



# Alaska 4-H Member Enrollment Form

Club \_\_\_\_\_ Years in 4-H \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Member email \_\_\_\_\_ Home Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Parent(s)/Guardian \_\_\_\_\_

Parent/Guardian email \_\_\_\_\_ Work Phone \_\_\_\_\_

*Newsletter will be sent to this email address*

Is your parent or guardian a member of the military? If so, which branch? \_\_\_\_\_

<b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<table border="1"> <thead> <tr> <th>Projects (codes on back)</th> <th>Years in Project</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	Projects (codes on back)	Years in Project	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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<b>Race</b> <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/ Other Pacific Is. <input type="checkbox"/> White <input type="checkbox"/> More than one race <input type="checkbox"/> Undetermined	<b>Place of residence</b> <input type="checkbox"/> Farm <input type="checkbox"/> Town under 10,000 and rural non-farm <input type="checkbox"/> Town or city (10,000–50,000) and its suburbs <input type="checkbox"/> Suburb of city over 50,000 <input type="checkbox"/> Central city over 50,000																					

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Member's Printed Name \_\_\_\_\_ Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Printed Name \_\_\_\_\_ Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Survey and Evaluation Release:** As a participant in 4-H, you or your child may be asked to help with the evaluation of 4-H activities or programs. Participation in surveys and evaluations is voluntary and will have no impact on the youth's eligibility to participate in the 4-H program.  
 **Yes**, I give permission for my child to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program.  
 **No**, I am not willing to participate and I do not give permission for my child to participate in program evaluation.



For office use			
Date rec'd _____	Tender _____	Amount _____	Member card _____

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# Project Codes

<b>A</b>	<b>CITIZENSHIP &amp; CIVIC EDUCATION</b>
AB	Citizenship (local, state, national)
AC	Cultural Education
ACA	Genealogy
ACB	State Exchange
AD	Global Education
ADA	International Exchange
AE	International Programming
AF	Understanding Physical and Mental Limitations
AG	Volunteerism
AH	Service Learning
AI	Community Service
<b>B</b>	<b>COMMUNICATIONS &amp; EXPRESSIVE ARTS</b>
BA	Communication Arts
BAA	Speaking/Radio/TV
BAB	Writing/Poetry
BB	Performing Arts
BBA	Clowning/Mime
BBB	Dance Movement
BBC	Drama/Theater
BBD	Music/Sound
BC	Visual Arts
BCA	Arts and Crafts
BCAB	Beading
BCAC	Ceramics
BCAD	Porcelain Doll
BCAF	Flower Arranging
BCAL	Leather Craft
BCAP	Paper
BCAR	Fabric Craft
BCAS	Stencilling
BCAV	Plastic Canvas
BCAW	Wood Carving/Engraving
BCB	Drawing, Painting, Sculpture
BCC	Graphic Arts, Displays, Exhibits
BCD	Photography, Video
<b>C</b>	<b>CONSUMER &amp; FAMILY SCIENCES</b>
CA	Child Development, Child Care, Babysitting
CB	Clothing and Textiles

CBA	Sewing Construction
CBB	Wardrobe Management
CBC	Modeling
CBD	Quilting
CBE	Knitting
CBF	Crochet
CBG	Needlecraft/Knot Tying
CC	Consumer Education
CCA	Financial Literacy
CD	Home Environment
CE	Parenting & Family Life Education
<b>D</b>	<b>ENVIRONMENTAL EDUCATION &amp; EARTH SCIENCE</b>
DA	Environmental Stewardship
DB	Earth, Water and Air
DBA	Geology and Minerals
DBB	Weather and Climate
DBC	Soils and Soil Conservation
DBD	Water
DBDC	Water Conservation
DC	Energy (general, home, farm, transportation)
DD	Forests, Rangeland and Wildlife
DDA	Forestry
DDC	Wildlife and Fisheries
DE	Outdoor Education
DEA	Adventure/Challenge
DEB	Shooting Sports
DF	Waste Management
DFA	Composting
DFB	Recycling
DFC	Household Hazardous Waste
<b>E</b>	<b>HEALTHY LIFESTYLE EDUCATION</b>
EA	Chemical Health
EB	Mental and Emotional Health
EC	Foods and Nutrition
ECA	EFNEP
ECAF	FSNEP
ECB	Foods Safety
ECC	Foods Preservation
ECD	Foods Preparation
ECDB	Breads
ECDO	Outdoor Cooking

