



2023-2024 MAINE 4-H MEMBER ENROLLMENT

First Name: _____ MI: _____ Last: _____ Preferred: _____

Birth Date: _____ Email: _____ County: _____

Gender Identity: Male Female Gender not listed Prefer not to respond

Hispanic Ethnicity: (check one):

Yes – Hispanic or Latino Ethnicity OR No -- Not Hispanic or Latino Ethnicity OR Prefer not to state

Racial Groups: (check all that apply):

White Black or African American American Indian or Alaskan Native
 Native Hawaiian or Other Pacific Islander Asian Prefer not to state

Primary Phone: (____) _____ Mobile Phone (____) _____ Years in 4-H: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Residence (Check one):

Farm Rural non-farm or town less than 10,000 Town/City 10,000 to 50,000
 Suburb of City over 50,000 City over 50,000

Second Address (If Applicable): _____

Emergency Contact Information: Name: _____

Phone: (____) _____ Relationship: _____

Military Family (optional):

Family Member Family Member Serving Family Member Retired
Branch: Air Force Army Coast Guard DOD Civilian Marines Navy
Component: Active Duty National Guard Reserves

School Name/Homeschooled: _____ Grade: _____

Parent/Guardian(s)

Parent/Guardian 1:

Name(s): _____

Email: _____ Phone: () _____

Parent/Guardian 2:

Name(s): _____

Email: _____ Phone: () _____

Name of Primary 4-H Club 1: _____ Club 2: _____ Club 3: _____

Participant Signature

Parent/Guardian Signature

4-H Volunteer/Leader Signature

In complying with the letter and spirit of applicable laws and pursuing its own goals of diversity, the University of Maine System does not discriminate on the grounds of race, color, religion, sex, sexual orientation, transgender status, gender, gender identity or expression, ethnicity, national origin, citizenship status, familial status, ancestry, age, disability physical or mental, genetic information, or veterans or military status in employment, education, and all other programs and activities. The University provides reasonable accommodations to qualified individuals with disabilities upon request. The following person has been designated to handle inquiries regarding non-discrimination policies: Director of Equal Opportunity, 101 Boudreau Hall, University of Maine, Orono, ME 04469-5754, 207.581.1226, TTY 711 (Maine Relay System).

Mark ✓ only those project areas in which you will do substantial work this year.
Circle projects about which you would like to be kept informed.

9/17/2021

- | | | | |
|--|-------|---|-------|
| Adventure & Challenge | _____ | Global Education | _____ |
| Aerospace | _____ | Goat | _____ |
| Ag in the Classroom | _____ | Graphic Arts Displays Exhibits | _____ |
| Animals | _____ | Growth Development and Disease | _____ |
| Animal Sciences | _____ | Health & Lifestyle Education | _____ |
| Aquaculture | _____ | Hobbies and Collectibles | _____ |
| Aquatic Sciences | _____ | Home Environment | _____ |
| Arts & Crafts | _____ | Home Nursing, First Aid & CPR | _____ |
| Astronomy | _____ | Horse | _____ |
| ATV Safety | _____ | Household Hazardous Waste | _____ |
| Automotive | _____ | Intergenerational Programming | _____ |
| Beef | _____ | Introduction to 4-H Projects | _____ |
| Bicycle | _____ | Leadership Education | _____ |
| Bicycle Safety | _____ | Leadership Skills Development | _____ |
| Biological Sciences | _____ | Llama | _____ |
| Birds and Poultry | _____ | Marine Science | _____ |
| Career Exploration & Employability | _____ | Mathematics | _____ |
| Cats | _____ | Meat Science | _____ |
| Chemical Health | _____ | Mental and Emotional Health | _____ |
| Chemistry | _____ | Mini Society (Entrepreneurship) | _____ |
| Child Development, Child Care, Babysitting .. | _____ | Music & Sound | _____ |
| Citizenship (Local, State, National) | _____ | Ornamental Horticulture | _____ |
| Clothing and Textiles | _____ | Outdoor Education & Recreation | _____ |
| Clowning & Mime | _____ | Parenting and Family Education | _____ |
| Communications Arts | _____ | Performing Arts | _____ |
| Communications & Expressive Arts | _____ | Personal Development | _____ |
| Communications for Child Safety | _____ | Personal Development and Leadership | _____ |
| Community Service | _____ | Photography | _____ |
| Composting | _____ | Physical Health | _____ |
| Computer Technology | _____ | Physical Sciences | _____ |
| Consumer and Family Sciences | _____ | Physics | _____ |
| Consumer Education | _____ | Plants | _____ |
| Critical Thinking Skills | _____ | Plants and Animals | _____ |
| Crops & Weeds | _____ | Plant Science | _____ |
| Cultural Education | _____ | Poultry Science and Embryology | _____ |
| Dairy Cattle | _____ | Rabbits & Cavies | _____ |
| Dance & Movement | _____ | Range Science | _____ |
| Dogs | _____ | Reading Literacy | _____ |
| Donkey & Mule | _____ | Recycling | _____ |
| Drama & Theater | _____ | Safety | _____ |
| Drawing & Painting & Sculpture | _____ | Science and Technology | _____ |
| Earth, Water, and Air | _____ | Science & Technology Literacy | _____ |
| Eat Well | _____ | Service Learning | _____ |
| Economics, Business & Marketing | _____ | Sexual Health | _____ |
| Electric | _____ | Sheep | _____ |
| Electronics | _____ | Shooting Sports | _____ |
| Emergency Preparedness | _____ | Small Animal & Pocket Pets & Lab Animals .. | _____ |
| Energy | _____ | Social Recreation Skills | _____ |
| Engines, Tractors, Field Equipment | _____ | Soils and Soil Conservation | _____ |
| Entomology and Bees | _____ | Speaking & Radio & TV | _____ |
| Entrepreneurship (Other) | _____ | Swine | _____ |
| Environmental Education & Earth Sciences | _____ | Technology and Engineering | _____ |
| Environmental Stewardship & General | _____ | Tractor and Machinery Safety | _____ |
| Fitness and Sports | _____ | Understanding Physical & Mental Limitations.. | _____ |
| Flower Gardening & House Plants | _____ | Veterinary Sciences | _____ |
| Food Preservation | _____ | Visual Arts | _____ |
| Foods and Nutrition | _____ | Volunteerism | _____ |
| Food Science | _____ | Waste Management | _____ |
| Foods Safety | _____ | Water | _____ |
| Forestry | _____ | Weather and Climate | _____ |
| Forests, Rangeland and Wildlife | _____ | Wildlife and Fisheries | _____ |
| Gardens-Fruits & Vegetables | _____ | Wood Science & Industrial Arts | _____ |
| Geology and Minerals | _____ | Working Steer | _____ |
| GIS & GPS | _____ | Writing & Print | _____ |

