



**4-H Youth Member Enrollment Form (PAGE RETAINED BY THE MEMBER)**

Form Revised 7/1/2024

**Youth are eligible to participate in 4-H if they meet the following criteria:**

- **Primary Member** - Must be 5 years old by December 31 of the program year. Primary members cannot enroll in large animal and other prohibited projects in the California 4-H Project List. Youth enrolling who turn 9 on or after January 1 must participate as a Primary Member until the end of the program year.
- **Junior, Intermediate and Senior Members** - Must be 9 years old by December 31 of the program year and may continue in the program until December 31 of the calendar year in which they become 19 years of age (example: For 2024-2025, a member who turns 19 on December 31, 2024, may not enroll as a youth).

**4-H Youth Member Enrollment Process – (when Paper Form submitted)**

Throughout the enrollment packet, fields with an asterisk (\*) do require a response. Submitting an incomplete packet will delay the enrollment process.

1. Complete all forms of the 4-H Youth Member enrollment form packet. Submit full packet to County 4-H office.
2. Parent/Guardian of youth member keeps the following pages:
  - a. 4-H Youth Member Enrollment Form Information
  - b. Member Code of Conduct
  - c. Parent, Guardian, or Adult Participant Code of Conduct
  - d. Photograph & Information Release, Animal Liability Release, Vaccinations Notice
3. \*Parent/Guardian of youth member also submits copy of the following documents to County 4-H Office and copy to 4-H Club/Unit Leader as noted below:
  - a. 4-H Youth Member Enrollment Form with signatures (retained by Office and Unit Leader)
  - b. Youth Treatment Authorization & Health History Form (retained by Office and Unit Leader)
  - c. Waiver of Liability Form (retained by County 4-H Office)
4. Provide fee payment. Confirm with county as established options and payment process varies.
  - a. If payment is made directly to 4-H Club/Unit, Leader will confirm to 4-H Office payment received.
  - b. If online or direct payments are made to County 4-H Office, 4-H Office will coordinate with 4-H Unit to confirm.
5. County 4-H Office will enter the enrollment record for the youth into 4-H Enrollment System using submitted signed paper forms.
6. 4-H Club/Unit Leader will retain the Treatment Authorization & Health History Form.
7. County 4-H Staff will verify receipt of required forms. When enrollment record is approved, enrollment system status will show as Active and youth may participate in 4-H activities.
8. (If applicable based on fee payment process) County 4-H Staff will coordinate invoicing the 4-H Club/Unit Leader for portion of enrollment fees collected by state and county (Frequency set by County 4-H Office).
9. If an email address was provided, a confirming email will be sent when the member’s enrollment has been approved.

**\*If youth enrolling is 18 years old, they may sign and enroll without parent/guardian signature.**

	Full Fee	Partial-Fee
State 4-H Accident/Sickness Insurance and Program Fees*	\$	\$
County 4-H Program Fees*	\$	\$
Council/VMO Fees*	\$	\$
4-H Club/Unit Program Fees*	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>
*Refunds are not applicable to all fees. Contact County 4-H Office for details.		

<b>4-H Club/Unit Leader</b>	<b>County 4-H Office</b>
	University of California Cooperative Extension

**\*Youth Member Fees are \$70.00 per enrollment, and FREE 4-H t-shirt included, if you enroll by Monday, September 16, 2024.**

**\*Youth Member Fees increase to \$80.00 per enrollment, if you enroll after Monday, September 16, 2024.**

**4-H Youth Member Paper Enrollment Form – Print all information clearly.**

(PAGE SUBMITTED TO AND RETAINED BY THE COUNTY 4-H OFFICE, COPY SHARED WITH 4-H CLUB/UNIT LEADER)

\*County: \_\_\_\_\_

**Complete 2 questions below ONLY if you are enrolling in a new club or county.**

What county did you last enroll in? \_\_\_\_\_

What is the name of the last club you were enrolled in? \_\_\_\_\_

**Household**

\*Last Name \_\_\_\_\_

Email \_\_\_\_\_

\*Phone \_\_\_\_\_

\*Address \_\_\_\_\_

\*City, State, Zip \_\_\_\_\_

*Household email will be used for enrollment system login and to receive 4-H State Newsletter. (If member email is different, then both will receive newsletter). Users may opt out of the newsletter contact list at any time.*

**Member Information**

\*First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

\*Last Name \_\_\_\_\_ \*Birth Date \_\_\_\_\_

Preferred Name \_\_\_\_\_ Member \_\_\_\_\_

(e.g. nickname) \_\_\_\_\_ Phone \_\_\_\_\_

(if different than Household email)

Member Email \_\_\_\_\_

\*Years in 4-H \_\_\_\_\_

**\*Gender:**

Woman/Girl    Man/Boy    Nonbinary    Gender Identity Not Listed    Prefer Not to State

**\*Ethnicity**

**Marking your ethnicity and race information will help us to offer more opportunities to ALL the youth in our state. One option must be selected for Ethnicity.**

Are you of Hispanic or Latino ethnicity?    Yes    No    Prefer Not to State

**Hispanic:**   A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**\*Race**

**Select Prefer Not to State OR all other categories that apply.**

**American Indian or Alaskan Native**   A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

**Asian**   A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African American**   A person having origins in any of the Black racial groups of Africa.

