



**2024-2025 Louisiana 4-H Youth Development Program
4-H Enrollment Form
St. John the Baptist Parish**

4-H MEMBER INFORMATION

Were you a 4-H member last program year? Yes _____ No _____ T-Shirt Size: _____

_____ **FIRST NAME (REQUIRED)** _____ **MIDDLE NAME** _____ **LAST NAME (REQUIRED)**

_____ **MAILING ADDRESS, CITY, STATE, ZIP CODE(REQUIRED)**

_____ **DATE OF BIRTH** _____ **GRADE** _____ **YOUTH EMAIL ADDRESS** _____ **YOUTH MOBILE NUMBER**

GENDER (REQUIRED)

- _____ Female
- _____ Male
- _____ Prefer Not to Respond

ETHNICITY (REQUIRED)

- _____ Hispanic or Latino
- _____ Not Hispanic or Latino
- _____ Prefer Not to State

RESIDENCE (REQUIRED)

- _____ Farm
- _____ Town Under 10,000 Or Rural – Non-Farm
- _____ Town, City or Suburb 10,000 – 50,000
- _____ City or Suburbs with more than 50,000
- _____ City, Central, more than 50,000

RACE (REQUIRED)

- _____ American Indian or Alaskan Native
- _____ Asian
- _____ Black or African American
- _____ Native Hawaiian or Pacific Islander
- _____ White
- _____ Other (race not listed)
- _____ Prefer Not to State

SCHOOL NAME/CLUB (REQUIRED)

- | | |
|--|---|
| <ul style="list-style-type: none"> _____ Ascension of Our Lord _____ East St. John High _____ Emily C. Watkins Elementary _____ Garyville/Mt. Airy Magnet _____ Lake Pontchartrain Elementary _____ Riverside Academy _____ St. Joan of Arc _____ St. Peter School _____ West St. John High | <ul style="list-style-type: none"> _____ Assembly Christin School _____ East St. John Prep _____ Fifth Ward Elementary _____ John L. Ory Magnet _____ LaPlace Elementary _____ St. Charles Catholic _____ St. John Parish Community Club _____ West St. John Elementary |
|--|---|

PARENT/GUARDIAN INFORMATION

_____ **FULL NAME (REQUIRED)** _____ **RELATIONSHIP TO YOUTH (REQUIRED)**

_____ **PARENT/GUARDIAN VALID PHONE NUMBER (REQUIRED)**

_____ **PARENT/GUARDIAN VALID EMAIL ADDRESS (REQUIRED)**

FOR SCHOOL/CLUB LEADER USE ONLY:

Date Received Enrollment Form: _____

Date Received Membership Dues: _____

Club Leader Initials: _____

FOR 4-H OFFICE USE ONLY:

Date Entered in 4-H Online: _____

Initial of Extension Staff Who Entered Information: _____

MILITARY SERVICE OF FAMILY MEMBERS (Youth can receive reduced rates due to 4-H partnerships with military branches)

- I am serving in the Military.
- I have a family member serving in the Military
- I have a family member who retired from the Military
- I have a parent serving in the Military

- I have a sibling serving in the Military
- I have a parent who served in the Military
- I have a parent who retired from the Military
- No one in my family is serving in the Military

BRANCH OF SERVICE

- Air Force
- Army
- Coast Guard
- Marines
- National Guard
- Navy
- Space Force

BRANCH COMPONENT

- Active Duty
- National Guard
- Reserves

ALLERGIES OR RESTRICTIONS

Does this individual have any specific dietary needs, food allergies or restrictions (e.g., peanuts, gluten-free), or other health-related conditions, including those requiring medication? If yes, please describe. If no, enter "none."

Yes, describe below No

participate in this activity and that I have disclosed any physical, mental, emotional, and social health issues that might impact his/her participation.

Agree

MEDIA RELEASE

I understand the photograph(s) or video or audio recording(s) taken of me by agents, employees, or representatives of the LSU AgCenter and its Louisiana 4-H Youth Development Program (hereinafter called "the Agency") shall be used in connection with the Agency's dissemination of information by its public service and academic programs to the general public.