ECF	Cake Decorating
ED	Physical Health
EDA	Fitness and Sports
EDB	Growth, Development & Disease
EDBA	Health Rocks
EDC	Home Nursing, First Aid/CPR
EDD	Sexual Health
EE	Safety
EEA	ATV Safety
EEB	Automotive Safety
EEC	Bicycle Safety
EED	Communities for Child Safety
EEE	Emergency Preparedness
EEF	Tractor & Machine Safety Cert.
<b>F</b>	<b>PERSONAL DEVELOPMENT &amp; LEADERSHIP</b>
FA	Career Exploration & Employability
FB	Critical Thinking Skills
FC	Economics, Business & Marketing
FCA	Entrepreneurship
FD	Introductory 4-H Projects (5-8 yrs)
FE	Hobbies and Collections
FF	Leadership Skills Development
FFA	Youth and Adult Partnerships
FG	Leisure Education (general)
FH	Personal Development (general)
FI	Reading Literacy
FJ	Social Recreation Skills
FK	Values Clarification
FL	Character Education
<b>G</b>	<b>PLANTS &amp; ANIMALS</b>
GA	Ag in the Classroom
GB	Animals
GBA	Aquaculture
GBB	Beef
GBC	Birds and Poultry
GBD	Cats
GBE	Dogs
GBEG	Raising Guide Dogs
GBF	Dairy Cattle
GBG	Goats (dairy, hair, meat)
GBH	Horse/Pony
GBI	Rabbits/Cavies
GBJ	Sheep

GBK	Small Lap Animals, Pets
GBL	Swine
GBM	Alpacas and Llamas
GBN	Emus and Ostriches
GC	Plants
GCA	Crops/Weeds
GCB	Flower Garden/House
GCC	Gardens - Fruit/Vegetable
GCCA	Junior Master Gardener
GCD	Ornamental Horticulture
<b>H</b>	<b>SCIENCE &amp; TECHNOLOGY</b>
HA	Science/Technology Literacy
HB	Biological Sciences
HBA	Animal Science
HBB	Aquatic Science
HBC	Entomology and Bees
HBD	Food Science
HBE	Marine Science
HBF	Meat Science
HBG	Plant Science
HBH	Poultry Science/Embryology
HBI	Veterinary Science
HC	Technology and Engineering
HCA	Aerospace
HCB	Automotive
HCC	Bicycle
HCD	Computer Technology
HCDA	Robotics
HCE	Electric
HCF	Electronics
HCFA	GPS/GIS
HCFB	Ham Radio
HCG	Engine/Tractor/Field
HCH	Wood Science/Industrial
HD	Physical Sciences
HDA	Astronomy
HDB	Chemistry
HDC	Mathematics
HDD	Physics



## Emergency & Medical / Health Information

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
Parent or Guardian \_\_\_\_\_ Email \_\_\_\_\_  
Mailing address \_\_\_\_\_  
Physical address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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### Relatives or friends to act in my behalf, in case of emergency, if I cannot be reached:

_____		_____	
<i>Emergency Contact Name</i>		<i>Emergency Contact Name</i>	
_____	_____	_____	_____
<i>Home Phone</i>	<i>Alternate Phone</i>	<i>Home Phone</i>	<i>Alternate Phone</i>
_____		_____	
<i>Address</i>		<i>Address</i>	

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Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Under doctor's care now? \_\_\_\_\_ If yes, please explain on back.

