



4-H Year: \_\_\_\_\_

# Project Enrollment Form

(Please print legibly)

The **4-H year** is October 1<sup>st</sup>-September 30<sup>th</sup>.  
**4-H Age**- is the age as of October 1<sup>st</sup> of the  
current 4-H year

Today's Date: \_\_\_\_\_

**New Member**

**Existing Member**

Member's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ 4-H Age : \_\_\_\_\_  
As of Oct. 1<sup>st</sup>

4-H Club: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

**Select one:**

**Cloverbud Enrollment:** (for youth 5-8 as of October 1)

*"Cloverbuds" is a non-competitive educational program and is the ONLY project they can enroll in. Youth who are 8 on October 1 **may** enroll as a regular 4-H member or remain in Cloverbuds another year. This distinction **MUST** be made with enrollment and cannot be changed during the 4-H year.*

**Regular 4-H Enrollment:** (for youth 8-18 as of October 1)

*Youth who are 8 on October 1 **may** enroll as a regular 4-H member or remain in Cloverbuds another year. Youth who are 9 as of October 1<sup>st</sup> **MUST** enroll as a regular 4-H member. This distinction **MUST** be made with enrollment and cannot be changed during the 4-H year.*

**Select/Enroll in projects on the following page.** Those enrolled in **4-H and FFA**, please indicate which projects you are taking through 4-H, and which you are taking through FFA **on the same form**.

**Enrolling in an Animal or Horse Project? Additional Forms are Required YEARLY**

These additional forms can be picked up from the Extension office or downloaded from our website (<http://www.msuxextension.org/blaine/4-HErollment.html>). They are due to the Extension office with your Enrollment forms.

- Animal Project waiver- One form/member for all of their animal projects (excluding horse)
- Horse Project waiver- One form/member for all of their horse projects
- Horse Helmet Policy- needed if taking any horse project

☘ Please refer to the "Enrollment Step-by-Step Guide" and "Project Enrollment: Tips and Tricks" handouts to answer enrollment questions and ensure you are enrolled correctly. Please remember to enroll in the correct **project level**, not the number of years you have taken the project. It usually takes 3 years to complete a level, so you might have taken the swine project for 3 years, but still in Swine, level 1.

☘ Please submit **all required enrollment forms together** to the Extension office by **October 31<sup>st</sup>** if possible. Look for your Enrollment Conformation packet (at your December club meeting) to double check your information/projects, sign the project requirement agreement, and receive any additional forms

- Although enrollment runs from October 1- December 1, we ask that the October 31<sup>st</sup> deadline is used, if possible, so that we can update 4hOnline and get timely and relevant information out to you, especially to those enrolling in a Market Beef project.



**NEW Member Enrollment Form**- Blaine County



\*indicates required fields

4-H Year: \_\_\_\_\_

**Family Information:**

\*Family Last Name: \_\_\_\_\_ \*Club: \_\_\_\_\_  
 (this name will be used on mailing labels)

\*Family Email: \_\_\_\_\_ \*Family Phone: \_\_\_\_\_

**Member Information**

\*First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ \*Last: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Member's Email: \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Birth Date: \_\_\_\_\_ 4-H Age (Age as of Oct. 1): \_\_\_\_\_ \*Gender: \_\_\_\_\_ \*Years in 4-H: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Parent/Guardian Information**

Parent/Guardian 1:			
*First Name		*Last Name	
Cell Phone		Work Phone	
Home Phone		Email Address	
Parent/Guardian 2:			
*First Name		*Last Name	
Cell Phone		Work Phone	
Home Phone		Email Address	
Second Household			
Send Correspondence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Family Name	
First Names		Primary Phone	
Address		City	State Zip
Email Address		Other email	

**Emergency Contact Information** \*indicates required fields

Emergency Contact 1			
*Name		*Phone	Cell Phone
Email Address		*Relationship	
Emergency Contact 2			
Name		Phone	Cell Phone
Email Address		Relationship	

Do you serve in a leadership capacity in 4-H. (Examples may include: Teen Leader, Club Officer, etc.)

