



Codington

Postal Mail Email

County

Correspondence Pref.

Email _____ First Name _____

Middle Name _____ Last Name _____

Preferred Name _____ Mailing Address _____

City _____ State _____

Zip Code _____ Birth Date _____

Gender Male Female Primary Phone _____

Cell Phone _____ Work Phone _____

Years in 4-H _____

Parent / Guardian 1

First Name _____ Last Name _____

Cell Phone _____ Work Phone _____

Work Extension _____

Parent / Guardian 2

First Name _____ Last Name _____

Cell Phone _____ Work Phone _____

Work Extension _____ Address _____

City _____ State _____

Zip Code _____ Home Phone _____

Email _____

Second Household

Send Correspondence No Yes Correspondence Pref. Postal Mail Email

Family Name _____ First Names _____

Primary Phone _____ Address _____

City _____ State _____

Zip Code _____ Email _____

Emergency Contact (Other than parent)

Name _____ Phone _____

Email _____ Relationship _____

Enrollment

Ethnicity Are you of Hispanic ethnicity? No Yes (please indicate both an ethnicity and race)

Race White Native Hawaiian or Pacific Islander

Black Asian

American Indian or Alaskan Native Prefer Not to State

Residence Farm (rural area where agricultural products are sold) Suburb of city more than 50,000

Town under 10,000 and rural non-farm Central city more than 50,000

Town / City 10,000 - 50,000 and its suburbs

Military No one in my family is serving in the military I have a parent serving in the military

I have a sibling serving in the military

Youth Enrollment Form - New Member

4-H Year: 2022-2023

4H22114w

Branch Air Force Army Coast Guard DOD Civilian Marines Navy
 Component Active Duty National Guard Reserves

Grade	School Name	
School Type	<input type="checkbox"/> Public School	<input type="checkbox"/> Homeschool / Alternative
	<input type="checkbox"/> Private School	<input type="checkbox"/> Magnet / Specialized School
	<input type="checkbox"/> Special Education	<input type="checkbox"/> Charter School
	<input type="checkbox"/> Vocational Education	

Clubs

Enroll	Club	Volunteer Title
<input type="checkbox"/> (Enroll)		
	(New Club)	
	(New Club)	
	(New Club)	
	(New Club)	

Projects

Enroll	Project	Club	Volunteer Title	Years In
<input type="checkbox"/> (Enroll)				
	(New Project)			
	(New Project)			
	(New Project)			
	(New Project)			
	(New Project)			
	(New Project)			
	(New Project)			
	(New Project)			
	(New Project)			
	(New Project)			

Member Signature _____	Date _____
Parent / Guardian Signature _____	Date _____

Project List: (circle projects you want to enroll in)

Aerospace and Rocketry	Embryology	Photography
Automotive, Small and Tractors Engines	Energy for Farm, Home & Transportation	Physics
Beef	Engineering	Plant Science, Crops & Weeds
Bicycle	Entomology and Bees	Poultry & Eggs
Cats	Entrepreneurship	Rabbits/Cavies
Character Education	First Aid & Health	Range Science/Pasture Mgmt.
Child Develop. & Family Life	Fitness and Sports	Robotics
Citizenship	Food Preservation	Rodeo
Clothing and Textiles	Food Safety	Safety
Cloverbuds	Foods & Nutrition	Service Learning
Communications	Forestry	Sheep & Wool
Community Service	Geology and Minerals	Shooting Sports Archery - BB Gun- Air Pistol - Air Rifle
Companion Animal (Cats, Pets, Small Animal)	Geospatial	Social Recreation Skills
Computers and Technology	Graphic Design	Soils and Soil Conservation
Conservation and Stewardship	Health	Swine
Consumer Education	Hobbies and Collections	Veterinary Science
Cultural Educ. /International Study & Exchange Programs	Home Environment	Videography
Dairy Cattle	Horse and Pony	Visual Arts
Dairy Goats	Hort./Gardening & Landscaping	Water & Water Conservation
Dogs	Leadership Skills Development	Welding Science
Drama/Theater	Leisure Education & Recreation	Wildlife and Fisheries
Economics/Business/ Marketing	Meat Goats	Wood Science
Electricity	Music/Dance	Workforce Preparation
	Outdoor Education/Recreation	Writing/Public Speaking





**SOUTH DAKOTA STATE
UNIVERSITY EXTENSION**



South Dakota 4-H Member Enrollment Authorizations

Code of Conduct, Media, Medical and Risk Liability Approvals

Code of Conduct and Behavior Expectations

The South Dakota 4-H Program expects youth members and participants to behave in an acceptable manner at all events and activities in accordance with the South Dakota 4-H Behavioral Expectations and the Code of Conduct Policy.

