



# Alaska 4-H Member Enrollment Form

AKH-00007

T-shirt size \_\_\_\_\_ Yth or adults size?

Club \_\_\_\_\_ Years in 4-H \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Member email \_\_\_\_\_ Home Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Parent(s)/Guardian \_\_\_\_\_

Parent/Guardian email \_\_\_\_\_ Work Phone \_\_\_\_\_

*Newsletter will be sent to this email address*

Is your parent or guardian a member of the military? If so, which branch? \_\_\_\_\_

<b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Projects</b> (codes on back)	<b>Years in Project</b>
<b>Race</b> <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/ Other Pacific Is. <input type="checkbox"/> White <input type="checkbox"/> More than one race <input type="checkbox"/> Undetermined	<b>Place of residence</b> <input type="checkbox"/> Farm <input type="checkbox"/> Town under 10,000 and rural non-farm <input type="checkbox"/> Town or city (10,000-50,000) and its suburbs <input type="checkbox"/> Suburb of city over 50,000 <input type="checkbox"/> Central city over 50,000	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____

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Member's Printed Name \_\_\_\_\_ Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Printed Name \_\_\_\_\_ Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Survey and Evaluation Release:** As a participant in 4-H, you or your child may be asked to help with the evaluation of 4-H activities or programs. Participation in surveys and evaluations is voluntary and will have no impact on the youth's eligibility to participate in the 4-H program.

Yes, I give permission for my child to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program.

No, I am not willing to participate and I do not give permission for my child to participate in program evaluation.



For office use			
Date rec'd _____	Tender _____	Amount _____	Member card _____

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# Project Codes

<b>A</b>	<b>CITIZENSHIP &amp; CIVIC EDUCATION</b>	
AB	Citizenship (local, state, national)	
AC	Cultural Education	
ACA	Genealogy	
ACB	State Exchange	
AD	Global Education	
ADA	International Exchange	
AE	International Programming	
AF	Understanding Physical and Mental Limitations	
AG	Volunteerism	
AH	Service Learning	
AI	Community Service	
<b>B</b>	<b>COMMUNICATIONS &amp; EXPRESSIVE ARTS</b>	
BA	Communication Arts	
BAA	Speaking/Radio/TV	
BAB	Writing/Poetry	
BB	Performing Arts	
BBA	Clowning/Mime	
BBB	Dance Movement	
BBC	Drama/Theater	
BBD	Music/Sound	
BC	Visual Arts	
BCA	Arts and Crafts	
BCAB	Beading	
BCAC	Ceramics	
BCAD	Porcelain Doll	
BCAF	Flower Arranging	
BCAL	Leather Craft	
BCAP	Paper	
BCAR	Fabric Craft	
BCAS	Stenciling	
BCAV	Plastic Canvas	
BCAW	Wood Carving/Engraving	
BCB	Drawing, Painting, Sculpture	
PH	Photography	14+
PHJ	Photojournalism	14+
<b>C</b>	<b>CONSUMER &amp; FAMILY SCIENCES</b>	
CA	Child Development, Child Care, Babysitting	
CB	Clothing and Textiles	

SEW	Sewing	9+
CBC	Wardrobe Management	
CBB	Modeling	
QLT	Quilting	10+
FIB	Fiber Arts	9+
CBF	Crochet	
CBG	Needlecraft/Knot Tying	
CC	Consumer Education	
CCA	Financial Literacy	
CD	Home Environment	
CE	Parenting & Family Life Education	
<b>D</b>	<b>ENVIRONMENTAL EDUCATION &amp; EARTH SCIENCE</b>	
DA	Environmental Stewardship	
DB	Earth, Water and Air	
DBA	Geology and Minerals	
DBB	Weather and Climate	
DBC	Soils and Soil Conservation	
DBD	Water	
DBDC	Water Conservation	
DC	Energy (general, home, farm, transportation)	
DD	Forests, Rangeland and Wildlife	
DDA	Forestry	
DDC	Wildlife and Fisheries	
DE	Outdoor Education	
RIF	Shooting Sports - Rifle	10+
ARC	Shooting Sports - Archery	9+
DF	Waste Management	
DFA	Composting	
DFB	Recycling	
DFC	Household Hazardous Waste	
<b>E</b>	<b>HEALTHY LIFESTYLE EDUCATION</b>	
EA	Chemical Health	
EB	Mental and Emotional Health	
EC	Foods and Nutrition	
ECA	EFNEP	
ECAF	FSNEP	
ECB	Foods Safety	
ECC	Foods Preservation	
ECD	Foods Preparation	
BRD	Breads	9+
ECCO	Outdoor Cooking	

