

**2009-2010**  
**SARASOTA COUNTY 4-H MEMBER ENROLLMENT FORM**

(Return to Leader with \$1.00 insurance fee or \$2.00 for horse members)  
PLEASE COMPLETE ALL INFORMATION IN INK AND PRINT LEGIBLY.

OFFICE USE ONLY
Ins. Fee _____
Newsletter _____
4-H Online _____

Date \_\_\_\_\_ Age (as of September 1<sup>st</sup> of the current year) \_\_\_\_\_  
Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_  
          Last                      First                      Middle  
Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_ County of Residence \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Family EMAIL \_\_\_\_\_ Member EMAIL \_\_\_\_\_

Membership in the Florida 4-H Program of the Florida Cooperative Extension Service is open to all young people from the age of 5 through 18 years. Members must be 8 by September 1<sup>st</sup> of the current 4-H year in order to participate in any 4-H Program beyond the 4-H Club level, or in any 4-H large animal project, horse or livestock show, or county overnight camping event. Cloverbud Members (age 5 through 7) may participate only in non-competitive events.

Name of 4-H Club \_\_\_\_\_ (Enrollment Form required for EACH Club and signed by Leader.)  
Name of School \_\_\_\_\_ Grade \_\_\_\_\_ County of School \_\_\_\_\_

I WOULD LIKE TO WORK ON THE FOLLOWING PROJECT(S) THIS YEAR: (Yr(s) in Project is yr(s) completed in project plus 1)  
1. \_\_\_\_\_ Yr(s) in Project \_\_\_\_\_ 2. \_\_\_\_\_ Yr(s) in Project \_\_\_\_\_  
3. \_\_\_\_\_ Yr(s) in Project \_\_\_\_\_ 4. \_\_\_\_\_ Yr(s) in Project \_\_\_\_\_  
5. \_\_\_\_\_ Yr(s) in Project \_\_\_\_\_ 6. \_\_\_\_\_ Yr(s) in Project \_\_\_\_\_

This will be my \_\_\_\_\_ year in the 4-H Program. The following information is utilized for reports to the United States Department of Agriculture:

Place of Home Residence (check one)	Ethnic Code (check one)	Race (check one)
<input type="checkbox"/> Farm	<input type="checkbox"/> Not Hispanic	<input type="checkbox"/> White
<input type="checkbox"/> Rural town under 10,000	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Black
<input type="checkbox"/> Town or City 10,000-50,000		<input type="checkbox"/> Am. Indian/Alaskan Native
(Venice, Englewood, North Port)	Gender (check one)	<input type="checkbox"/> Hawaiian/Pacific Islander
<input type="checkbox"/> Suburb of Sarasota	<input type="checkbox"/> Male	<input type="checkbox"/> Asian
<input type="checkbox"/> Central City over 50,000 (Sarasota)	<input type="checkbox"/> Female	

Disability: Yes \_\_\_ No \_\_\_ Do you require an accommodation for a disability to participate in this program? Describe Disability/Need: \_\_\_\_\_

**PARENT INFORMATION**  
**Primary Parent/Caregiver**

Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_  
          Last                      First                      Middle Initial  
Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_  
EMAIL \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Relationship \_\_\_\_\_ Occupation (optional) \_\_\_\_\_

Do you live with this parent/caregiver: Yes \_\_\_ No \_\_\_                      Legal Guardian: Yes \_\_\_ No \_\_\_  
Mentor for Independent Study project: Yes \_\_\_ No \_\_\_

**Additional Parent/Caregiver**

Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_  
          Last                      First                      Middle Initial  
Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_  
EMAIL \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Relationship \_\_\_\_\_ Occupation (optional) \_\_\_\_\_

Do you live with this parent/caregiver: Yes \_\_\_ No \_\_\_                      Legal Guardian: Yes \_\_\_ No \_\_\_  
Mentor for Independent Study project: Yes \_\_\_ No \_\_\_

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OTHER INFORMATION: Check box when applicable.