**Native Hawaiian or Pacific Islander**   A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Race Not Listed**   Race(s) not listed in the options provided.

**White**   A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Prefer Not to State**

**4-H Youth Member Paper Enrollment Form - Print all information clearly.**

(PAGE SUBMITTED TO AND RETAINED BY THE COUNTY 4-H OFFICE, COPY SHARED WITH 4-H CLUB/UNIT LEADER)

<b>*Youth First and Last Name (Print)</b>	
-------------------------------------------	--

**\*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              | <input type="checkbox"/> Prefer Not to State             |

**School Information**

<b>*Grade:</b>	<input type="checkbox"/> K	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
<input type="checkbox"/> Post High School	<input type="checkbox"/> Not in School			<input type="checkbox"/> Special Education				<input type="checkbox"/> Prefer Not to State					

**Parent/Guardian 1**

*First Name _____	*Last Name _____
Email _____	*Phone _____

**Parent/Guardian 2**

First Name _____	Last Name _____
Email _____	Phone _____
Address _____	
City, State, Zip _____	

**\*Military Service of Family**

No – No one in the youth member's family is serving in the military. **(Skip to Household Assistance Section)**

Yes - Someone in the youth member's family has served or is serving in the military.  
**(If you answered Yes to the above statement, select from responses below and provide Branch and Component of military service.)**

- |                                                                      |                                                                       |
|----------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> A parent/guardian serving in the military   | <input type="checkbox"/> A parent/guardian who served in the military |
| <input type="checkbox"/> A parent/guardian retired from the military | <input type="checkbox"/> A sibling serving in the military            |
| <input type="checkbox"/> A family member serving in the military     | <input type="checkbox"/> A family member who served in the military   |

**Branch:**  Air Force  Army  Coast Guard  DOD Civilian  Marine Corps  Navy  Space Force

**Component:**  Active Duty  National Guard  Reserves  Not Applicable

**\*Household Assistance**

Is your annual household cash income at or below \$52,720? See Reference: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>, 2024-2025 Federal Poverty guidelines. If yes, you are eligible to apply for a reduction or waiver of your 4-H program fees. Please contact your county 4-H office regarding the waiver request process.

<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Prefer Not to State
-----------------------------	------------------------------	----------------------------------------------

**\*4-H Club/Unit Selection**

**Contact your County 4-H Office for a list of club/units and projects being offered this year to enroll in.**

Unit Name: _____
Unit Role(s):
<input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Treasurer <input type="checkbox"/> Secretary <input type="checkbox"/> Sergeant-At- Arms <input type="checkbox"/> Historian <input type="checkbox"/> Civic Engagement <input type="checkbox"/> Healthy <input type="checkbox"/> Communications <input type="checkbox"/> Other Officer <input type="checkbox"/> Member <input type="checkbox"/> Officer <input type="checkbox"/> Living Officer

**\*Project (if enrolling in more than 3 projects, please attach paper listing other projects)**

Club/Unit Name	Project Name	Leadership Role
		<input type="checkbox"/> Junior/Teen Leader
		<input type="checkbox"/> Junior/Teen Leader
		<input type="checkbox"/> Junior/Teen Leader

**Youth Health History & Treatment Authorization Form - Print all information clearly. (page 1)**

(PAGE SUBMITTED TO AND RETAINED BY THE COUNTY 4-H OFFICE, COPY SHARED WITH 4-H CLUB/UNIT LEADER; SHRED AFTER THE PROGRAM YEAR)

This Treatment Authorization is authorized for all 4-H Youth Development meetings and activities during the dates specified below. (Please Note: This information must be updated annually)

Dates Valid: **July 1, 2024 to December 31, 2025**

While my child is attending or traveling to or from this 4-H function, I HEREBY AUTHORIZE THE 4-H ADULT VOLUNTEER OR 4-H STAFF MEMBER, or in their absence or disability, any adult accompanying or assisting them, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR:

Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code Section 2000 et seq.; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code Section 1600 et seq.

This authorization is given pursuant to the provisions of California Family Code Section 6910. This authorization shall remain effective until my child completes their activities in this program unless sooner revoked in writing. I understand that as a parent/guardian, I will be responsible for the cost of any service or treatment provided not covered by the 4-H Accident/Sickness Insurance Program sponsored by UC Cooperative Extension.

