

**Enrollment Form**  
County: Lewis and Clark



Family Last Name: \_\_\_\_\_

Family Phone: \_\_\_\_\_

Family Email: \_\_\_\_\_

Club: \_\_\_\_\_ Year in 4-H \_\_\_\_\_ \$10.00 Fee paid \_\_\_\_\_

Member:  Cloverbud:  Organization Leader:  Leader:  Re-enroll  New

**Member Information** \* indicates required fields

* First Name	Middle Initial or Name
* Last Name	Member E-mail
* Mailing Address	* City
* State	* Zip Code
* Birth Date	* Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
* Primary Phone	Member Cell Phone
* School Grade	* School Name

**Parent 1 / Guardian 1** same address as member

* First Name	* Last Name
Cell Phone	Work Phone
Home Phone	Email Address

**Parent 2 / Guardian 2** same address as Parent/Guardian 1

* First Name	* Last Name
Cell Phone	Work Phone
Home Phone	Email Address

**Second Household 1** different address as Parent/Guardian 1 and 2

First Name	Last Name
Address	Primary Phone
City	State
Email	Zip Code

**Second Household 2** same address as Second Household 1

First Name	Last Name
Email	Primary Phone

## Enrollment *\* indicates required fields*

<b>* Ethnicity</b>	Are you of Hispanic ethnicity? <input type="checkbox"/> No <input type="checkbox"/> Yes (please indicate both an ethnicity and race)	
<b>* Race</b>	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Prefer Not to State
<b>* Residence</b>	<input type="checkbox"/> Farm (rural area where Ag products are raised) <input type="checkbox"/> Town under 10,000 and rural non-farm	<input type="checkbox"/> Town / City 10,000 - 50,000 and suburbs <input type="checkbox"/> Suburb of city more than 50,000
<b>Military</b>	<input type="checkbox"/> I have a parent serving in the military <input type="checkbox"/> I have a sibling serving in the military	<input type="checkbox"/> I am or have a spouse serving in the military <input type="checkbox"/> I have a son/daughter serving in the military
<b>Branch/Component</b>	<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves	

## Health Information

Provide any health related information you feel others should know, in order to maximize this 4-H participant's safety and well-being:

## Accommodations

Do you require an accommodation for a disability to participate in this program?  Yes  No Explain: \_\_\_\_\_

Code of Conduct Form  Media Release Form

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

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Organizational Leader Signature \_\_\_\_\_ Date \_\_\_\_\_

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4-H Year: \_\_\_\_\_

Name \_\_\_\_\_

PROJECT DESCRIPTION	LEVEL
Beef	
* Market	
* Breeding	
Cat	
Dairy Cattle	
Dog	
* Obedience	
* Agility	
Dairy Goat	
Meat Goat	
Horse	
* Horsemanship - English	
* Horsemanship - Western	
* Colt to Maturity	
* Working Ranch Horse	
* Horse Packing	
* Horse Driving	
* Horse Showing	
* Horse Judging	
* Green Horse	
* Careers with Horses	
Horseless Horse	
Pocket Pets	
Poultry	
Rabbit	
Sheep	
* Market	
* Breeding	
Swine	
* Market	
* Breeding	
Veterinary Science	
Aerospace	
Bicycle	
Electricity	
Robotics	
* Robotics with EV3	
* Junk Drawer Robotics	
Small Engines	
Welding	
Woodworking	
Electricity	
Entomology	
Forestry	
Outdoor Adventures	
Wildlife	

PROJECT DESCRIPTION	LEVEL
Shooting Sports	
* Air pistol	
* Air Rifle	
* Archery	
* Shotgun	
* Muzzleloading	
Sport Fishing	
Child Development	
Babysitting	
Family Adventures	
Home Environment	
Sewing and Textiles	
* Sewing	
* Crochet	
* Embroidery	
* Knitting	
* Quilting	
* Ready-to-Wear	
Crop Science	
Gardening	
Range Science Management	
Weed Science	
Communications	
Cowboy Poetry	
Leathercraft	
Photography	
Theatre Arts	
Visual Arts	
* Arts & Crafts	
* Drawing, Fiber and Sculpture	
* Painting, Printing & Graphic Design	
Citizenship	
Leadership	
Service Learning	
Cake Decorating	
Food and Nutrition	
* Cooking	
* Baking	
* Party Planner	
* Food Preservation	
Cloverbuds (5 - 7 year olds)	
Exploring 4-H	

**Project Plan due January 15 to 4-H Agent**

Independent Study	
Self-Determined	

# CODE OF CONDUCT FOR 4-H MEMBERS

Name \_\_\_\_\_ County \_\_\_\_\_

The 4-H Center & Montana State University Extension wants your participation in 4-H programs, events and activities to be filled with exciting experiences, new friendships and fun. To ensure a positive experience for all participants, it is expected that all 4-H'ers be considerate of others, participate fully in the programming and observe the following expectations. If a situation or question arises which is not clearly covered by this list, ask an Extension Faculty/Staff member, volunteer leader, or chaperone before acting.