Name: Last _____ First _____ MI _____ Preferred _____

Home Address: _____

Birth Date _____ **Gender** _____

Custodial parent(s) or guardian(s) (if under 18):

Name _____ **Phone: Home** _____ **Cell** _____ **Work** _____

Name _____ **Phone: Home** _____ **Cell** _____ **Work** _____

Home address (if different from above) _____

If you are not available in an emergency whom should we notify?

Name _____ **Relationship** _____

Phone: Home _____ **Cell** _____ **Work** _____

Address _____

Insurance Information

Is this person covered by family medical and hospital insurance? Yes ___ No ___

If so, provide carrier and plan name _____ Group # _____

Health History

The information provided here by the parent, guardian, or adult participant is intended to provide UMaine 4-H health care personnel with the background needed to provide appropriate care, and the program personnel with the information needed to provide a safe, healthy, and appropriate 4-H experience. Any changes to this information should be shared with 4-H staff. This information will not be used to exclude a participant from participation unless the participant cannot perform program requirements with or without a reasonable accommodation, or is determined to be a direct threat to the health or safety of others.

Allergies

1. Is this person allergic to any food, medication, or other substance? Yes ___ No ___

If yes, please list all allergens and describe your child's reaction to them:

2. Has this person ever had any unusual reaction to an insect bite or bee sting? Yes ___ No ___

If yes, please explain:

Medications

1. Does this person currently take a prescribed medication or treatment (Including over-the-counter and homeopathic remedies)? Yes ___ No ___ If yes, please complete the Medications section of this form.

2. Does this person self-administer any medication, such as an inhaler, or carry and Epipen or Anakit?
 Yes ___ No ___

Please list ALL medications (including over-the-counter medications and homeopathic remedies) **taken routinely.** Bring enough medication to last the entire program. ALL items should be in their original packaging, bottle, or container that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration. **Attach additional pages if needed.**

Medication #1 _____ Dosage _____ Specific times taken _____

Reason for taking _____

Medication #2 _____ Dosage _____ Specific times taken _____

Reason for taking _____

Dietary Restrictions - Please check all that apply

- | | | |
|--|--|--|
| <input type="checkbox"/> Does not eat red meat | <input type="checkbox"/> Does not eat pork | <input type="checkbox"/> Does not eat eggs |
| <input type="checkbox"/> Does not eat poultry | <input type="checkbox"/> Does not eat seafood | <input type="checkbox"/> Does not eat dairy products |
| <input type="checkbox"/> Does not eat gluten | <input type="checkbox"/> Other (please describe) _____ | |

Disabilities or Physical Restrictions: Please describe any disabilities or physical restrictions for this person of which you want us to be aware, and any reasonable adaptations or accommodations requested:

Any person who needs accommodations for the program should contact the appropriate UMaine 4-H staff to discuss their needs, preferably at least 21 days in advance.

Please use this space to provide any additional Information about this person's behavior and physical, emotional, or mental health (such as bedwetting, toilet issues, and sleepwalking) that UMaine 4-H staff members should be aware of to provide a safe, healthy, and appropriate experience.