University policy and the State of California Information Practices Act of 1977 require the following information be provided when collecting personal information from you: The information entered on this form is collected under authority of the Smith-Lever Act. Submission of the medical data is voluntary. However, a signature is required on one or the other of the two signature lines. Failure to provide the medical information and authorization may result in our inability to provide necessary medical treatment. You have the right to review University records containing personal information about you, with certain exceptions as set forth in policy and statute. Copies of University policies pertaining to the collection, use, or release of personal data are available for your examination from the local UCCE County Director, 4-H Youth Development Advisor, 4-H Community Education Specialist (CES), 4-H CES Supervisor or the Statewide 4-H Director at University of California, Division of Agriculture and Natural Resources, California State 4-H Office, 2801 Second Street, Davis, CA 95618-7774, (530) 750-1334, [ca4h@ucanr.edu](mailto:ca4h@ucanr.edu). Only your own records are open to your review.

**Member Information:**

\*Legal First Name \_\_\_\_\_ \*Legal Last Name \_\_\_\_\_  
 \*Date of Birth \_\_\_\_\_ \*County \_\_\_\_\_

**PARENT(S)/GUARDIAN(S)**

<b>Parent/Guardian 1</b>			
*First Name		*Last Name	
*Phone			
<b>Parent/Guardian 2</b>			
First Name		Last Name	
Phone			

**EMERGENCY CONTACT INFORMATION:**

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_  
 \*Relationship: \_\_\_\_\_ \*Phone: \_\_\_\_\_

**Health History:**

**\*Allergies**

Does the participant have any allergies, including allergies to food, medications, and drug reactions?

Yes, details provided below  No

**Youth Health History & Treatment Authorization Form - Print all information clearly. (page 2)**

(PAGE SUBMITTED TO AND RETAINED BY THE COUNTY 4-H OFFICE, COPY SHARED WITH 4-H CLUB/UNIT LEADER; SHRED AFTER PROGRAM YEAR)

<b>*Youth First and Last Name (Print)</b>	
-------------------------------------------	--

**\*Authorized Medications**

Please check over-the-counter medications that may be administered: (if available)

- |                                                                     |                                                            |                                                            |
|---------------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Pain/fever reliever (ex. Tylenol)          | <input type="checkbox"/> Allergy medication (ex. Benadryl) | <input type="checkbox"/> Motion sickness/nausea medication |
| <input type="checkbox"/> Antacid                                    | <input type="checkbox"/> Cough Suppressant                 | <input type="checkbox"/> Anti-itch Cream                   |
| <input type="checkbox"/> Antibiotic ointment                        | <input type="checkbox"/> Decongestant                      | <input type="checkbox"/> Ibuprofen (ex. Advil)             |
| <input type="checkbox"/> Other: (Provided by parent/guardian) _____ |                                                            |                                                            |

\*Does the participant take any medications currently?  Yes, details provided below  No

Name of Medication	Dosage	Times Taken

**\*Conditions**

Does this participant have any health conditions that are important for program staff to know in order to maximize participation and ensure safety and well-being?  Yes, details provided below  No

**\*Remarks**

Does the participant need any additional assistance in order to participate in this program or activity?

Note: in some cases, a Doctor's note may be required to confirm the request.

Yes, details provided below  No

Does the youth have any current emotional or behavioral difficulties that would be helpful for us to know about?

Yes (If Yes, explain)  No

Would you like to share any significant life or family events that will help us support the youth's current emotional state?

Yes (If Yes, explain)  No

Are there any ways of responding to the youth's negative moods or feelings that you found to be effective?

Yes (If Yes, explain)  No

Are there any additional remarks and special instructions to better assist emergency service personnel?

Yes (If Yes, explain)  No

**Immunizations (This section is only for members attending 4-H Camp. CA 4-H YDP does not collect information on vaccination status or history unless the youth member will be attending camp.)**

<b>Is the youth vaccinated for Tetanus?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, provide date received:</b>
------------------------------------------------------------------------------------------------------	---------------------------------------

Please list all other immunizations received:

Immunization	Date Received

**Youth Health History & Treatment Authorization - Print all information clearly. (page 3)**

<b>*Youth First and Last Name (Print)</b>	
-------------------------------------------	--

**Treatment Authorization: \*Must select Consent or Non-Consent Option:**

**AUTHORIZATION AND CONSENT AND RELEASE**

I hereby certify that my child is in good health and can travel to and participate in all functions of the 4-H Youth Development Program as described above. I am the parent/guardian having legal custody of the youth member named above as stated under California Family Code Section 6550. I understand it is my responsibility to keep the information on this form updated (including Health History) by contacting the County 4-H Office.

**NON-CONSENT**

I do not desire to sign this authorization and understand that this will prohibit my child from receiving any non-life-threatening medical attention in the event of illness or accident.

<b>*Parent/Guardian Full Name (Print)</b>	
<b>*Signature of Parent/Guardian (if youth is 18 years old, may sign for self)</b>	<b>*Date</b>

**Parent/Guardian Consent for Surveys and Evaluations**

(PAGE SUBMITTED TO AND RETAINED BY THE COUNTY 4-H OFFICE)

Please Note: The 4-H Surveys are open to youth ages 9 and above.