Family Military Service Air Force  Army  Coast Guard  Marines  Navy   
Active Duty  Military Reserves  Retired  National Guard

Overnight Camp Check box below if you attended in 2009.  
County  State Horse Camp  State Marine Camp  State Shooting/Fishing Camp

Camp Counselor Did you complete Camp Counselor Training in 2009? Yes  No   
Did you serve as a Camp Counselor in 2009? Yes  No

Youth Volunteer Are you a youth volunteer? Yes  No

Are you a member of the following? Advisory Council  4-H Board  4-H Committee  4-H Foundation   
Specify what level: County  District  Area  State  National

Club Officer Will you serve as a club officer this year? Yes  Which Office? \_\_\_\_\_ No

**PARENTS RESPONSIBILITIES**

Parents are responsible for the 4-H'er's transportation to/from all 4-H meetings and activities. Parents are expected to read the monthly 4-H newsletter, to discuss it with the 4-H'er and to follow through as directed. Parents are expected to volunteer their time, talents and energy to the 4-H'er's Club(s). Parents are responsible for providing materials and equipment needed for the 4-H project and necessary assistance. Parents are responsible for directing their children in their 4-H project work by encouraging and guiding their learning. As a parent, you are the most important and influential person in your child's life. You can nurture and cultivate their interest in projects by guiding them in planning, assisting them in carrying out the project and recognizing them for a job well-done. Help them understand and learn how to do the tasks they are expected to complete. **DO NOT DO THE WORK FOR THEM!** Assist them in scheduling their time, discuss their progress from time to time, help them recognize a good job from a poor one, commend them for their efforts, help them understand where they need to improve, and help them evaluate what they have done and what they learned on the basis of the goals they set for themselves at the beginning of the 4-H year. Avoid comparing their progress with others. Other members will have different goals.

**STATEMENT OF UNDERSTANDING**

RELEASE - In consideration of (Name of 4-H'er) \_\_\_\_\_, I have been accepted by the Sarasota County Cooperative Extension Service as a 4-H Club Member, I hereby release Sarasota County, the Cooperative Extension Service, its employees and the volunteer 4-H Leader(s) from any financial responsibility for the sickness of or accident to my child while going to, participating in, and returning from any 4-H activity. TREATMENT - I give my permission for my child to be treated in case of medical emergency. To ensure prompt attention in case of serious sickness or accident, I hereby authorize the person responsible to incur expenses considered necessary, and I agree to pay for the same if this is not covered by an accident or sickness policy.

DISCIPLINE – I give my consent for my child to be under the disciplinary control of the official chaperone(s) designated by the Cooperative Extension Service. AGE ELIGIBILITY – I understand that unless my child was (8) years old by September 1<sup>st</sup> of the current 4-H year, s/he is ineligible to participate in any 4-H program, event or activity beyond the 4-H Club level, and may not participate in any 4-H large animal project, horse or livestock show, or county overnight camping event. PICTURES – I give my permission for my child to be included in any still photos or video that may be taken as part of the 4-H activity for use both in-house or with mass media for purposes of promoting the 4-H program.

\_\_\_\_\_  
Members Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Leader's Signature

**CLOVERBUD AND INDEPENDENT MEMBERS PAGE**

(Regular 4-H members ages 8 -18 enrolled in a 4-H Club, do NOT need to complete this page.)

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**---THIS SECTION ONLY FOR MEMBERS AGES 5 TO 7 YEARS OLD---**

**4-H CLOVERBUD MEMBER AGREEMENT**

A **Cloverbud** is a youth 5 to 7 years of age as of September 1 of the current year that is allowed to join a 4-H Club. Independent status will not be granted to **Cloverbuds**. Learning in a group setting is the primary method for involving 5-7 year olds in 4-H. Individualized projects are not appropriate methods for **Cloverbuds** due to limited reading and other self-management skills. Dual participation of child and parent or guardian is encouraged. Family activities are incorporated in curricula to encourage parent/child participation and to build a family involvement pattern that can be maintained as children become older. **Cloverbuds** have *enrollment restrictions*. Not all 4-H projects or program activities are deemed appropriate for all ages due to developmental appropriateness, safety, or insurance considerations.

Cloverbuds will NOT be permitted to: 1. Participate in any 4-H Program beyond the 4-H Club level, 2. Participate in any large animal project, 3. Participate in any horse or livestock show, 4. Participate in any county overnight camping event.

Cloverbuds may exhibit or share project activities at a participation level (for feedback). "Participation" awards may be given to this group, but not "placings". The *Florida 4-H Youth Development Program Guidelines for 5-7 Year Olds* identifies the guidelines and restrictions for youth projects and activities.

I have read and understand this agreement and will comply in order to participate as a **Cloverbud Member** of the Sarasota County 4-H Program.

\_\_\_\_\_  
Members Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Leaders Signature

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**---THIS SECTION ONLY FOR INDEPENDENT MEMBERS NOT JOINING A REGULAR CLUB---**

**4-H INDEPENDENT MEMBER AGREEMENT**

**Independent members** will be considered for enrollment under the direction of a 4-H agent only: A. If there is no club, in their geographic area with membership vacancies (geographic areas as indicated on the map) or B. If scheduled 4-H Club meetings conflict regularly with organized activity of the member. (This must be verified in writing by the director of the other activity) or C. If other, petition (in writing) the 4-H Staff and County Director to be granted **independent member** status according to individual circumstance.