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

- Obey all rules established by the 4-H program, the local 4-H program and all local, state and federal laws.
- Conduct myself at all times in order to be a credit to the club, school and community.
- Dress neatly and appropriately for the occasion and in accordance with the activity dress code.
- Show respect for the rights and property of others; be courteous at all times.
- Be honest and not take unfair advantage of others.
- Refrain from disruptive behavior and swearing.
- Demonstrate sportsmanship, modesty in winning and generosity in defeat.
- Attend meetings and sessions promptly and respect the opinion of others in discussion.
- 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 others using the substances.

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

- Not leave the activity or event unless permission is secured from my agent or chaperone.
- Not use my personal vehicle when it is not allowed by an event or trip.
- Care for the lodging property and respect the rights of other guests of the facility and observe all rules instituted by the property.
- Be in my sleeping area and stay there after curfew time and be out each day by the set time.
- Not enter the sleeping areas of members of the opposite gender and not invite non 4-H participants to the sleeping areas.
- Respect supervision at all times, being responsible to all adults connected with the trip or event.
- Be prepared to report to my local 4-H program knowledge gained by attending these activities.

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 do so 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 will support the individual(s) in charge in maintaining appropriate behavior.

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



# MEDIA RELEASE FORM

Montana State University Extension

Name of participant: \_\_\_\_\_

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

**MSU Extension - 4-H** would like to use photos or video of your child during 4-H events or activities to use in press releases and other publicity. The photo or film may be used for the following purposes:

- Website
- Press Release
- News Story
- Marketing Materials
- Other

## CONDITIONS OF USE:

1. We will not use personal details or full names (first name and last name) of any child in a photograph on our web site.
2. We will not include personal e-mail or postal addresses or telephone numbers on our web site or in other printed publications.
3. We may use the name of the child in accompanying text or a photo caption.

**I DO authorize the use of photos or video of my child at 4-H events or activities.**

**I DO NOT authorize the use of photos or video of my child at 4-H events or activities.**

I have read, consent, and agree, individually and, as a parent or guardian of the minor named above, to the foregoing terms and provisions. I warrant that I am of full legal age and have every right to contract for the minor in the above regard.

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



# Montana State University Extension Montana 4-H 4-H Animal Project

Signed Form  
is Required  
YEARLY



## Permission and Assumption of Risk for Participation in all 4-H Animal Projects Excluding Horse

4-H YEAR from: \_\_\_\_\_ to: \_\_\_\_\_ County: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Birth Date: MM/DD/YYYY \_\_\_\_\_

Project Name(s): \_\_\_\_\_

### FOR PARTICIPANT

I hereby request and apply to participate in the above listed Montana State University Extension Service 4-H Animal Project. I agree that I will abide by all Extension Service 4-H rules and regulations. I further agree that I will abide by all the directions and requirements which are specified in the project manual, safety guidelines manual, and/or specified by the course leader(s).

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR PARENT(S) OR LEGAL GUARDIAN(S)

As parent(s) or legal guardian(s) of the above named child, I/we agree to have my/our child abide by directions and requirements specified in the project manual, safety guidelines manual and assessment criteria provided for the above described Montana State University Extension Service 4-H Animal Project. I/we understand the program and activities which are involved, consent to my/our child's participation, and agree to have my/our child abide by all the applicable rules, regulations and directions specified by the course leader(s). I/we are fully aware that this can be a dangerous activity and there are many serious risks of injury inherent with the handling of animals and participating in the 4-H Animal Program. Animals can be unpredictable and may react to sudden movement, unfamiliar surroundings or persons or other activities. I/we also recognize and understand that some travel may be required and are aware of the risks associated with that activity.

I/we understand and agree that Montana State University and MSU Extension 4-H does not provide accident/medical insurance covering my/our child while participating in 4-H Animal Projects. I/we hereby assume all responsibility for any injury or illness my/our child might sustain while participating in this program.

In consideration of my/our child's being permitted to participate in the 4-H Animal Program, I/we hereby assume all the risks associated with participation and necessary travel.

I/we have carefully read the foregoing permission and assumption of risk and sign of my/our own free will and accord.

Printed Name of Parent or Legal Guardian: \_\_\_\_\_

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

Printed Name of Parent or Legal Guardian: \_\_\_\_\_

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

*signatures are required yearly*