The California 4-H Youth Development Program (YDP) offers a high-quality experience for young people based on the latest research on positive youth development. Information from the 4-H enrollment system and 4-H Surveys may be used to help us better understand young people and improve the 4-H YDP in California. Participation in surveys is voluntary and your child may participate in the 4-H YDP even if they do not participate in the research and program evaluation process linked to the surveys. Additionally, participants may decide to withdraw from the research and evaluation at any time and this will not affect their participation in the 4-H YDP. If you provide permission, information about your child from the 4-H enrollment system and 4-H Survey data may be used for research and program evaluation. There is no direct benefit to the participant; the information gained from the research may be used to help improve the program.

All survey and demographic information will be stored on a secure encrypted server with restricted access. Names and other identifying information will be removed from all files. Your child's participation will be kept confidential and will not be identified in any publication or in any data files shared with other researchers. If you decide to withdraw your child from the research all data will be withdrawn from the research database.

If you have questions, please contact the State 4-H Office at [ca4h@ucanr.edu](mailto:ca4h@ucanr.edu) or (530) 750-1334. For questions about your rights while taking part in this study call the Institution Review Board at (916) 703-9167 or write to IRB Administration, CTSC Building, Suite 1400, Room 1429, 2921 Stockton Blvd., Sacramento, CA 95817. Information to help you understand research is on-line at: <https://research.ucdavis.edu/policiescompliance/irb-admin/for-research-participants/>.

\*Parents with youth ages 9 and above, check one box below: (If youth is 18 years old, can provide consent for self)

- I give permission for my child's information from the 4-H enrollment system and 4-H surveys to be used for research and evaluation.
- I do not give permission for my child's information from the 4-H enrollment system and 4-H surveys to be used for research and evaluation.

\_\_\_\_\_  
\*Participant Name (print)

\_\_\_\_\_  
Date

*(If the Participant is a minor)* I, the parent/legal guardian of the Participant, hereby agree to the above on behalf of the Participant.

\_\_\_\_\_  
\*Parent/Guardian Name (print)

(If youth is 18 years old, may sign for self)

\_\_\_\_\_  
\*Signature of Parent/Guardian

\_\_\_\_\_  
\*Date

**Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

(PAGE SUBMITTED TO AND RETAINED BY THE COUNTY 4-H OFFICE)

<b>*Participant's Name</b> (please print)	<b>*Date of Birth</b> (if minor)
<b>*County</b>	<b>*Club/ Unit</b>

**Waiver:** In return for being permitted to participate in in-person and virtual (online) **California 4-H Youth Development Activities and Projects**, including associated use of the premises, facilities, staff, equipment, transportation, websites, online applications, digital resources, and services of the University, I, for myself, my heirs, personal representatives, and assigns, **do hereby release, waive, discharge, and promise not to sue** The Regents of the University of California, its directors, officers, employees, and agents (“The University”), from liability **from any and all claims, including the negligence of the University**, resulting in personal injury (including emotional injury or death), accidents or illnesses, and property loss, in connection with my participation in **California 4-H Youth Development Activities and Projects**.

**Identification and Acknowledgment of Risks**

Participation in in-person **California 4-H Youth Development Activities and Projects** carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injury. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains, to 2) major injuries such as eye injury, joint or bone injuries, heart attacks, and concussions, to 3) catastrophic injuries such as paralysis and death.

I am of aware of and understand the risks and potential hazards connection with participating in virtual (online) **California 4-H Youth Development Activities and Projects**, including, but not limited to, the risk of data mining, phishing, viruses, malware, data breach of online information, cyberbullying, exploitation, victimization, cyberstalking, online grooming, cyber predators, image replication, and/or exposure to disturbing sounds or visuals, and I hereby elect to voluntarily participate in virtual **California 4-H Youth Development Activities and Projects**, and engage in the activities knowing that they may be hazardous to me and my property.

**Video and Audio Recordings:** I understand that virtual **California 4-H Youth Development Activities and Projects** may be recorded for use by the instructor and other participants (particularly those who are not able to attend live). I agree that if I participate with a computer or mobile device camera engaged (or utilize a profile image), I hereby consent to have my video or image recorded. If I am unwilling to have my profile or video image recorded, I will ensure that my camera is disabled and that no profile image is used. Likewise, if I un-mute my computer or mobile device during The Activity and participate orally, I hereby consent to have my voice recorded. If I am unwilling to have my voice recorded, I will ensure that my computer or mobile device is muted and I will communicate exclusively using the “chat” feature.

**Indemnification and Hold Harmless:** I also agree to indemnify and hold The University harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees arising out of my involvement in **California 4-H Youth Development Activities and Projects**, and to reimburse it for any such expenses incurred.