Independent members have *enrollment requirements* and are eligible to participate in a 4-H activity if they meet all requirements for that activity under the supervision of the 4-H Staff. The requirements are: 1. Member must complete an up-to-date enrollment form, health form and code of conduct. 2. Member must pay insurance fee of \$1.00 for regular and \$2 for horse membership. 3. Member must participate in a community service project prior to the Sarasota County Fair. 4. Member must participate in a 4-H Fundraiser prior to or during the Sarasota County Fair. 5. Members that re-enroll as an independent member must have submitted a project record book the previous 4-H year.

I have read and understand this agreement and will meet all requirements in order to participate as an **Independent Member** of the Sarasota County 4-H Program.

\_\_\_\_\_  
Members Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Agents Signature



Name: \_\_\_\_\_ 4-H County: Sarasota 4-H District: IX Program Year: 2009



## Florida 4-H Participation Form



**Note:** This form must be completed by the participant and/or parent/guardian in order to participate in the 4-H program. **All items must be completed, if the response is not applicable, indicate by using N/A.** This form must be present while traveling to, and during each event. Failure to complete this form in its entirety will result in the person being ineligible to participate in 4-H activities.

Name \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ 4-H Age: \_\_\_\_\_  
Last First

Home Address: \_\_\_\_\_  Youth  Adult  Female  Male

City, State, Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Primary Emergency Contact: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

### Health History

Does the participant, have, or at any time had, any of the following? Check "Yes" or "No" for each item. Please explain "Yes" answers (noting the # of the item) in the space below or on an additional sheet of paper if necessary. Reporting conditions will not prevent a person from attending and will be kept confidential.

- |                                    | Yes                      | No                       |
|------------------------------------|--------------------------|--------------------------|
| 1) Asthma .....                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Bronchitis .....                | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Convulsions .....               | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Diabetes .....                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Ear Infection .....             | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Fainting .....                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Heart Condition .....           | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Headaches .....                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) Hypoglycemia .....              | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) Serious Insect Stings .....    | <input type="checkbox"/> | <input type="checkbox"/> |
| 11) Wear Glasses .....             | <input type="checkbox"/> | <input type="checkbox"/> |
| 12) Wear Contact Lenses .....      | <input type="checkbox"/> | <input type="checkbox"/> |
| 13) Penicillin Allergy .....       | <input type="checkbox"/> | <input type="checkbox"/> |
| 14) Aspirin Allergy .....          | <input type="checkbox"/> | <input type="checkbox"/> |
| 15) Tetanus Allergy .....          | <input type="checkbox"/> | <input type="checkbox"/> |
| 16) Other Drug Allergies .....     | <input type="checkbox"/> | <input type="checkbox"/> |
| 17) Food Allergies .....           | <input type="checkbox"/> | <input type="checkbox"/> |
| 18) Poison Ivy, Oak or Sumac ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 19) Other Allergies .....          | <input type="checkbox"/> | <input type="checkbox"/> |
| 20) Other Health Conditions .....  | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain "Yes" answers and provide information on recent medical issues (including injuries and surgeries), allergies reactions, special dietary regulations, present medications, any specific activities to be restricted and other comments.

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Date of last Tetanus shot: \_\_\_\_\_

The following over-the-counter medications may be administered to my child, without contacting me.

- |  |                                    |  |  |
|--|------------------------------------|--|--|
| <input type="checkbox"/> Antihistamine   | <input type="checkbox"/> Antacid   | <input type="checkbox"/> Ibuprofen (Advil) | <input type="checkbox"/> Acetaminophen (Tylenol)         |
| <input type="checkbox"/> Decongestant  | <input type="checkbox"/> Dramamine | <input type="checkbox"/> Hydrocortisone    | <input type="checkbox"/> Polysporin (topical antibiotic) |
| <input type="checkbox"/> Other _____ <input type="checkbox"/> Please contact me for permission to administer ANY over-the-counter medications. |                                    |  |  |

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**You must complete both sides.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ 4-H County: Sarasota

