## 



**Child's Information** 

Please Print Clearly All fields must be filled in below for child to be registered in the 4H Afterschool Program

| Child's Name  |                   | Child's          | Email Address   | Child's Age                  |   |
|---|-------------------|------------------|---|------------------------------|---|
|   |                   |                  | ( )   |                              | Gender:                                   |
| Birth Date  | Grade             | Year             | Home Phone  |                              | MALE                                      |
|   |                   | in 4-H           |   |                              | FEMALE                                    |
| Parent/Guardian Nar                                       | me                |                  | Parent/Guardian   | Name                         | <br>Ethnicity:                            |
| Pareni/Guardian Name                                      |                   |                  | raienii Guardian Name   |                              | Mark all that apply                       |
| ( )   |                   |                  |   |                              | White                                     |
| Cell Phone  |                   |                  | Cell Phone  |                              | Hispanic                                  |
|   |                   |                  |   |                              | Black                                     |
| Address   |                   |                  | Address   |                              | Native American                           |
|   |                   |                  |   |                              | Asian                                     |
| City, ST ZIP Code   |                   |                  | City, ST ZIP Co   | de                           | Pacific Islander                          |
|   |                   |                  |   |                              | Other:                                    |
| Email Address   |                   |                  | Email Address   |                              |   |
|   |                   |                  |   |                              |   |
| Club Name/Day of the Week                                 |                   |                  | Club Name/Day of the Week   |                              |   |
| Old Name/Day of the Week                                  |                   |                  | Stab Hallis Bay of the Week   |                              |   |
| Club Name/Day of the Week                                 |                   |                  | Club Name/Day of the Week   |                              |   |
| Child Release from Afterschool                            |                   |                  |   |                              |   |
| Child Re  | iease iroiii A    | literschool      | L   |                              |   |
| You <b>must</b> choose <b>one</b> of the following:       |                   |                  |   |                              |   |
|   | my permission to  | •                | v car or to walk  | My child must wait for me in | nside the school to come to get them      |
|   | hool from 4-H Af  |                  | and sign them out of 4-H Afterschool. The following people sign my child out of 4-H. I will notify them that they will need |                              | fterschool. The following people may      |
|   |                   |                  |   |                              | will notify them that they will need to   |
|   |                   |                  |   | walk in and sign for my chil | ld. Please include name and phone number. |
|   |                   |                  |   |                              |   |
|   |                   |                  |   |                              |   |
|   |                   |                  |   |                              |   |
| & Fmergen   | cy and Medi       | cal Informa      | ation   |                              | _   |
| <b>多</b> (多)  | - una moa         | our miloinii     |   |                              |   |
| Relatives or friends t                                    | to act in my beha | If in case of ar | emergency if I cannot   | be reached:                  |   |
|   |                   |                  |   |                              |   |
| Emergency Contact Name                                    |                   |                  | <del></del>   | Emergency Contact Name       |   |
| ( )   |                   | ( )              |   | ( )                          | ( )                                       |
| Home Phone  |                   | Alternate P      | hone  | Home Phone                   | Alternate Phone                           |
|   |                   |                  |   |                              |   |
| Address and City  |                   |                  |   | Address and City             |   |
| Address and City  |                   |                  |   | Address and City             |   |
|   |                   |                  |   | ( )                          |   |
| Family Physician  |                   |                  |   | Physician's Phone Number     |   |
| My child has alle   | rgies which are:  |                  |   |                              |   |
|   |                   |                  |   |                              |   |
|   |                   |                  |   |                              |   |
| <b>п.</b>   |                   |                  |   |                              |   |
| My child has medical concerns or special needs which are: |                   |                  |   |                              |   |
|   |                   |                  |   |                              |   |
|   |                   |                  |   |                              |   |

My child is CURRENT on all immunizations required for school and 4-H may access school records of those immunizations.

## Oak Canyon Jr. High

## 4-H Afterschool Registration Form





## 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.

Please refer to the Parent Handbook on the OCJH Website for a better understanding of how 4-H Afterschool is run.

The Parent Handbook may include sections on:

Health Concerns / Medication, Safety / Evacuation Procedures, Rules and Discipline,

Grievance Procedures, Eligibility / Registration / Tuition Fees, Dress Code, Snacks, and/or Attendance Policy.

If you would like an advance copy or have questions about this form or the program please contact your site coordinator.

Oak Canyon's Site Coordinator: LaRee Linville Ilinville@alpinedistrict.org Cell# 801-362-8772

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



**Photo Release:** Participants in USU events are sometimes photographed and video taped 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/Guardian Signature Checklist (please read and initial each section on line provided and sign below)

initial here

**Medical/Emergency:** In the event that none of my child's contacts listed on the other side can be reached in an emergency, I hereby give permission to the physician selected by the 4-H staff to hospitalize, secure proper treatment for, and to order injections, anesthesia and surgery for my child named above should it be deemed necessary.

**Photo Release:** Participants in USU events are sometimes photographed and video taped 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 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, 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