ECF	Cake Decorating	
ED	Physical Health	
EDA	Fitness and Sports	
EDB	Growth, Development & Disease	
EDBA	Health Rocks	
EDC	Home Nursing, First Aid/CPR	
EDD	Sexual Health	
EE	Safety	
EEA	ATV Safety	
EEB	Automotive Safety	
EEC	Bicycle Safety	
EED	Communities for Child Safety	
EEE	Emergency Preparedness	
EEF	Tractor & Machine Safety Cert.	
<b>F</b>	<b>PERSONAL DEVELOPMENT &amp; LEADERSHIP</b>	
FA	Career Exploration & Employability	
FB	Critical Thinking Skills	
FC	Economics, Business & Marketing	
FCB	Entrepreneurship	
CBUD	Cloverbuds (5-8 yrs)	
FE	Hobbies and Collections	
TL	Teen Leaders	14+
FFA	Youth and Adult Partnerships	
FG	Leisure Education (general)	
FH	Personal Development (general)	
READ	Reading	9+
FJ	Social Recreation Skills	
FK	Values Clarification	
FL	Character Education	
<b>G</b>	<b>PLANTS &amp; ANIMALS</b>	
GA	Ag in the Classroom	
GB	Animals	
GBA	Aquaculture	
GBB	Beef	
GBC	Birds and Poultry	
GBD	Cats	
DOG	Dogs	9+
GBEG	Raising Guide Dogs	
GBF	Dairy Cattle	
GBG	Goats (dairy, hair, meat)	
GBH	Horse/Pony	
GBI	Rabbits/Cavies	
GBJ	Sheep	

<b>SMA</b>	<b>Small Animals</b>
GBL	Swine
GBM	Alpacas and Llamas
GBN	Emus and Ostriches
GC	Plants
GCA	Crops/Weeds
GCB	Flower Garden/House
GARD	Gardens - Fruit/Vegetable
GCCA	Junior Master Gardener
GCD	Ornamental Horticulture
<b>H</b>	<b>SCIENCE &amp; TECHNOLOGY</b>
HA	Science/Technology Literacy
HB	Biological Sciences
HBA	Animal Science
HBB	Aquatic Science
HBC	Entomology and Bees
HBD	Food Science
HBE	Marine Science
HBF	Meat Science
HBG	Plant Science
HBH	Poultry Science/Embryology
HBI	Veterinary Science
HC	Technology and Engineering
HCA	Aerospace
HCB	Automotive
HCC	Bicycle
HCD	Computer Technology
HCDA	Robotics
HCE	Electric
HCF	Electronics
HCFA	GPS/GIS
HCFB	Ham Radio
HCG	Engine/Tractor/Field
HCH	Wood Science/Industrial
HD	Physical Sciences
HDA	Astronomy
HDB	Chemistry
HDC	Mathematics
HDD	Physics



## Emergency & Medical / Health Information

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
 Parent or Guardian \_\_\_\_\_ Email \_\_\_\_\_  
 Mailing address \_\_\_\_\_  
 Physical address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Relatives or friends to act in my behalf, in case of emergency, if I cannot be reached:**

<i>Emergency Contact Name</i>	<i>Emergency Contact Name</i>
<i>Home Phone</i>	<i>Home Phone</i>
<i>Alternate Phone</i>	<i>Alternate Phone</i>
<i>Address</i>	<i>Address</i>

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Under doctor's care now? \_\_\_\_\_ If yes, please explain on back.