Behavioral Expectations

The South Dakota (SD) 4-H Program is designed to provide youth of all ages with a positive environment in which to learn and grow. It also provides opportunities for children and youth to build positive traits of character. To ensure that all youth have equal access to positive learning environments, SD 4-H members, staff, and volunteers agree to abide by these expectations of behavior:

❖ I will be trustworthy

I will be worthy of trust, honor, and confidence. I will be a good role model by doing the right thing at all times. I will be honest in all of my activities. I will be on time for all scheduled events and will attend all of the planned activities. If I am not feeling well or have a schedule conflict, I will inform my chaperone or a person in charge of the event before the activity starts. I will be in the assigned area (club meeting room, building, dorm, etc.) at all times. The SD 4-H Program will not permit dishonesty such as lying or cheating.

❖ I will be respectful

I will show respect, courtesy, and consideration to everyone, including myself, other participants, and those in authority. I will act and speak respectfully. I will treat meeting rooms, lodging areas, personal property, and transportation vehicles with respect. I will follow all published dress code guidelines for the event and/or activity. I will respect the personal space and choices of other participants and will not participate in inappropriate displays of affection or physical contact. I will not use vulgar or abusive language, cause physical or emotional harm, or create a feeling of fear amongst other participants.



❖ I will be responsible

I will be responsible and accountable for my choices and my actions towards myself and other people. I will follow all rules and guidelines established for the activity or event. I will follow the verbal instructions issued by SDSU Extension staff, chaperones, and/or adult volunteers. I will abide by the established program curfew. I will be responsible for any damage, theft, or misconduct that I am involved in or cause.

❖ I will be fair

I will participate in events fairly by following the rules, not taking advantage of others, and not asking for special help or favors.

❖ I will be caring

I will be caring in my relationship with others. I will be kind and show compassion for others. I will treat others the way I want to be treated. I will show appreciation for the efforts of others. I will include all participants in activities and will try to help everyone be involved in the scheduled activities.

❖ I will be a good citizen

I will be a contributing and law-abiding citizen. I will be respectful to the environment. I will not use illegal substances such as tobacco, alcohol, or drugs or be involved in the use or possession of weapons or fireworks. If I am found to have any of these items with me or if I have taken any illegal substances, adult staff/volunteers will notify law enforcement.



Code of Conduct Policy

If I do not abide by the items in the Behavioral Expectations above, I will experience the following consequences in the order listed:

1. The loss of rights and privileges at the event or activity.
2. Being dismissed from the activity or event with an adult staff member or chaperone/volunteer notifying my parents/guardians and that I must go home at my family's expense before the activity or event ends.
3. The possible forfeiture of future participation in statewide and out-of-state events and activities as well as the forfeiture of future awards and premiums at the County level for a period of time up to one year. If this step is considered necessary, event staff, county staff, state staff will make the decision with input from the parents/guardians of the involved 4-H member(s).

I have read the South Dakota 4-H Behavioral Expectations as well as the Code of Conduct Policy. I am aware that my actions and decisions affect myself as well as others. I am aware that my behavior and decisions may result in the loss of privileges during 4-H events and/or future events. I will accept the appropriate and logical consequences of my actions, as determined by the South Dakota 4-H program.

Youth Signature

Date

I have read the South Dakota 4-H Behavioral Expectations document as well as the Code of Conduct Policy. I will support the individual in charge of maintaining appropriate behavior at the named event. I agree to accept the appropriate and logical consequences of my child's actions according to this policy and determined by the South Dakota 4-H program.