Parent or Guardian Authorization: This health history is correct and complete as far as I know. The person herein described has permission to engage in all program activities except as noted in this Health History. I hereby give permission to UMaine 4-H to provide routine health care, administer prescribed or other medications, and seek emergency medical treatment including ordering x-rays or routine tests. I give permission to UMaine staff to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission for the physician selected by UMaine staff to secure and administer treatment, including hospitalization, for my child. This completed form may be photocopied for trips.

Parent, Guardian or Adult Participant Signature _____

Printed Name _____ Date _____

I also understand and agree to abide by any restriction placed on my participation in program activities by medical personnel.

Minor or Adult Participant Signature* _____ Date _____

*if you cannot sign this for religious reasons, contact UMaine 4-H for a legal waiver that must be signed to allow attendance.



4-H Program Participation Permission, Agreements, and Photo Release Form

Name of 4-H Activity _____ Date(s) _____

Participant: Please read this form carefully, provide all requested information, and sign and date the bottom of this page.

Name: _____
last, first, middle initial

Mailing Address: _____

Town, State, Zip: _____

Telephone:(_____) _____ County _____

Birth Date _____ Gender _____

Roommate preference (if applicable to this event) _____, _____

As a participant in this program, I understand that I represent myself; my family; my county; Maine; and all Maine 4-H participants, volunteers and staff. By my actions, will 4-H be judged. Therefore, by my signature below, I agree to:

1. Participate fully in this program.
2. Follow all schedule times including curfew and wake-up hours; to be where assigned, when assigned.
3. Follow the Dress code established for this program/event.
4. Uphold the highest standards of behavior, manners and language.
5. Refrain from using alcoholic beverages, non-prescribed or illegal drugs, tobacco products, or fireworks.
6. Respect the rights of others at all times and make every attempt to include all participants in all activities.
7. Leave the facilities in the same condition or better than I found them when I arrived.
8. Support and follow all leadership and direction received from coordinators, chaperones and any other adult authority.
9. Respect the personal space and property of others in all settings including during overnight programs.
10. Seek assistance and support from adult chaperones on behalf of myself or others should a situation arise that warrants adult intervention or makes me feel uncomfortable.

I understand that if I break this agreement, I must accept the consequences of my actions, which might include a loss of privileges during this program, loss of 4-H privileges in the future, and/or immediate dismissal from this program as determined by county and/or state 4-H staff.

Signature: _____ Date: _____

Parental Statement – Please sign and date

My daughter/son/ward has my permission to attend this program. I have read and understand the statements they have agreed to above and support this agreement. I realize that I am personally responsible for my daughter/son/ward while they are attending this program. I understand and expect that should my daughter/son/ward break this agreement and the adult coordinators find it necessary to dismiss them from this program, that I am responsible for their transportation home.

Signature: _____ Date: _____

UNIVERSITY OF MAINE SYSTEM AND 4-H PHOTO RELEASE AGREEMENT

I, _____, (*name of person in photo*) hereby grant and authorize the University of Maine System, acting through the University of Maine, (hereinafter UMS) and the 4-H Program (defined as 4-H Afterschool, National 4-H Council, 4-H Cooperative Extension System, USDA/NIFA, Maine 4-H Program, 4-H clubs and programs, etc.) its employees and agents to make use of, license or assign the use of, my image, appearance, likeness, voice and/or photograph, and other reproductions of any of these, in still photographs, videotapes, publications, audio, sound recordings, web sites, electronic and other media and/or motion pictures, (hereinafter all of which are included in the term "Material") obtained during the current 4-H year (October-September) at 4-H-sponsored events, and to do so with or without mention of my name.

I understand and agree that I am to receive no compensation of any kind, monetary or otherwise, on account of or arising from the production, publication, recording, rebroadcasting, or other use of such Material.

UMS shall have complete ownership of the Material produced or published and shall have the exclusive right and license to make such use of that Material as it wishes, including, but not limited to the right of performance, display, reproduction and distribution in all media, and the right to create, perform, display and distribute derivative works of the Material.

I agree to indemnify and hold UMS, the University, its employees and agents, harmless from and against any and all claims, damages, lawsuits, judgments, and expenses, including reasonable attorneys' fees that UMS may become liable to pay or defend arising out of or caused by any matter or material furnished or spoken by me in connection with my appearance.

I hereby release UMS, its employees and agents from all expenses, claims and liabilities incurred by me arising out of or in connection with my appearance and/or the use of the Material, except to the extent that those expenses, claims or liabilities are the direct result of the negligent acts or omissions of UMS, the University, its employees or agents.

This agreement shall be governed and construed according to the laws of the State of Maine.

NOTE: If under 18, must be signed by parent or guardian on last line below.

DATE	SIGNATURE OF PERSON IN PHOTO	PLEASE PRINT NAME
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ADDRESS	PHONE NUMBER
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SIGNATURE OF PARENT OR GUARDIAN (if applicable)