



ALL elements of this form must be completed by youth participating in clubs, field trips, events requiring group transportation, overnight activities and any other events sponsored through the 4-H Youth Development Program where it is deemed necessary by the adults (paid 4-H staff and/or registered 4-H volunteer leaders) responsible for the youth participants. *Be sure to complete all applicable parts and sign where requested.*

1) INFORMATION ABOUT THE PARTICIPANT AND ACTIVITY

Name _____ Age as of Jan. 1, 2017 _____ Birthdate _____

Address _____ County _____

City _____ State _____ Zip Code _____

Telephone () _____ Cell Phone () _____ Wireless Provider _____

Gender _____ Grade _____ School _____

Race (Circle all the races that apply to you): White African American American Indian Pacific Islander Asian

Hispanic: Yes _____ No _____

Father's Name/Guardian _____ Cell () _____
Phone: Home () (_____) _____

Mother's Name/Guardian _____ Cell () _____
Phone: Home () (_____) _____

Mother ()
E-mail: Father () _____

Residency:

_____ Farm _____ Rural/Town less than 10,000 _____ Town/City 10,000 to 50,000 _____ Suburb over 50,000 _____ Central City over 50,000

Military Family (check all that apply):

_____ Active Army _____ Army Guard _____ Army Reserve _____ Active Air Force
_____ Air Guard _____ Air Force Reserve _____ Active Navy _____ Naval Reserve
_____ Active Marine Corp _____ Marine Corp Reserve _____ Active Coast Guard _____ Coast Guard Reserve

4-H Clubs _____

4-H Camps _____

4-H Projects _____

4-H Activities _____

Circle One

T-Shirt Size: **YS YM YL AS AM AL AxL 2xL 3xL** (if need different size, County please contact state office)

Membership Dues Paid? Y / N Cash/Check # _____ Date _____ Amount _____

Name that Paid _____ Shirt Ordered Date _____ Received Shirt Date _____

Clemson University Cooperative Extension Service offers its programs to people of all ages, regardless of race, color, sex, religion, national origin, disability, political beliefs, sexual orientation, marital or family status and is an equal opportunity employer. Should you require special accommodations due to a disability, please notify our office prior to the event.

2) PERMISSION FORMS

➤➤ CLEMSON UNIVERSITY PARENTAL RELEASE OF LIABILITY FOR PROGRAMS

In consideration for my child being allowed to participate in this CAMP/PROGRAM/PROJECT/CLUB, I the undersigned, acknowledge, appreciate and agree that:

1. This CAMP/PROGRAM/PROJECT/CLUB affords my child the opportunity to participate in activities, including, but not limited to recreation, cooking, science experiments, hands on activities, interaction with animals and other people, etc. There are inherent risks involved in participating in this CAMP/PROGRAM/PROJECT/CLUB. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, which may be sustained by my child as a result of his/her participation.
2. I certify that I have adequate resources necessary (e.g., health insurance, etc.) to provide for and pay for any medical costs that may directly or indirectly result from my child's participation in this CAMP/PROGRAM/PROJECT/CLUB. I agree to pay for any medical costs that exceed the limits of my insurance coverage.
3. I understand that activities for this CAMP/PROGRAM/PROJECT/CLUB may be physically strenuous and I know of no medical reason why my child should not participate.
4. I hereby release, waive, and discharge Clemson University and its Board of Trustees, its officers, agents, employees and representatives from all claims, demands, liabilities, rights and causes of action of whatever kind or nature, that may result from or occur during my child's participation in this CAMP/PROGRAM/PROJECT/CLUB, whether caused by negligence of the UNIVERSITY, its Board of Trustees, officers, agents, employees or representatives or otherwise. I also agree to indemnify and hold harmless the UNIVERSITY for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of my or my child's negligent or intentional act or omission while participating in this CAMP/PROGRAM/PROJECT/CLUB.