## Florida 4-H Participation Form: Youth and Adults

### Official Authorizations

**Florida 4-H Events—Youth/Adult Code of Conduct:** As a participant in Florida 4-H Events, I have the responsibility of representing Florida 4-H programs to the public. I am expected to conduct myself in a manner that will bring honor to me, my family and 4-H. To do that I must: 1) obey local, state and federal laws. Follow policies set for county, district, state or national 4-H youth programs. I am responsible to know the rules for the event. 2) Speak and act in a responsible, courteous and respectful way. 3) Act responsibly to maintain a safe environment for all participants. Report threats to the well being of a participant. 4) Know that the use or possession of tobacco, alcohol and illegal drugs is prohibited at all 4-H events. 5) Know that the possession or use of firearms is prohibited, except when part of an approved shooting sports educational program. 6) Respect all persons, facilities and vehicles. I will be responsible for any damage caused resulting from my behavior. Know that harassment of any type is illegal. 7) Help others have a pleasant experience by making every attempt to include all participants in activities. 8) Be in the assigned program areas (example—dorms, cabins, programs etc.) at all times. If I am unable to attend, I will tell the adult in charge. 9) Dress appropriately for each event. 10) Not use a cell phone during any scheduled events.

**Participant:** Yes  No  I have read the Florida 4-H Code of Conduct above and agree to live up to the expectations. I realize my failure to do so could result in a loss of privileges during the event and in the future.

#### Verification by Parent/Guardian or Adult Participant—

Yes  No  I understand and agree to the Florida 4-H Events Youth/Adult Code of Conduct above—considered a Parent/Guardian or Adult Participant Signature.

**Medical Release:** I understand participants will be supervised and that, if serious illness or injury develops, medical and/or hospital care will be given. I hereby give my permission to the attending physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child, or myself and affirm that the information set forth in the Health History is true and correct to the best of my knowledge and belief. I realize the event's insurance will cover only a portion of the medical costs and I, or my personal insurance, may be responsible for the remaining expenses. You must complete the medical information on the back of this sheet.

Yes  No  I understand & Agree to the Medical Release, considered a Parent/Guardian or Adult Participant Signature.

**General Release:** I hereby release the Florida 4-H Foundation, local extension boards, the University of Florida, the State of Florida, and their agents, trustees, officers and employees, from all claims, demands and causes of actions of any kind, including the claims of negligence, which may arise from participation of myself or my minor child in any Florida 4-H sponsored activity, and this release is specifically granted in consideration of the services, programs and activities being provided by Florida 4-H.

Yes  No  I understand and agree to the General Release—considered a Parent/Adult or Adult Participant Signature.

If you, or your child, may not participate in any of the below items you must  "No".

**Publicity Release:** I authorize UF IFAS Extension and the Florida 4-H Foundation or their assignees to record and photograph my image and/or voice (or that of my child if under 18) for use in research, educational and promotional programs. I also recognize that these audio, video and image recordings are the property of UF IFAS Extension and the Florida 4-H Foundation.

No, I do not authorize use of my—or my child's individual image or voice.

**Survey & Evaluation Release:** I hereby establish my willingness to participate as an adult (i.e. 4-H leader, other volunteer, parent/guardian, site manager, etc.) and give permission for my child (under 18 years of age) to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program. I understand that participation in surveys and evaluations is voluntary and that my child and I may choose not to participate and may withdraw from surveys and evaluations without impact on my or my child's eligibility to participate in the 4-H program. I understand that my child or I may be asked for consent before competing a survey or an evaluation.

No, I am not willing to participate—or give permission for my child to participate—in any program evaluation.

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You must complete both sides.

Name \_\_\_\_\_  
Club \_\_\_\_\_

## Sarasota County 4-H Code of Conduct Member Discipline Policy

**SECTION I.** In seeking uniformity in the conduct expected of youth in the 4-H program, the following guidelines have been developed and revised to become effective on March 1, 2003. The guidelines will be reviewed periodically and may be amended or revised.

- All rules and regulations governed by Sarasota County Code of Conduct will be provided to and/or discussed with; leaders, parents/guardians and 4-H members prior to, or at the beginning of, each 4-H year.
- All 4-H members are under the supervision of any Extension worker or adult assigned to an event.
- Decisions to review situations for possible disciplinary action rests with the attending leader/s or adult/s in charge. They will affirm the infraction separately or together.