Prescribed medicine \_\_\_\_\_

**(All meds must be turned in to chaperone or camp nurse.)**

**Note:** If bringing medications to the event or program, please make sure that your name is on them and that dosage directions are clearly indicated.

Allergies to medications/foods/insects/other? \_\_\_\_\_ List \_\_\_\_\_

**Health History:** Is youth subject to: Indicate **YES** or **NO**

<input type="checkbox"/> Hernia	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Nervous Disorders	<input type="checkbox"/> Asthma
<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Fainting Spells	<input type="checkbox"/> Sleepwalking	<input type="checkbox"/> Ear/Sinus
<input type="checkbox"/> Allergies	<input type="checkbox"/> Insect Stings	<input type="checkbox"/> Drug Sensitivity	<input type="checkbox"/> Enuresis (bed wetting)
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Diabetes (take insulin?)	
<input type="checkbox"/> Food Allergies	<input type="checkbox"/> Bleeding/clotting disorders		

If **YES** on any of the above, please explain \_\_\_\_\_

**Has the youth had:**

<input type="checkbox"/> Poliomyelitis	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/> Appendicitis Attack	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Whooping Cough	<input type="checkbox"/> Scarlet Fever

Is the youth pregnant? \_\_\_\_\_ Date of Last Tetanus Booster: \_\_\_\_\_

Identify any physical/emotional problems that would prevent full participation in the program. \_\_\_\_\_

**Emergency Authorization:** I hereby give my permission to the medical staff selected by the Cooperative Extension Service faculty/staff to order x-rays, routine tests and treatment for the above named youth. In the event I, or one of the above named designees cannot be reached in an emergency, I hereby give my consent to emergency medical treatment, hospitalization or other medical treatment as needed. I will assume all financial obligations incurred if not covered by insurance.

\_\_\_\_\_  
*Signature of parent/guardian*

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

**Leaders should keep a copy of this form to have available when they are with club members.**



## 4-H Code of Conduct

The 4-H Code of Conduct applies to all activities coordinated through UAF Cooperative Extension Service 4-H including local, district, state and national activities.

***While attending 4-H activities and events, I will:***

- Obey all rules established by the 4-H program, the local club/program and all local, state and federal laws.
- Conduct myself in a courteous manner and be respectful of the authority of adult volunteers, youth leaders, 4-H staff and others in leadership roles.
- Not use, accept or carry alcohol, drugs or tobacco, or associate with or remain in the presence of others using the substances.
- Know that the possession or use of firearms is prohibited, except when part of an approved shooting sports educational program.
- Respect all persons, facilities and vehicles. I will be responsible for any damage caused resulting from my behavior.
- Help others have a pleasant experience by making every attempt to include all participants in activities.
- Be in the assigned program area (for example: dorms, cabins, programs, etc.) at all times.
- Use appropriate language and dress appropriately for each event.
- Acknowledge that searches of personal property may take place when there is reasonable suspicion of violations of law or policies.

***While attending overnight events, I will also:***

- Not leave the activity or event unless permission is secured from the adult in charge.
- Be in my sleeping area and honor established curfews.
- Not enter the sleeping areas of members of the opposite gender and will I not invite non 4-H participants to the sleeping areas.

I have read the 4-H Code of Conduct and agree to live up to these expectations while participating in 4-H programs and events. I am aware that my actions and decisions affect others. I understand that my failure to act with good character could result in consequences, including dismissal from the event or program. I am willing to accept appropriate consequences of my actions.

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

I have read the 4-H Code of Conduct and I support my child living up to the expectations it outlines. I also agree to live up to the expectations of the Code of Conduct while participating in 4-H programs and events. I will support the individual(s) in charge in maintaining appropriate behavior and in the development of good character. I understand that I am responsible for all costs incurred by early departure should my child be sent home and that I may be asked to forfeit all funds expended upon my and/or my child's behalf during the event.

**Parent /Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