**Severability:** I further agree that this Waiver of Liability, Assumption of Risk, and Indemnity Agreement is intended to be as broad and inclusive as permitted by law, and that if any portion thereof is held invalid the remaining portions will continue to have full legal force and effect.

**Governing Law and Jurisdiction:** This Agreement shall be governed by the laws of the State of California, and any disputes arising out of or in connection with this Agreement shall be under the exclusive jurisdiction of the courts of the State of California.

**Waiver of Liability, Assumption of Risk, and Indemnity Agreement (page 2)**

(PAGE SUBMITTED TO AND RETAINED BY THE COUNTY 4-H OFFICE)

**Acknowledgment of Understanding:** I have read this Waiver of Liability, Assumption of Risk, and Indemnity Agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I confirm that I am signing the agreement freely and voluntarily and **intend my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

\_\_\_\_\_  
\*Participant Name (print)

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

*(If the Participant is a minor)* I, the parent/legal guardian of the Participant, hereby agree to the above on behalf of the Participant.

\_\_\_\_\_  
\*Parent/Guardian Name (print)  
(If youth is 18 years old, may sign for self)

\_\_\_\_\_  
\*Signature of Parent/Guardian

\_\_\_\_\_  
\*Date

**THIS WAIVER APPLIES TO ALL CALIFORNIA 4-H YOUTH DEVELOPMENT ACTIVITIES AND PROJECTS (IN-PERSON AND VIRTUAL) INCLUDING, BUT NOT LIMITED TO: PROJECT MEETINGS, CLUB MEETINGS, EDUCATIONAL FIELD DAYS, FIELD TRIPS, CAMPS, EXCHANGE PROGRAMS, FUNDRAISERS, COMMUNITY SERVICE ACTIVITIES, VOLUNTEER TRAININGS, FAIRS, AND PROJECTS.**

**4-H Youth Member Paper Enrollment Form - Print all information clearly.**

(PAGE SUBMITTED TO THE 4-H CLUB/UNIT LEADER AND RETAINED BY THE COUNTY 4-H OFFICE)

**Enrollment Acknowledgement**

By signing and dating this Enrollment Acknowledgement, parent/guardian certify they have read, understand, and agree to the following:

- They agree to the terms of the 4-H youth enrollment packet and that all information provided is accurate.
- The terms of the Waiver of Liability, Consent for Surveys and Evaluations (as applicable) and the Treatment Authorization.
- The terms of the 4-H Member Code of Conduct, 4-H Parent, Guardian, and Adult Participant Code of Conduct, Photograph and Information Release, Animal Liability Release, and Vaccinations Notice.
- To provide an updated Treatment Authorization and Health History form when changes to information occur and to appropriately notify the 4-H program.
- They understand and give their informed consent to exceptions to the 4-H policy on youth member supervision, when, due to emergency or unforeseen events, it may be impractical or impossible for a minimum of two 4-H adult volunteers and/or personnel to be present with youth.

Youth participant certifies that they have read, understand, and agree to the following:

- The terms of the 4-H Member Code of Conduct.

\_\_\_\_\_  
**\*Youth Name (Print)**

\_\_\_\_\_  
**\*Signature of Youth**

\_\_\_\_\_  
**\*Date**

\_\_\_\_\_  
**\*\*Parent/Guardian Name (Print)**

\_\_\_\_\_  
**\*Parent/Guardian Signature**  
**\*(If youth is 18 years old, youth sign for self)**

\_\_\_\_\_  
**\*Date**

**County Use Only**

Member ID#	Fee Waiver? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Enrollment Form Received	Payment Type: <input type="checkbox"/> Check # <input type="checkbox"/> Cash <input type="checkbox"/> Card	Fees Paid
	Amount:			\$
Authorizations:		Received?		Notes
Enrollment Form		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Treatment Authorization and Health History		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Parent Consent for Surveys and Evaluations		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Waiver of Liability		<input type="checkbox"/> Yes <input type="checkbox"/> No		

## Member Code of Conduct

(PAGE RETAINED BY THE 4-H MEMBER AND PARENT/GUARDIAN)

The 4-H Policy Handbook tells me my rights as a 4-H member, and the rules I have to follow. 4-H calls the most important rules for members the “Code of Conduct”. When members follow the Code of Conduct, it helps keep 4-H safe and fun for everyone.

### I will follow the 4-H Code of Conduct (rules) and I will:

1. Be nice, kind, helpful, and respectful to other 4-H members; and to adult volunteers, youth leaders, 4-H staff, and other adults in charge.
2. Be honest, honor my commitments, and accept responsibility for my choices.
3. Follow all health and safety requirements and guidelines related to 4-H activities, gatherings, projects, etc.
4. Use language that is respectful and kind. Not use curse words.
5. Not have or use alcohol, tobacco (like cigarettes, e-cigarettes, or chew) or other drugs (unless my doctor gives them to me).
6. Not bother or attack others, not carry or use a weapon; and not do anything else illegal or unsafe.
7. Know that adults can search my things (like my backpack) if they think I might have broken the 4-H rules.
8. Not touch anyone in a way that is too affectionate, and not engage in sexual behavior.
9. Follow the 4-H Guidelines for Social Media.
10. Not do things outside of 4-H that are harmful to anyone in 4-H or the 4-H program.
11. Follow the California 4-H Dress Guidelines.