Prescribed medicine \_\_\_\_\_

**(All meds must be turned in to chaperone or camp nurse.)**

**Note:** If bringing medications to the event or program, please make sure that your name is on them and that dosage directions are clearly indicated.

Allergies to medications/foods/insects/other? \_\_\_\_\_ List \_\_\_\_\_

### Health History: Is youth subject to: Indicate YES or NO

_____ Hernia	_____ Hay Fever	_____ Nervous Disorders	_____ Asthma
_____ Frequent Colds	_____ Fainting Spells	_____ Sleepwalking	_____ Ear/Sinus
_____ Allergies	_____ Insect Stings	_____ Drug Sensitivity	_____ Enuresis (bed wetting)
_____ Epilepsy	_____ Heart Trouble	_____ Diabetes (take insulin?)	
_____ Food Allergies	_____ Bleeding/clotting disorders		

If **YES** on any of the above, please explain \_\_\_\_\_

### Has the youth had:

_____ Poliomyelitis	_____ Hay Fever	_____ Rheumatic Fever
_____ Appendicitis Attack	_____ Measles	_____ Mumps
_____ Chicken Pox	_____ Whooping Cough	_____ Scarlet Fever

Is the youth pregnant? \_\_\_\_\_ Date of Last Tetanus Booster: \_\_\_\_\_

Identify any physical/emotional problems that would prevent full participation in the program. \_\_\_\_\_

**Emergency Authorization:** I hereby give my permission to the medical staff selected by the Cooperative Extension Service faculty/staff to order x-rays, routine tests and treatment for the above named youth. In the event I, or one of the above named designees cannot be reached in an emergency, I hereby give my consent to emergency medical treatment, hospitalization or other medical treatment as needed. I will assume all financial obligations incurred if not covered by insurance.

\_\_\_\_\_  
*Signature of parent/guardian*

\_\_\_\_\_  
*Date*

**Leaders should keep a copy of this form to have available when they are with club members.**



## 4-H Code of Conduct

The 4-H Code of Conduct applies to all activities coordinated through UAF Cooperative Extension Service 4-H including local, district, state and national activities.

***While attending 4-H activities and events, I will:***

- Obey all rules established by the 4-H program, the local club/program and all local, state and federal laws.
- Conduct myself in a courteous manner and be respectful of the authority of adult volunteers, youth leaders, 4-H staff and others in leadership roles.
- Not use, accept or carry alcohol, drugs or tobacco, or associate with or remain in the presence of others using the substances.
- Know that the possession or use of firearms is prohibited, except when part of an approved shooting sports educational program.
- Respect all persons, facilities and vehicles. I will be responsible for any damage caused resulting from my behavior.
- Help others have a pleasant experience by making every attempt to include all participants in activities.
- Be in the assigned program area (for example: dorms, cabins, programs, etc.) at all times.
- Use appropriate language and dress appropriately for each event.
- Acknowledge that searches of personal property may take place when there is reasonable suspicion of violations of law or policies.

***While attending overnight events, I will also:***

- Not leave the activity or event unless permission is secured from the adult in charge.
- Be in my sleeping area and honor established curfews.
- Not enter the sleeping areas of members of the opposite gender and will I not invite non 4-H participants to the sleeping areas.

I have read the 4-H Code of Conduct and agree to live up to these expectations while participating in 4-H programs and events. I am aware that my actions and decisions affect others. I understand that my failure to act with good character could result in consequences, including dismissal from the event or program. I am willing to accept appropriate consequences of my actions.

**Member Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I have read the 4-H Code of Conduct and I support my child living up to the expectations it outlines. I also agree to live up to the expectations of the Code of Conduct while participating in 4-H programs and events. I will support the individual(s) in charge in maintaining appropriate behavior and in the development of good character. I understand that I am responsible for all costs incurred by early departure should my child be sent home and that I may be asked to forfeit all funds expended upon my and/or my child's behalf during the event.

**Parent /Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_