Parent or Guardian Signature

Date



**SOUTH DAKOTA STATE
UNIVERSITY EXTENSION**



Media Release

I hereby authorize South Dakota State University (SDSU) to photograph me and/or my property or use my submitted media, and authorize SDSU, its legal representatives, or successors and assigns the absolute right and unrestricted permission to copyright, publish and/or use such photographs or recordings in whole or part, or composite form made for art, advertising, trade or any other lawful purpose.

I hereby waive any right that I may have to inspect and approve the finished product or the advertising copy that may be used in connection therewith, or the use to which it is applied. I understand no payment or compensation will be provided to use my photograph or recordings.

I hereby release, discharge and agree to hold harmless SDSU from any liability by virtue of any use whatsoever, whether intentional or otherwise, that may occur or be produced in the taking of said picture, or in any processing needed to complete the finished product.

I agree to the terms of the Media Release above and permit SDSU to use pictures of this 4-H member for the purposes stated above.

I DO NOT agree to the terms of the Media Release above and DO NOT permit SDSU to use pictures of this 4-H member for the purposes stated above.

Youth Signature

Date

Parent or Guardian Signature

Date



Medical Release

I understand that first aid will be available at all 4-H activities and events and that 4-H members are supervised closely, and that if a serious illness or injury occurs, medical and/or hospital care will be given; however; the adult staff members and/or volunteer chaperones will not be held responsible for outcomes. I further understand that in cases of serious illness or injury, parents/guardians and/or emergency contacts will be notified. If it is impossible to make contact, I give permission for emergency medical treatment or surgery as recommended by the attending medical physician. I understand that health and accident insurance is the responsibility of the 4-H member's family according to the 4-H policies and procedures of SDSU Extension.

By checking this box, I give permission for this 4-H member to receive emergency medical treatment or surgery, as recommended by an attending medical physician, if a serious illness or injury occurs during any 4-H activity or event.

My signature below indicates that I have read this Medical Release and agree to its terms.

Parent or Guardian Signature

Date



Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement and Consent to Medical Treatment

By our signatures below, we acknowledge that we are aware of, appreciate the character of, and voluntarily assume the risks involved in participating in 4-H activities, programs and events.

By our signatures below, on behalf of ourselves, our heirs, next of kin, successors in interest, assigns, personal representatives, and agents, we hereby:

1. Waive any claim or cause of action against and release from liability the state of South Dakota, its officers, employees, and agents for any and all liability for participant's death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to participant and his/her estate resulting from participation in 4-H activities, programs and events.
2. Agree to indemnify and hold harmless the state of South Dakota, its officers, employees, and agents for any claims, causes of action, or liability to any other person arising from participation in 4-H activities, programs and events.
3. Consent to receive any medical treatment deemed advisable during participation in 4-H activities, programs and events.

As the parent/guardian of this child, I have read this Release and Waiver of Liability, Assumption of the Risk and Indemnity Agreement and Consent to Medical Treatment, and fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. I understand that in case of serious injury or illness, efforts will be made to notify parents/guardians and/or emergency contacts. In the event that parents/guardians and/or emergency contacts cannot be contacted, I give permission for emergency treatment or surgery as recommended by the attending medical physician. I understand that health and accident insurance is the responsibility of the 4-H member's family according to the 4-H policies and procedures of SDSU Extension.

Youth Signature

Date

Parent or Guardian Signature

Date

SDSU Extension is an equal opportunity provider and employer in accordance with the nondiscrimination policies of South Dakota State University, the South Dakota Board of Regents and the United States Department of Agriculture.



South Dakota 4-H Member Enrollment Health Form

All information is required. If any field does not apply, enter NA.

Member Full Name: _____

4-H County: _____

Birthdate: _____

Member Health Information

List any significant health conditions (diabetes, asthma, psychological counseling, etc.):

List any significant allergies to drugs:

List any other significant allergies:

Are immunizations current? Yes No

Date of last Tetanus Shot: _____

Health and Accident Insurance Information

Member health and accident insurance policy (Check one):

- County 4-H Policy
 Family Policy
 Public Health Service
 Valid Waiver on File

Company Name: _____

Policy Number: _____