### While attending 4-H overnight events, I will:

1. Be in my room when I’m supposed to be there.
2. Not leave the grounds unless an adult in charge gives me permission, and only if there are two adults with me.
3. Only enter my own assigned sleeping area and will not invite any kids who aren’t 4-H members into the sleeping areas.
4. Be responsible for any damage caused by my actions.
5. Follow all the rules for that event.

### Consequences:

Anyone who sees someone break the Member Code of Conduct should tell the adult in charge right away. That adult will tell that member’s parent or guardian. Consequences for breaking the 4-H rules may include:

1. Sending the member home.
2. Having the member meet with 4-H adults, talk about how the member can learn from what they’ve done, and decide what the member should do to make up for any harm done.
3. Charging the member (or their parents/guardians) for the cost of repairs to property that the member damaged.
4. Giving the member a warning, barring them from future events, suspending their membership, or terminating their membership.
5. Taking the member to the nearest law enforcement agency or other proper authority.

## 4-H Parent, Guardian or Adult Participant Code of Conduct

(PAGE RETAINED BY THE 4-H MEMBER AND PARENT/GUARDIAN)

**We appreciate the contributions that parents, guardians and other adult participants offer to the University of California Agriculture and Natural Resources 4-H Youth Development Program (UC ANR 4-H YDP) and the valuable link you provide to the successes of your child(ren) in the 4-H Youth Development Program (YDP). Regarding your participation and engagement with 4-H activities, you have the following rights and responsibilities.**

### Your Responsibilities:

1. Recognize, honor and uphold the responsibility and authority of the statewide and local program staff in setting program priorities, standards and direction.
2. Recognize, support, honor and uphold the responsibility and authority of 4-H adult volunteers in their work with youth to guide program planning, learning objectives and program implementation.
3. Follow all health and safety requirements and guidelines related to statewide program activities, gatherings, projects, etc.
4. Be committed to the mission, program trajectory, core values, educational goals, and quality standards of the statewide program.
5. Respect people (including oneself, other adults, volunteers, program personnel, youth and community members) and property of program participants and community members understanding that 4-H is a youth-driven program and as such, all endeavors are opportunities to learn.
6. Take personal responsibility for the resolution of any interpersonal conflict that may arise, whether with other adults, 4-H adult volunteers, program staff and/or other UC personnel; thereby demonstrating positive conflict resolution skills to all involved. Conflicts with and between youth members will be referred to the 4-H adult volunteer in charge.
7. Prohibit discrimination against or harassment of any person in any statewide program or statewide program activity. Report instances of harassment, discrimination, or racism on based on a protected class, such as age, ancestry, color, gender, gender expression, gender identity, genetic information, family/parental status, medical condition, mental disability, national origin, physical disability, race, religion, sex, sexual orientation, and veteran or military status to UC ANR personnel.
8. Understand and acknowledge that UC policy requires anyone who is driving on University business to maintain insurance coverage in at least the following amounts: \$50,000 for personal injury to, or death of, one person; \$100,000 for injury to, or death of, two or more persons in one accident; and \$50,000 for property damage. These limits are commonly referred to as: "50/100/50". These University minimums are higher than the State minimum insurance requirements of 15/30/5. If approved to drive on UC 4-H business, possess a valid California driver's license, ensure that all passengers use seat belts, and carry proof of the minimum automobile liability insurance required by UC.
9. Understand and agree that 4-H members and their families may be held liable for property damage or personal injuries that are caused by their property and should carry insurance. This may include incidents involving tools, equipment, vehicles, animals, etc. Some fairs require insurance. UC does not own or insure 4-H members' or volunteers' animals or personal property.
10. Adhere to and help enforce program policies and procedures referred to in the Policy Handbook (see [4-H Policy Handbook](#)).
11. Follow the [California 4-H Dress Guidelines](#) for yourself and 4-H member(s) for whom you are responsible when attending 4-H activities.

### Your Rights:

1. To be respected by 4-H, adult volunteers, and program personnel.
2. To be informed of any infraction of the Code of Conduct or 4-H Policy that may or does result in corrective action.
3. To be in an environment free from harassment, discrimination, and racism based on a protected class, such as age, ancestry, color, gender, gender expression, gender identity, genetic information, family/parental status, medical condition, mental disability, national origin, physical disability, race, religion, sex, sexual orientation, and veteran or military status.

