

**4-H Member Enrollment Form**

Custer County Extension Office  
206 S. 6<sup>th</sup> St. Westcliffe, CO  
Office Phone: 719.783.2514

Basic Enrollment **\$25.00**  
Cloverbuds (ages 5-7) **\$25.00**  
**All 4-H ages are based on your age as of 12/31/19**  
**To be eligible to participate in the Custer County Fair enrollments must be turned in and paid for by March 1, 2020.**

**Legal Name** (please print) \_\_\_\_\_  
First (Nickname) Middle Initial Last

**Address** \_\_\_\_\_  
Street Physical Address and PO Box if Mailing Address City Zip

**NOTE: If your physical address is not in Custer County you will need to fill out an Out Of County Application and/or Continuation Form.**

**School** \_\_\_\_\_ **Year in 4-H** \_\_\_\_\_ **Birth Date** \_\_\_\_\_ **Member Cell** \_\_\_\_\_

**Gender:**  Male  Female **Grade** \_\_\_\_\_ **Residence** (check one)  Farm  Rural/10,000  
 Town/10 - 50,000  Suburb/50,000  City/50,000

**Family E-mail** (required) \_\_\_\_\_  
*(Every family automatically receives a link to the Custer County 4-H Newsletter via e-mail)*

**Member E-mail address if they'd like to receive notifications** \_\_\_\_\_

**I was recruited by** \_\_\_\_\_ **(Office Use Only: \_\_\_\_\_)**

**List any special accommodation for a disability to participate in this program.** \_\_\_\_\_

**Ethnicity** (check one)  Hispanic  Not Hispanic

**Race** (check one)  White  Black  Alaskan/Am Indian  Hawaiian/Pac.Island  Asian  Prefer Not to State

**Parent 1** \_\_\_\_\_ **Parent 2** \_\_\_\_\_  
First and Last First and Last

**Address** (if different) \_\_\_\_\_ **Address** (if different) \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home** ( ) \_\_\_\_\_ **Work** \_\_\_\_\_ **Home** ( ) \_\_\_\_\_ **Work** \_\_\_\_\_

**Cell Phone(s)** ( ) \_\_\_\_\_ **Cell Phone(s)** ( ) \_\_\_\_\_

**Other:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**Parent Military Information:**

Legal Guardian  Send E-Mail  Legal Guardian  Send E-Mail  
 Member of Military? Y N What Branch? \_\_\_\_\_ Reserve or Guard? \_\_\_\_\_

Project Name	Project Unit or level # if Applicable	Office Use Only Add Date	Office Use Only Drop Date	For Office Use Only

By signing this form we are stating that we have read and understand the 4-H enrollment rules, deadlines and requirements. We have read and agreed to abide by the 4-H Code of Conduct on the back of this form.

**Member's Signature** (required) \_\_\_\_\_ **Date** \_\_\_\_\_ **Parent or guardian signature** (required) \_\_\_\_\_ **Date** \_\_\_\_\_

**Permission for Youth to Participate**  
For the 4-H Enrollment Year

I hereby give permission for \_\_\_\_\_ to participate in organized events and activities offered by the Colorado 4-H Youth Development Program. It is my understanding that my child will learn, understand and follow established guidelines for safety in the activities in which he/she participates. We also agree to follow the County/State 4-H Code of Conduct.

**ACKNOWLEDGEMENT OF RESPONSIBILITY AND RELEASE**

Participants Full Name: \_\_\_\_\_ for the current 4-H enrollment year beginning October 1 and ending September 30.

I understand and acknowledge that there are certain hazards and risks associated with my child's participation in 4-H educational activities. These risks may result in injury, death or damage to property. I understand and accept such risks, and thus waive all claims, demands and causes of action against the State of Colorado, The Board of Governors of the Colorado State University System, Colorado State University, Custer County and their members, officers, employees, agents and volunteers acting on their behalf. I understand that I am solely responsible for any costs arising out of any injury or property damage sustained through my child's participation in 4-H educational programs.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent to my child's participation and agree to the terms contained in this Acknowledgement of Responsibility and Release.

READ, UNDERSTOOD AND AGREED TO THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

I, (printed name) \_\_\_\_\_, am the parent or legal guardian of the 4-H participant. I have read and I understand the provisions of this document, I consent to the participant taking part in the activities described above, and I fully enter into and agree to the above Acknowledgement of Responsibility and Release.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**DENIAL OF PERMISSION TO USE CHILD'S PHOTOGRAPH FORM**

Colorado State University Extension would like to share the positive results of youth participation in Extension and 4-H Youth Development events. However, in some cases, parents or guardians may want to deny this publicity. If you DO NOT want your child's picture used for certain promotional efforts, select the appropriate option and sign below. If this form is not filled out, publicity about this child's participation will be used. I do hereby DENY permission for Colorado State University Extension and/or 4-H to use publicity information.

Signature of Parent or Legal Guardian \_\_\_\_\_ (Date) \_\_\_\_\_

**COLORADO 4-H CODE OF CONDUCT**

Colorado 4-H members, leaders, parents and other adults participating in 4-H programs will:

1. Adhere to program rules, curfews, dress codes, policies, and rules of the facility being used.
2. Conduct themselves in a courteous, respectful manner, use appropriate language, exhibit good sportsmanship, and act as positive role model.
3. Abstain from illegal behaviors, use of alcohol, marijuana, illegal or illicit drugs, tobacco, e-cig, and vaping during 4-H events and activities.
4. Fully participate in scheduled activities.
5. Respect other's property and privacy rights.
6. Respect the rights and authority of parents, leaders and Extension Agents.
7. Abstain from child abuse (physical and/or verbal) and harassment
8. Accept personal responsibility for behavior including any financial damage.
9. Be responsible for any financial damage caused by inappropriate behavior.
10. Adhere to principles and rules of safety.
11. 4-H members are NOT allowed to drive to out-of-county 4-H events or activities. It is expected that 4-Hers will be driven by parents, officially enrolled leaders or extension agents. In case of extenuating circumstances, parents may designate another adult (at least 21 years of age) to drive provided a "Travel Authorization Form" is completed and turned in to the extension office 24 hours PRIOR to the event or activity.

Consequences for violating any of this code of conduct may include, but are not limited to: removal from participation in the event in which the code of conduct has been violated (at the individual's expense); sanctions on participating in future 4-H events; forfeiture of financial support for the event; removal from offices held, etc.

Behavior outside of 4-H activities can affect "member in good standing" or "volunteer in good standing" status.

It is the responsibility of all program participants to reinforce the code of conduct and intervene when necessary to enforce the rules. You will achieve greater success in resolving problems and conflicts by focusing on the issue or behavior and not on the person.