Yes  No  No, but I would be interested in doing so

If yes, in what capacity? \_\_\_\_\_

<b>*Race/Ethnicity:</b>	
Are you of Hispanic or Latino ethnicity?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Race: Check all that apply to you. If you selected "Not Hispanic," you must select at least one option	
<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Prefer Not to State

<b>*Residence:</b>
<input type="checkbox"/> Farm <input type="checkbox"/> Town under 10,000 and rural and non-farm

<b>*Military:</b>
<input type="checkbox"/> I have a parent serving in the Military <input type="checkbox"/> I have a sibling serving in the Military
Branch of Service <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> DOD Civilian <input type="checkbox"/> Marines <input type="checkbox"/> Navy
Branch Component <input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves

<b>School Information:</b>
*School District: _____ *School Name: _____ *Grade: _____

<b>Health Information</b>	
Provide any health-related information you feel others should know, to maximize this 4-H participant's safety and well-being:	
Please list any allergies or reactions to drugs, foods, or other that we should know about	
Please list any other concerns, including dietary concerns or restrictions that we should know about	

<b>Accommodations</b>	
Do you require special accommodations to participate in the 4-H program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please detail:	

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# CODE OF CONDUCT FOR 4-H MEMBERS

Name \_\_\_\_\_ County \_\_\_\_\_

The 4-H Center & Montana State University Extension wants your participation in 4-H programs, events and activities to be filled with exciting experiences, new friendships and fun. To ensure a positive experience for all participants, it is expected that all 4-H'ers be considerate of others, participate fully in the programming and observe the following expectations. If a situation or question arises which is not clearly covered by this list, ask an Extension Faculty/Staff member, volunteer leader, or chaperone before acting.

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

- Obey all rules established by the 4-H program, the local 4-H program and all local, state and federal laws.
- Conduct myself at all times in order to be a credit to the club, school and community.
- Dress neatly and appropriately for the occasion and in accordance with the activity dress code.
- Show respect for the rights and property of others; be courteous at all times.
- Be honest and not take unfair advantage of others.
- Refrain from disruptive behavior and swearing.
- Demonstrate sportsmanship, modesty in winning and generosity in defeat.
- Attend meetings and sessions promptly and respect the opinion of others in discussion.
- 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 others using the substances.

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

- Not leave the activity or event unless permission is secured from my agent or chaperone.
- Not use my personal vehicle when it is not allowed by an event or trip.
- Care for the lodging property and respect the rights of other guests of the facility and observe all rules instituted by the property.
- Be in my sleeping area and stay there after curfew time and be out each day by the set time.
- Not enter the sleeping areas of members of the opposite gender and not invite non 4-H participants to the sleeping areas.
- Respect supervision at all times, being responsible to all adults connected with the trip or event.
- Be prepared to report to my local 4-H program knowledge gained by attending these activities.

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 do so 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 will support the individual(s) in charge in maintaining appropriate behavior.

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



**MONTANA  
STATE UNIVERSITY**

**EXTENSION**



**Montana 4-H Center  
FOR YOUTH DEVELOPMENT**

# MEDIA RELEASE FORM

Montana State University Extension

Name of participant: \_\_\_\_\_

County: \_\_\_\_\_ 4-H Year: \_\_\_\_\_

**MSU Extension - 4-H** would like to use photos or video of your child during 4-H events or activities to use in press releases and other publicity. The photo or film may be used for the following purposes:

- Website
- Press Release
- News Story
- Marketing Materials
- Other

## CONDITIONS OF USE:

1. We will not use personal details or full names (first name and last name) of any child in a photograph on our web site.
2. We will not include personal e-mail or postal addresses or telephone numbers on our web site or in other printed publications.
3. We may use the name of the child in accompanying text or a photo caption.

**I DO authorize the use of photos or video of my child at 4-H events or activities.**

**I DO NOT authorize the use of photos or video of my child at 4-H events or activities.**

I have read, consent, and agree, individually and, as a parent or guardian of the minor named above, to the foregoing terms and provisions. I warrant that I am of full legal age and have every right to contract for the minor in the above regard.

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

