

Vista Heights 4-H Afterschool Registration Form

If you have questions please contact Stacey Lord at slord@alpinedistrict.org



Family Information Please Print Clearly:

Family Email _____ Last Name _____ (_____) _____
Primary Phone Number

Mailing Address _____ City, ST ZIP Code _____



Youth Information Please Print Clearly:

Youth Name _____ Youth Birthdate MM/DD/YYYY _____ Gender: ___ MALE ___ FEMALE

(_____) _____
Youth Cell Phone

Parent/Guardian Name _____ Cell Number _____ Work or Alternate Number _____

Parent/Guardian Name _____ Cell Number _____ Work or Alternate Number _____



Emergency Contact: Relatives or friends to act in my behalf in case of an emergency. If I cannot be reached:

Emergency Contact Name _____ Phone number _____ Relationship _____



Additional Information:

Ethnicity/Race:

Are you of Hispanic or Latino ethnicity? YES NO

- Mark all that apply:
- ___ White
 - ___ Black or African American
 - ___ American Indian or Alaskan Native
 - ___ Native Hawaiian or Pacific Islander
 - ___ Asian
 - ___ Prefer Not to State

Residence:

- ___ Farm
- ___ Town Under 10,000 & Rural non-farm
- ___ Town/City 10,000-50,000 and its suburbs
- ___ Suburb of city more than 50,000
- ___ Central City more than 50,000

Military Service of Family

- ___ 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
- Branch of Service: _____
- Branch Component: _____
(Active Duty / National Guard / Reserves)

School Information:

Name of School _____ Grade _____



Club Information: Please circle which clubs you would like to participate (one per day)

- | | | | | |
|------------|-------------------|---------|-----------------|------------------|
| Monday: | Magic (tentative) | | | |
| Tuesday: | Cross Country | Archery | Robotics | |
| Wednesday: | Cross Country | Chess | Film Making | |
| Thursday: | Cross Country | Finance | Science Fiction | Knitting/Crochet |
| Friday: | Volleyball | | | |

Child Release from Afterschool You must choose one of the following:

- ___ My child has my permission to walk out to my car. My child has my permission to walk home from school from 4-H Afterschool.
- ___ My child must wait for me inside the school to come to get them and sign them out of 4-H Afterschool. The following people may sign my child out of 4-H. I will notify them that they will need to walk in and sign for my child. Please include name and phone number. _____

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Code of Conduct/Waiver of Liability

The primary goal of the 4-H program is to build character while participating in 4-H. We expect all youth and adults to abide by the following:

- I will exhibit positive character and behavior including (but not limited to) trustworthiness, responsibility, respectfulness, caring, citizenship and fairness.
- I will attend all sessions as part of a planned program and be in the assigned area at all times.
- I will follow guidelines and rules established for the planned programs.
- I will be responsive to the reasonable requests of the 4-H staff/club leaders and respectful of the need for their personal safety and the safety of others.
- I will dress appropriately, use appropriate language and respect the rights of others.
- I will be respectful of public or private property and will be responsible for any damage, theft or misconduct.
- I will not possess or use alcohol, illegal drugs, or tobacco products.
- I will not behave recklessly, engage in sexual misconduct, assault, threaten or harm another person.
- I will promote the spirit of inclusion and comply with equal opportunity and anti-discrimination laws.



Child Signature Checklist (please read and initial each section on line provided and sign below)

Initial here

Photo Release: Participants in USU events are sometimes photographed and videotaped for use in USU promotional and educational materials. I authorize Utah State University to record and photograph my image and/or voice for use by Utah State University or its assignees in research, educational and promotional programs; I understand and agree that these audio, video, film and/or print images may be edited, duplicated, distributed, reproduced, broadcast and/or reformatted in any form and manner without payment of fees, in perpetuity.

Code of Conduct/Waiver of Liability: I have read the 4-H code of conduct and agree to live up to these expectations. I am aware that all my actions and decisions affect others. I realize that my failure to act with good character could result in loss of privileges, consequences, and suspension from 4-H Afterschool clubs. I am willing to accept the appropriate and logical consequences of my actions. As a participant in a 4-H Afterschool, I release the County and State Extension programs and personnel, Utah State University, and those affiliated from liability should I accidentally be injured due in part to my own negligence.

Child's Signature

Date



Parent Signature Checklist (please read and initial each section on line provided and sign below)

Medical/Emergency: In the event of an emergency, I hereby give permission to the 4-H staff to request emergency services for my child, which may include transportation to a medical facility, and in the event that none of my child's emergency contacts can be reached, I also give permission to the physician to hospitalize and provide proper necessary treatment to my child.

Photo Release: Participants in USU events are sometimes photographed and videotaped for use in USU promotional and educational materials. I authorize Utah State University to record and photograph the image and/or voice of my child for use by Utah State University or its assignees in research, educational and promotional programs; I understand and agree that these audio, video, film and/or print images maybe edited, duplicated, distributed, reproduced, broadcast and/or reformatted in any form and manner without payment of fees, in perpetuity.

Code of Conduct/Waiver of Liability: I have read the 4-H Code of Conduct, and, like my child, agree to live up to the expectations while participating in 4-H Afterschool. I will support the individual in charge in maintaining appropriate behavior and in development of good character. I release the County and State Extension programs and personnel, Utah State University, and those affiliated from liability should my child accidentally be injured due in part to their own negligence.

Parent/Guardian Signature

Date



Health Form:

Second Emergency Contact Name

(_____)_____
Cell Phone

(_____)_____
Alternate Phone

Family Physician

Physician's Phone Number

My child has the following allergies, medical concerns or special needs (please include any food or drug allergies):