**4-H Parent, Guardian or Adult Participant Code of Conduct – page 2**

(PAGE RETAINED BY THE 4-H MEMBER AND PARENT/GUARDIAN)

4. To make written complaints concerning statewide programs, policies or personnel as described in the Policy Handbook (see [4-H Policy Handbook](#)).

**The following are prohibited when engaged in any UC ANR 4-H activity:**

1. Failure to act in a supportive and cooperative manner with program stakeholders, failure to adhere to the programmatic goals established by the program staff and/or failure to support [UC ANR's Principles of Community](#).
2. Violation of the UC ANR 4-H Parent, Guardian or Adult Participant Code of Conduct.
3. Possession or use of alcohol, tobacco/tobacco products, e-cigarettes, marijuana/marijuana products, illegal drugs and/or other inappropriate materials (or to be under the influence thereof) when involved in 4-H program activities.
4. Use of abusive, obscene, discriminatory or racist language at any program activity, including intentionally or unintentionally derogatory comments, slights, questions, jokes, memes, and shame that target individuals or groups based on a protected class, such as age, ancestry, color, gender, gender expression, gender identity, genetic information, family/parental status, medical condition, mental disability, national origin, physical disability, race, religion, sex, sexual orientation, and veteran or military status.
5. Acting in any manner that impedes, disrupts or prevents the regular course of 4-H program activities or impedes the constructive contribution of others to the 4-H program.
6. Attack or harassment of another person; whether visual, verbal, physical and/or using social media.
7. Be the subject of a criminal investigation or prosecution for a misdemeanor or felony offense.
8. Private, one-on-one interactions with youth members at *any time*, both during program activities and outside of program activities, (other than as approved by the youth member's parent/guardian), or an exceptional circumstance such as an emergency.
9. Behavior that is illegal, unsafe, or contrary to the UC commitment to the highest standards of ethics (see [Regents Policy 1111](#)).
10. Except for 4-H Shooting Sports activities, firearms are prohibited at all 4-H activities and events.

**Consequences:**

All UC ANR parents, guardians, and other adult participants shall act in ways that promote and support program goals and do not conflict with statewide program policies and procedures. Infractions of this Parent, Guardian or Adult Participant Code of Conduct should be reported promptly by anyone observing them to program staff. The \*4-H Community Education Supervisor (CES) and Statewide Program Manager (SPM) with guidance from the State 4-H Academic Coordinator for Volunteer Engagement, may immediately bar, limit, suspend, or censor the participation of any parent, guardian or adult participant at 4-H YDP activities.

Further, the \*4-H CES Supervisor and SPM with guidance from the State 4-H Academic Coordinator for Volunteer Engagement, may, if necessary in their sole judgment, waive any formal review process and immediately bar, limit, suspend, or censor a parent, guardian or adult participant if it is in the best interest of the program (e.g., a potential threat to public safety, receipt of notice that the parent is the subject of a criminal investigation, and/or other conditions that cannot be remedied with corrective action). In such instances, the decision of the \*4-H CES Supervisor and SPM with guidance from the State 4-H Academic Coordinator for Volunteer Engagement, is final.

By receiving this document, I understand that I am expected to abide by the 4-H Parent, Guardian, or Adult Participant Code of Conduct. I understand that my involvement is contingent upon my compliance and that failure to comply may result in being barred, suspended, or censored from 4-H activities.

\*When referring to state level infractions, this authority extends to the Statewide 4-H Director or their designee.

**Photograph and Information Release**

(PAGE RETAINED BY THE 4-H MEMBER AND PARENT/GUARDIAN)

*“Releasees” in this agreement means The Regents of the University of California, National 4-H Council, National 4-H Headquarters (USDA), and Cooperative Extension, and their respective employees and volunteers.*

I hereby grant Releasees permission to use photographs of me in any of their publications, including websites, without payment or other consideration. I agree that these photographs will become the property of the Releasees. I agree that Releasees may edit, alter, copy, exhibit, publish or distribute these photos for purposes of publicizing the Releasee’s programs or for any other lawful purpose, and that I do not have a right to review or approve the finished photographs. I understand that I will not receive royalties or other compensation from the use of the photographs. I agree to hold harmless and release the Releasees from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization. I understand and agree that my permission and agreement cannot be cancelled or revoked.

**Animal Liability Release**

*“Releasees” in this agreement means The Regents of the University of California, California 4-H Youth Development Program (4-H YDP), Cooperative Extension, and their respective employees and volunteers.*

I understand and agree that the University of California (UC) and the 4-H Youth Development Program (4-H YDP) does not own animals and is not liable for any damages, injuries, or claims that may be caused by or related to 4-H youth members’ animals during the course of 4-H programs, events, or activities. UC and 4-H do not insure 4-H youth members’ animals or personal property. 4-H youth members and their families may be liable for any injuries, damages, or claims caused by their animals and it is recommended they carry liability insurance on their animals. Some fairs or other organizations may require animal insurance to allow participation in their event and it is the 4-H youth member’s and their family’s responsibility to obtain insurance when required. I agree to hold harmless and release the Releasees from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have.

