

**• I will be a good citizen.**

I will be a contributing and law-abiding citizen. I will be respectful to the environment. I will not use illegal substances such as tobacco, alcohol, or drugs or be involved in the use or possession of weapons or fireworks. If I am found to have any of these items with me or if I have taken any illegal substances, adult staff/volunteers will notify law enforcement.

**Code of Conduct Policy**

If I do not abide by the items in the Behavioral Expectations above, I will experience the following consequences in the order listed:

1. The loss of rights and privileges at the event or activity.
2. Being dismissed from the activity or event with an adult staff member or chaperone/volunteer notifying my parents/guardians and that I must go home at my family's expense before the activity or event ends.
3. The possible forfeiture of future participation in statewide and out-of-state events and activities as well as the forfeiture of future awards and premiums at the County level for a period of time up to one year. If this step is considered necessary, event staff, county staff, state staff will make the decision with input from the parents/guardians of the involved 4-H member(s).

By signing below, we certify that we have read the South Dakota 4-H Code of Conduct and Behavioral Expectations. We promise to support the individuals at all 4-H activities and events who are in charge of maintaining appropriate behavior. We also agree to accept the appropriate and logical consequences of this 4-H member's actions according to this policy as determined by the South Dakota 4-H Program.

\_\_\_\_\_  
Guardian Signature                      Date

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



### Media Release

I hereby authorize South Dakota State University (SDSU) to photograph me and/or my property or use my submitted media, and authorize SDSU, 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 form made for art, advertising, trade or any other 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 SDSU 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 needed to complete the finished product.

I agree to the terms of the Media Release above and permit SDSU to use pictures of this 4-H member for the purposes stated above.

I DO NOT agree to the terms of the Media Release above and DO NOT permit SDSU to use pictures of this 4-H member for the purposes stated above.

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

### Medical Release

I understand that first aid will be available at all 4-H activities and events and that 4-H members are supervised closely, and that if a serious illness or injury occurs, medical and/or hospital care will be given; however, the adult staff members and/or volunteer chaperones will not be held responsible for outcomes. I further understand that in cases of serious illness or injury, parents/guardians and/or emergency contacts will be notified. If it is impossible to make contact, I give permission for emergency medical treatment or surgery as recommended by the attending medical physician. I understand that health and accident insurance is the responsibility of the 4-H member's family according to the 4-H policies and procedures of SDSU Extension.

By checking this box, I give permission for this 4-H member to receive emergency medical treatment or surgery, as recommended by an attending medical physician, if a serious illness or injury occurs during any 4-H activity or event.

My signature below indicates that I have read this Medical Release and agree to its terms.

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date



## Release and Waiver of Liability, Assumption of 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, programs and events.

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 and all liability for participant's death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to participant and his/her estate resulting from participation in 4-H activities, programs and events.
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, programs and events.
3. Consent to receive any medical treatment deemed advisable during participation in 4-H activities, programs and events.

As the parent/guardian of this 4-H member, I have read this Release and Waiver of Liability, Assumption of the Risk and Indemnity Agreement and Consent to Medical Treatment, and 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 parents/guardians and/or emergency contacts. In the event that parents/guardians and/or emergency contacts cannot be contacted, I give permission for emergency treatment or surgery as recommended by the attending medical physician. I understand that health and accident insurance is the responsibility of the 4-H member's family according to the 4-H policies and procedures of SDSU Extension.

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date