➤➤ PHOTOGRAPHY CONSENT FOR MINORS

I hereby grant permission to Clemson University, its employees or representatives, to take and use: photographs, videotape and/or digital images of **my child** for use in promotional or educational materials as follows: printed publications or materials, electronic publications or presentations, websites. I agree that my child's name and identity (**one must be checked**):

May be revealed

May **NOT BE** revealed

in descriptive text or commentary in connection with the image(s). I authorize the use of these images indefinitely without compensation to me. All negatives, positives, prints, digital reproductions and videotape shall be the property of Clemson University.

➤➤ PERMISSION TO TRANSPORT

My child has my permission to be transported to and/or from one Extension program site to another program site with the understanding that they will be driven by Clemson Extension Agents or certified volunteers that have been approved to drive state vehicles and/or have certification to transport youth. (**one must be checked**):

Yes No

I have read the above Permissions and I hereby agree to the above releases.

Signature of Parent and/or Guardian _____ Date _____

3) SOUTH CAROLINA 4-H BEHAVIOR AGREEMENT

The 4-H Code of Conduct outlined below is in effect for all youth activities involving Clemson University Cooperative Extension Service and the Department of 4-H Youth Development. It applies to all participants in 4-H activities, with participants defined as 4-H members of any age or grade, all other registered youth and adults, and all other individuals who take part and/or attend 4-H events.

Consequences of violation of the Behavior Agreement will follow county or state guidelines. Participants who fail to adhere to the 4-H Code of Conduct may be subject to a range of disciplinary actions. Immediate corrective action will be taken to ensure the safety and welfare of all participants at the event. Additional disciplinary action may be taken upon further investigation of the infraction or incident. Participants in county events shall be subject to policies developed at the county level. Participants in state and national events shall be subject to the policy and process outlined below.

If an individual continually disrupts the group or engages in illegal behavior, he or she will be given an opportunity to discuss the problem with the chaperones before more drastic action is taken. If, after discussion, the behavior continues, or in the opinion of the chaperones it would be detrimental for the individual to continue with the group, he or she will be sent home **at the participant's expense. Also, participants/parents will be financially responsible for any damage caused by the participant.**

4-H Code of Conduct

1. The health, safety, and welfare of others must be respected at all times.
2. Appropriate language and behavior are expected at all times. Profanity, foul or abusive language, inflammatory statements, derogatory comments, or physical altercations toward any group or individual are not permitted.
3. Participants are expected to be present and participate at all scheduled program activities. Participants are required to wear nametags when dispensed.
4. All participants are expected to be on the site of the event at all times and to participate in assigned activities. Unauthorized use of vehicles during an event is prohibited.
5. Participants are responsible for following the instructions of all 4-H staff and event chaperones.
6. All behavior or language of a sexual nature at 4-H events is inappropriate and unacceptable. Dignified and respectable behavior is expected at all times.
7. Curfew hours must be strictly followed.
8. Boys are not to go in girls' room and girls are not to go in boys' rooms.
9. Behavior during unscheduled free time is subject to the supervision of 4-H staff and chaperones.
10. Dress code standards previously set for the event must be met by all participants (i.e., no sexually suggestive, culturally insensitive, tobacco or alcohol industry sponsored shirts, inappropriately cut shirts, shorts, pants or skirts, etc.).
11. Possession, distribution, or use of alcoholic beverages or illegal drugs is prohibited. Prescription drugs and over-the-counter medications may be dispensed by adult chaperones only with written authorization provided by the parent/guardian on the 4-H Event Permission Form for Youth filed for the event.
12. With the concern for the wellbeing of self and others, smoking and the use of other tobacco products is prohibited.
13. Care and respect for property, personal and institutional, is expected at all times. Theft, possession of missing property, or damage to property is prohibited.
14. Unauthorized possession, distribution or use of weapons, ammunition or fireworks is prohibited.
15. Honesty is expected at all times from 4-H members. Dishonesty, cheating, plagiarism and forgery are inappropriate actions.

I HAVE READ the **Behavior Agreement** and **4-H Code of Conduct** above and discussed it with my son/daughter.