I hereby irrevocably authorize the Agency to copy, exhibit, publish, or distribute any and all such images and audio of me or wherein I appear, including composite or artistic forms and media, for purposes of publicizing Agency programs or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product, including a written copy, wherein my likeness appears.

I hereby hold harmless and release and forever discharge the Agency from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may

Agree I Disagree

MEDICAL RELEASE

I, the undersigned parent/guardian of the youth listed on this form (or the adult listed on the form), certify that all information on the Louisiana 4-H Medical/Health Form is current and correct. As the undersigned, I provide the Louisiana 4-H Program and/or an agent, acting on their behalf, to treat and care based on the information I have certified as current and correct. I certify that the youth can safely

4-H PROJECT AREA

Select all project areas you wish to participate in

- | | |
|---|--|
| <input type="checkbox"/> Animal Science | <input type="checkbox"/> Natural Resources and Environmental Education |
| <input type="checkbox"/> Citizenship and Civic Engagement | <input type="checkbox"/> Personal Development and Career Development |
| <input type="checkbox"/> Communication and Expressive Arts | <input type="checkbox"/> Plants, Gardening, and Agriculture |
| <input type="checkbox"/> Food, Nutrition and Healthy Lifestyles | <input type="checkbox"/> STEM (Science, Technology, Engineering, and Math) |

All 4th and 5th grade 4-H members will receive the introductory project books. Any project-specific project book must be ordered through Shop4H (<https://shop4-h.org/pages/curriculum>).





2024-2025 YOUTH CODE OF CONDUCT FORM

During my 4-H involvement...

1. I am expected to attend all sessions that are part of the planned program for all activities. I will inform staff if I am not feeling well or have a schedule conflict.
2. I will dress appropriately to the occasion and adhere to any attire requirements stipulated for the event/project I am attending or participating in. As a 4-H member I understand I should be courteous, clean, and possess good manners. I understand that if I do not comply with the dress code I will be excused from the event/project to either change into appropriate clothing or dismissed completely.
3. Language must be controlled and appropriate for a 4-H member — I will not use language that is socially offensive.
4. Except for planned tours and outings, I will not leave an activity facility any time without permission of the chaperons and/or staff responsible for the event. This includes the use/hiring of any ride share company.
5. I will not smoke, vape, or use tobacco products, or be in possession of such equipment/products, at any 4-H program event.
6. I will not engage in the unauthorized use of a vehicle during a 4-H event.
7. I will not engage in any illegal, unethically, or inappropriate behavior related to any 4-H project, activity, and/or opportunity.
8. I will not be in possession of, use alcohol or drugs (except those directed by a doctor), or be associated with or remain in the presence of others when they are being used.
9. I will not be in possession of, use, threaten or intimidate another person with a weapon, bodily force or language.
10. I will respect the rights of privacy of those attending an activity and those with whom I may be rooming.
11. I will not engage in any sexual activity or inappropriate displays of affection during a 4-H activity or event.
12. I will observe hours established by the staff and be in my room. No youth allowed in sleeping/hotel rooms of different genders of myself.
13. I will include and be respectful of others and help create a welcoming environment for all.
14. I will avoid unnecessary roughness to room furnishings, furniture, equipment, etc., nor will I remove any items (towels, remote controls, etc) as souvenirs. Occupants of a room or conveyance are financially responsible for any damage or results of misconduct.
15. Any participant at an official 4-H activity who observes a breach of the code of conduct has the responsibility and obligation to report the misbehavior to appropriate chaperons immediately.

Realizing these guidelines are not all inclusive, the LSU AgCenter and/or its agents reserves the right to amend this code of conduct. Decisions on discipline will be the responsibility of the Extension professional(s) supervising/event coordinator and may range from a verbal reprimand to permanently being banned from 4-H membership.

By signing this form, the member and parent/guardian(s) agree to abide by and support the Louisiana 4-H Code of Conduct.

Signature of 4-H member

Signature of Parent/Guardian

Date

Date



ANNUAL HOLD HARMLESS WAIVER & RELEASE FORM

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 AND/OR CLOTHING, 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

Parent/Guardian Name

Participant Signature (if participant is age or above)

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

Home Address

Parish

City, State, Zip

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 for more information.