



# 4-H MEMBER ENROLLMENT FORM

## Ouachita Grade: 4

Parish \_\_\_\_\_ Parish Enrolled in Last Year (if different) \_\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MIDDLE PREFERRED FIRST NAME

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Grade \_\_\_\_\_  
HOME PHONE CELL PHONE

4-H'ers Email (if applicable) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Email (required) \_\_\_\_\_

Parent/Guardian Phone (at least one is required) \_\_\_\_\_  
HOME PHONE WORK PHONE CELL PHONE

Preferred **FAMILY** communication method: \_\_\_ Email \_\_\_ Mail \_\_\_ Text Message \_\_\_ CELL PHONE CARRIER

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_ Female \_\_\_ Male  
Month/Day/Year

Where Do You Live (check one)  
\_\_\_ Farm or Rural Area  
\_\_\_ Town Under 10,000  
\_\_\_ Town/City 10,000-50,000  
\_\_\_ Suburb/City over 50,000  
\_\_\_ Central City over 50,000

Ethnicity (check one)  
\_\_\_ Hispanic or Latino  
\_\_\_ Not Hispanic or Latino

Race (check one)  
\_\_\_ American Indian or Alaskan Native  
\_\_\_ Asian  
\_\_\_ Black or African American  
\_\_\_ Native Hawaiian or other Pacific Islander  
\_\_\_ Caucasian or White

Type of Club  
\_\_\_ School  
\_\_\_ Community  
\_\_\_ EFNEP  
\_\_\_ Member-at-Large  
\_\_\_ After-school  
\_\_\_ Military

Name of school/4-H club \_\_\_\_\_

Does anyone in your immediate family serve in:		
ACTIVE/CAREER	GUARD	RESERVES
___ Air Force	___ Air Guard	___ Air Reserves
___ Army	___ Army Guard	___ Army Reserves
___ Coast Guard		___ Coast Guard Res.
___ Marine Corps		___ Marine Force Res.
___ Navy		___ Navy Reserves

I hereby grant permission for the above mentioned youth to join 4-H. As the parent/guardian, I will encourage and assist my child in completing their 4-H project.

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

**NOTE:** Your child may be photographed or videotaped for promotional and/or educational purposes.

I understand my child may participate in and/or complete surveys and evaluations that will be used to determine 4-H program effectiveness or to promote the program. Youth will be asked their assent before completing a survey or evaluation. Participation in surveys and evaluations is voluntary and does not affect eligibility to participate in the 4-H program.

\_\_\_\_\_ I DO agree to these terms

\_\_\_\_\_ I DO NOT agree to these terms



I understand that I hold the LSU AgCenter, the 4-H Youth Development Office, State 4-H Foundation (collectively, "Louisiana 4-H"), LSU Foundation, the Board of Supervisors of Louisiana State University and Agricultural and Mechanical College, State of Louisiana, State Department, Agency, Board or Commission or authorized driver thereof, and any affiliated entity, their officers, agents, employees and volunteers (collectively referred to as "Released Parties") harmless from any and all liability or claims, which may arise out of or in connection with participation in this activity, contest, event or trip. I release from all liability for damages arising out of personal injury to participant (including death) or any damage to property whether from anyone's negligence or not, or any other cause arising out of my participation in any and all 4-H Youth Development Activities. I will keep the Released Parties by this agreement free of any damages or costs, including but not limited to attorney's fees that may arise from any claims.

I fully understand that participants are to abide by all rules and regulations, INCLUDING WEARING ANY NECESSARY AND APPROPRIATE SAFETY EQUIPMENT, governing conduct during the activity, contest, event or trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian. Misconduct, which includes but is not limited to any drug or alcohol use at the activity, contest, event, or trip, during competition or in activities or locations related to or surrounding the event, may disqualify a participant or the participant's team from awards or further participation. Should any misconduct come to Louisiana 4-H's attention, the matter will be investigated as Louisiana 4-H deems appropriate. Any decision and sanction as to appropriate action due to misconduct is at the sole discretion of the Louisiana 4-H, and is final. The participant accepts this requirement as well as all other conditions of the program.

I acknowledge that I may be a passenger in, a state-owned vehicle or a vehicle rented (including travel by air), lease or otherwise made available to the Released Parties. I acknowledge being transported in, a vehicle is a potentially dangerous activity. I fully realize the physical risks involved, and further acknowledge that this risk, and the danger associated with this activity, is obvious to all persons. I nevertheless willingly and voluntarily be transported in, said vehicle and expressly accept the risks inherent therein.

I state further that I have read the above authorization and release, prior to its execution, and that I am fully familiar with the contents thereof. This form must be completed and signed before participants are eligible in the 4-H Youth Development Office and the Louisiana 4-H Foundation sponsored activity, contest, event, or trip. I have read, understand and agree to comply with the information in this document. (Parent or guardian must sign for those under the age of 18.) Hold Harmless Participant Waiver & Release Form shall be considered valid for a period of one (1) year from the date of signature.

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Participant Signature *(if participant is age 18 or above)*

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature\* *(if participant is below age 18)*

\_\_\_\_\_  
Parish

\_\_\_\_\_  
Phone Number

*\* I am fully authorized and empowered to sign this agreement*

**Louisiana 4-H is an open and inclusive youth development program. If specific accommodations are needed for a child with physical, learning or psychological needs under the Americans with Disabilities Act (ADA), please visit [LSUAgCenter.com](http://LSUAgCenter.com) for more information.**

**Projects:** Place a check in the left box of the project you wish to enroll in. Place a check in the right box if you need the project resource.

ENROLL	PROJECT NAME	NEED RESOURCE
<b>All Mandates</b>		
<input type="checkbox"/>	3265   Discovering the World of 4-H	<input type="checkbox"/>

**YOU CAN HELP YOUR 4-H MEMBER AND THE 4-H CLUB BY ASSISTING IN THE FOLLOWING WAYS:**

I will provide help by working with a special activity or activities during the year.

Check One:  **YES**  **NO**

I want more information about working with a small group of young people as a volunteer project leader. The project(s) I would like to work with is/are:

---

---

---

I would like to help (check one):

Locally (School)

Parishwide

Both



Visit Louisiana 4-H online at:

**[www.LSUAgCenter.com](http://www.LSUAgCenter.com)**

The LSU AgCenter and LSU provide equal opportunities in the programs and employment.