**Vaccinations Notice**

California 4-H Youth Development Program (CA 4-H YDP) encourages healthy living, including preventive health care such as immunizations from diseases as recommended by the CA Department of Public Health, <https://www.cdph.ca.gov/>, and/or the Centers for Disease Control and Prevention.

CA 4-H YDP does not collect information on the vaccination history or status of its youth members or adult volunteers, except for the sole purpose of attending 4-H camps. There is a potential that unvaccinated youth or adults may participate in 4-H programs.

If you are concerned about the potential exposure to diseases, such as but not limited to: measles, polio, chicken pox, or COVID-19, please consult with your physician. For more information on childhood vaccinations, see <https://www.shotsforschool.org/k-12/>

## 4-H Youth Member Enrollment Information

(PAGE RETAINED BY THE 4-H MEMBER AND PARENT/GUARDIAN)

In compliance with the California Information Practices Act of 1977, the following information is provided:

The information on this form is being requested by the University of California Cooperative Extension for use in its 4-H Youth Development Program. The individual completing this form may make inquiries concerning use of the information collected and may ask to review the form maintained on record by contacting the local UCCE County Director, 4-H Youth Development Advisor, 4-H Community Education Specialist (CES), CES Supervisor or the Statewide 4-H Director at University of California, Division of Agriculture & Natural Resources, California State 4-H Office, 2801 Second Street, Davis, CA 95618-7774, (530) 750-1334, [ca4h@ucanr.edu](mailto:ca4h@ucanr.edu).

Information on this form is being requested under the authority of the Smith-Lever Act of 1914 covering Cooperative Extension activities and Article IX, Section 9 of the State of California Constitution covering the University of California. Ethnicity information is requested to maintain compliance with Title VI of the Civil Rights Act of 1964 and gender information is requested to maintain compliance with the Title IX of the Education Amendments of 1972.

Statistical information on this form is being collected to satisfy the U.S. Department of Agriculture Extension Service reporting requirements for Affirmative Action and the Federal ES-237 annual 4-H Youth Program Report. Statistical information includes birth date, gender, race, ethnicity, residence location, and project name. Other personal information on this form is being collected to provide the County Extension 4-H Youth Development Advisors with information to assist in program planning. This information consists of name, address, phone, name of school, club/group name, club/group number, date, birth date, grade, and name of parent or guardian. Contact information collected will be used to send out correspondence and information about the program. The information must be on file in the county office as mandatory proof of enrollment for individuals in the above-mentioned clubs or groups, for purposes of 4-H accident and sickness insurance coverage.

In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the University of California, Division of Agriculture and Natural Resources (UC ANR) is prohibited from discriminating on the basis of race, color, national origin, religion, sex, gender, gender expression, gender identity, pregnancy (which includes pregnancy, childbirth, and medical conditions related to pregnancy or childbirth), physical or mental disability, medical condition (cancer-related or genetic characteristics), genetic information (including family medical history), ancestry, marital status, age, sexual orientation, citizenship, status as a U.S. veteran and reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, and American Sign Language) contact the UC ANR Office of Diversity & Inclusion, UC ANR Building, 2801 Second Street, Davis, CA 95618. (Phone: 530-750-1317, email: [dewhite@ucanr.edu](mailto:dewhite@ucanr.edu) or USDA's TARGET Center at (202) 720- 2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint with the USDA, complete Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online at <https://www.ocio.usda.gov/document/ad-3027>, and at any USDA office, by calling (866) 632- 9992, or by writing a letter addressed to USDA. The letter must contain all of the information requested in the Program Discrimination Complaint Form. The completed AD-3027 form or letter must be submitted to USDA by: (1) Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250- 9410; or (2) Fax: (202) 690-7442; or (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

Alternatively, a program discrimination complaint may be filed with the UC Harassment & Discrimination Assistance and Prevention Program (HDAPP) by email [hdapp@ucdavis.edu](mailto:hdapp@ucdavis.edu) or phone: 530-304-3864; or contact the UC ANR Title IX Coordinator at (530) 752-9466.

The University of California, Division of Agriculture and Natural Resources (UC ANR) is an equal opportunity provider.

University policy is intended to be consistent with the provisions of applicable State and Federal laws.

Inquiries regarding the University's nondiscrimination policies may be directed to: UC ANR, Interim Affirmative Action Compliance Officer, University of California, Agriculture and Natural Resources, 2801 Second Street, Davis, CA 95618, (530) 750-1280. Email: [tjordan@ucanr.edu](mailto:tjordan@ucanr.edu).

Website: [http://ucanr.edu/sites/anrstaff/Diversity/Affirmative\\_Action/](http://ucanr.edu/sites/anrstaff/Diversity/Affirmative_Action/).