**SECTION II.** 4-H members, leaders, and parents are expected to abide by county, state, and federal laws at any 4-H sponsored function, or while traveling to or from any 4-H sponsored function. 4-H members, leaders or parents will be required to appear before a review board if accused of the these laws including, but not limited to:

- **Illegal Drugs, Alcohol, Intoxicants Or Drug Paraphernalia**  
Use, possession, or being "under the influence" of any: illegal drugs, alcohol, intoxicants; or possession or furnishing of any drug paraphernalia
- **Sale Of Illegal Drugs, Alcohol, Intoxicants**  
Selling, offering, arranging to sell, negotiating to sell, or furnishing any illegal drugs/alcohol/intoxicants (including "look alike") or possessing quantities of same large enough to indicate a sale.
- **Theft, Misuse Or Abuse Of Public Or Personal Property**
- **Wreckless Endangerment**  
Endangering the health, safety or welfare of yourself or others.
- **Sexual Misconduct Or Harrassment.**  
This can consist of (1) sexual advances; (2) requests for sexual favors; and (3) other verbal or physical conduct of a sexual nature in all 4-H settings. Other forms of sexual harassment include, but are not necessarily limited to, the following:
  - \*Verbal harassment, such as derogatory comment, jokes, or slurs
  - \* Physical harassment, such as unnecessary or offensive touching, impeding, or blocking movement
  - \*Visual harassment, such as derogatory or offensive posters, cards, calendars, cartoons, graffiti, drawings, or gestures
- **Possession of Firearms, Knives, Or Dangerous Objects (not applicable to 4-H Shooting Sports Programs)**  
"Weapons" shall include, but not be limited to: zappers (stun guns), guns, "look-alike" weapons, knives, martial arts tools, razor blades, Mace, pepper spray, or any deemed dangerous by the Review Board.
- **Possessing, Selling, Or Otherwise Furnishing An Illegal Firearm.**
- **Unauthorized Absence From The Premises Of The Event.**
- **Assault Or Personal Harm Or Threat Of Assault Or Personal Harm.**
- **Other Offenses As Warranted.**

If the accused 4-H member, leader or parent is found in violation of the above, they may be permanently expelled, or suspended from participation in all 4-H activities for a period of up to 12 months with a probationary period following suspension during which the 4-Her may not hold office. Second offences from Section II may result in permanent expulsion.

PLEASE COMPLETE BOTH SIDES

**SECTION III.** 4-H members leaders or parents accused of any of the following may be required to appear before the review board:

- Breaking Curfew Or Disturbing The Peace.
- Use Of Abusive Language
- Unexcused Absence From The Activities Of The Event.
- Unauthorized Use Of Vehicles During The Event.
- Use Of Tobacco And Nicotine Products By Members Is Strictly Prohibited At All County 4-H Functions.

If the accused 4-H member, leader or parent is found in violation of the above, he or she may be suspended from participation in all 4-H activities for a period of up to 6 months with a probationary period following suspension during which the 4-Her may not hold office.

**SECTION IV.** Youth charged with a criminal offense may be suspended from the 4-H program until guilt or innocence is determined. A guilty determination could result in permanent expulsion.

**SECTION V.** Realizing these guidelines are not "all inclusive", the Sarasota County Extension Service reserves the right to make adjustments to these policies. Final interpretation of the Code of Conduct is at the discretion of the Sarasota County 4-H Extension Service

**SECTION VI. NOTIFICATION PROCEDURES:** If a 4-H member is accused of being in violation of the Code and is to be sent home, the person in charge of the event will complete an infraction report, notify the parent and the 4-H office.

**SECTION VII. REVIEW BOARD:** The County 4-H Program will appoint a county review board annually. The review board will consist of the following:

- At least one Extension staff member, up to three Volunteer Leaders, and three 4-H members. (The extension staff member shall serve as chairman.)
- The review board will be convened by an Extension faculty or staff member, at the request of the accused 4-H member, leader or parent as soon as possible.
- All procedures will be conducted according to Roberts Rules of Order.

**SECTION VIII. APPEAL PROCEDURE:** If a 4-H member wishes to appeal the decision of the review board, he/she must appeal in writing through their county Extension office. Appeals must be filed within 30 days following notification of punishment. One appeal is allowed. As necessary, the Agent shall appoint an appeal board no later than 15 days following the date of the 4-H member's request. The appeal board shall consist of:

- A County Extension Agent
- Three 4-H members
- Two Volunteer Leaders
- District Director or Associate District Director or representative
- All procedures will be conducted according to Roberts Rules of Order

As a condition of participation in the 4-H program, we agree to be bound by the terms of the 4-H Code of Conduct.

4-H Member Name (PRINT CLEARLY) \_\_\_\_\_  
Last First Middle

4-H Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

(Note: Failure to have this form with the two bonafide signatures above on file in the County Extension office shall be sufficient reason to disqualify a member from participation in the 4-H program) Rev 8/07