I understand and agree to the conditions set forth. I accept the cost and responsibility of having my son/daughter returned in the event it is necessary.

Signature of participant: _____ Date: _____

Signature of parent/guardian: _____ Date: _____

4) **HEALTH REPORT FORM** - Participant's Name _____

Instructions: Please provide health information for determining appropriate supervision, support and accommodations for the 4-H activities or events listed. **A parent or guardian must sign.** If the participant is a person with a disability and desires any assistive devices, services or accommodations to participate in this activity, please contact your local Extension office during business hours at least 7 days prior to the event to discuss accommodations. **Please print all information.**

➤ **Parent/Guardian Identification**

Who has primary custody of participant? () Mother () Father () Both () Other _____

Family Physician _____ Phone (____) _____

Dentist _____ Phone (____) _____

Do you carry family medical/hospital insurance? (Check one) YES _____ NO _____

Carrier _____ Policy/Group # _____

Name on Policy _____

➤ **Emergency Contact Information**

If you cannot be reached in case of emergency, whom should we notify?

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____

Work Address _____

City _____ State _____ Zip _____

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted by me and the examining physician.

5) **PERMISSION TO ADMINISTER MEDICATION** (if applicable)

Is the child taking any medication? _____ No _____ Yes

-- If **Yes**, name of Medication(s) _____

_____ (send only what will be needed at program – include directions for use of all Medication. Please write on a 3x5 card and put in zip lock bag with medications).

- I hereby give permission for 4-H Program to administer over-the-counter medications if the first aid coordinator deems it necessary. Dosages will be administered according to directions on the package unless a physician directs otherwise.
- Do **Not** Administer the Following: _____

PARENT AUTHORIZATION & PERMISSION TO TREAT

I hereby give permission to the medical personnel selected by the Clemson University Extension Service and Department of 4-H Youth Development to provide routine health care: to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the 4-H Youth Development Personnel to secure and administer treatment, including hospitalization, for the person named above.

Parent/Guardian Signature _____

6) PARTICIPANT HEALTH & MEDICAL HISTORY – Participant's Name _____

(Questions 1-6 in this section, MUST be completed)

1. Does the participant have any known allergies? (Including food, medicine, plants, animals, insects, etc.)
YES NO If **YES**, please explain: _____
2. Is the participant experiencing or has he/she ever experienced (or had special needs in) any of the following? (*Check all that apply.*)
Asthma _____ Bleeding Disorder _____ Attention Disorders (ADHD) _____ Eating Disorders _____ Heart Condition _____
Diabetes _____ Wears Contacts _____ Seizures/Convulsions _____ Fainting Spells _____ Other _____
Please describe/explain any condition you checked: _____

3. Has the participant undergone surgery or experienced any injury, illness, allergy, or change in health status any time during the last year? Is there any reason that participation in a program or activity should be restricted?
YES NO If **YES**, please explain: _____

4. Does the participant require special diet? (including vegetarian dietary restrictions, dietary allergies, Lactose or gluten intolerant, etc.)
YES NO If **YES**, please explain: _____

5. Is there any necessary, additional information staff should know (including mental, emotional, social, behavioral, or physical disabilities, medication instructions, and/or special restrictions) to provide appropriate supervision, support and accommodations for the participant?
YES NO If **YES**, please explain: _____
6. Are the Immunizations up to date for the Participant? **YES NO**
Most recent date of Tetanus or Tetanus booster _____ (mo/year)
If **NO**, please explain _____

7) MEDICAL EXAMINATION (*required for aerobic exertion activities & activities with elevated risk*)

*To be completed and signed by licensed medical personnel. A physical completed by Licensed Medical Personnel **within 24 months** of the start date of the youth program may be substituted for this section.

The applicant is under the care of a physician for the following conditions: _____

Limitations or restriction on program activities _____

Additional information for program personnel _____

In my opinion, the applicant is able to participate in active programs.

Date of Examination _____

Signature of Licensed Medical Personnel _____

Print Name _____ Title _____

Address _____ Telephone _____