



# Wisconsin 4-H Member Enrollment Form



Please Print Information

County \_\_\_\_\_ 4-H Club \_\_\_\_\_  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
 Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male Female  
 Grade \_\_\_\_\_ School Name \_\_\_\_\_ Year in 4-H (Incl. this yr.) \_\_\_\_\_  
 E-mail address where you'd like to receive communication \_\_\_\_\_  
 If available, I'd prefer electronic communication: Yes No

**Residence:** Farm Rural non-farm or Town less than 10,000 Town/City 10,000-50,000  
Suburb of City over 50,000 City over 50,000

**Ethnicity (Check one):** Hispanic or Latino **OR** Not Hispanic or Latino

**Race (Check all that apply):** White Black or African American  
American Indian or Alaskan Native Asian  
Native Hawaiian or Other Pacific Islander More than one Race Undetermined

**Parent/Guardian(s) Residing at the Same Address as the Member**  
 Parent/Guardian Name(s) \_\_\_\_\_  
 Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
 Parent's E-mail \_\_\_\_\_  
 Please attach additional parent/guardian name(s) and contact information to this form

**Project Enrollment** - For more projects, please attach an additional page.

<u>Project Code</u>	<u>Project Name</u>	<u>Need Literature</u>
_____	_____	Yes or No
_____	_____	Yes or No
_____	_____	Yes or No
_____	_____	Yes or No
_____	_____	Yes or No
_____	_____	Yes or No
_____	_____	Yes or No
_____	_____	Yes or No

Yes No I grant the University of Wisconsin Board of Regents and University of Wisconsin-Extension (hereinafter University) the right to publish, and copyright my image (including audio, moving image or photography) for educational programs, websites, and promotion of University programs.

Yes No I want the University of Wisconsin-Extension to keep my name and contact information private when creating a public record or list.

Yes No I require an accommodation for a disability to participate in this program.

Member Signature \_\_\_\_\_ Leader Signature \_\_\_\_\_  
 Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Brown County 4-H Youth Agreement

**1. 4-H members are expected to:**

- a. Attend and participate in all planned activities.
- b. Behave in ways respectful to other participants, chaperones, and hosting organizations.
- c. Use good judgment in selecting clothing appropriate to occasion and weather. Clothing that is revealing or with obscene language/pictures or with drug, tobacco, or alcohol advertising is NEVER allowed.
- d. Be responsible for own property and respect/care for property of others.
- e. Respect public and personal property.
- f. Parent will be held financially liable for any damage caused to public or personal property beyond reasonable wear and tear.
- g. Abide by all quiet hours and curfew times.
- h. Respect the privacy of others.
- i. Behave in accordance with applicable federal, state, and municipal laws.
- j. Abide by the Brown County 4-H Leader's Association Constitution and By-Laws.

**2. 4-H members shall refrain from:**

- a. Using or possessing controlled or illegal substances (medication, tobacco, weapons, fireworks, alcohol, drugs, etc.), except as prescribed by a physician.
- b. Using obscene or objectionable language, including racial or ethnic slurs.
- c. Physically leaving the program site without expressed permission of chaperone and/or host.
- d. Unauthorized use of personal vehicles during the activity.
- e. Participation in harmful initiation or hazing activities.
- f. Making untrue statements to deceive or try to deceive chaperones.

**3. 4-H members and their families understand the chaperone's role to be:**

- a. To serve as an advocate for the members.
- b. To maintain regular contact with members to monitor health, attitude, problem situations, and behavior.
- c. To be aware of all prescription medications in use by members (chaperones may not dispense medication).
- d. To make appropriate decisions in emergency situations to enhance the health and well-being of the members.
- e. To have responsibility to determine the occurrence of inappropriate behavior and take appropriate actions, which may include:
  - Counseling with involved member(s) to reach an understanding and cessation of the inappropriate behavior.
  - Taking disciplinary actions at the time of occurrence, not to include physical punishment.
  - Informing parent(s) or guardian and local UW-Extension personnel of misbehavior at time of occurrence if chaperone feels severity of situation warrants such immediate notification.
  - Deciding to remove a member from the program and send him/her home early at the member's family expense. Members removed from the program in such a manner may be required to relinquish all funds donated to help meet financial obligations for the event.

I have read and understand the above expectations. If I break this agreement or my conduct is not satisfactory to the chaperone or the hosting organization(s), I understand that I may be sent home, and my parent(s) or guardian will be responsible for paying all costs incurred by the early departure. I understand I may be asked to forfeit all funds expended upon my behalf during the event. I understand I may be ineligible to participate in future 4-H activities. I understand some 4-H programs may require additional expectation forms tailored to that event or activity.

\_\_\_\_\_  
4-H Member Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

