



4-H MEMBER ENROLLMENT FORM

Red River Grades: 4, 5

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

Type of Club \_\_\_\_\_  
School \_\_\_\_\_  
Community \_\_\_\_\_  
EFNEP \_\_\_\_\_  
Member-at-Large \_\_\_\_\_  
After-school \_\_\_\_\_  
Military \_\_\_\_\_  
Native Hawaiian or other Pacific Islander  
Caucasian or White

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



**ANNUAL HOLD HARMLESS PARTICIPANT  
WAIVER & RELEASE FORM**

**Red River  
Grades: 4, 5**

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

Parent/Guardian Name

Participant Signature *(if participant is age 18 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](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"/>
<input type="checkbox"/>	3266   Exploring 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.

**Club Meeting Choices (Pick At Least One!)**

- Riverdale Club Meetings
- 1st Fridays 1-2pm\*\*
- 1st Thursdays 1-2pm\*\*
- K-12 AtLarge club for families\*\* (1st Mondays) 5:30-6:30

\*\*currently at 4-H office above health unit

- I go to Magnolia Charter
- I go to Country Day Montessori



2018-2019 Louisiana 4-H Youth Development Program  
**SPECIAL ACCOMMODATIONS  
REQUEST FORM**

When feasible, all efforts are to be made to encourage and provide reasonable accommodations for persons with ADA disabilities in the Louisiana 4-H Youth Development Program.

Instructions for completing and submitting form:

- Complete all information below providing as much information as possible in order to assist with the needs of the participant.
- Once complete, either email the form to both Denise Fontenot, Human Resource Manager, at DeFontenot@agcenter.lsu.edu and Hilton Waits, Parish Risk Management, at HWaits@agcenter.lsu.edu or mail form to Hilton Waits, 1105 West Port Street, Abbeville, LA 70510-5831.
- Form must be completed AT LEAST ONE MONTH PRIOR TO EVENT or accommodation date posted on the event announcement/flyer!

For questions, please contact Dr. Toby Lepley at 225.578.2391.

Request Date: \_\_\_\_\_ Parish: \_\_\_\_\_

Name of Individual Needing Accommodation: \_\_\_\_\_

Role: \_\_\_\_\_ 4-H Member \_\_\_\_\_ Adult/Volunteer \_\_\_\_\_ Other (indicate): \_\_\_\_\_

**NOTE:** This form is not applicable to AgCenter employees. Employees should submit request to their immediate supervisor and/or Human Resources.

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Event Attending: \_\_\_\_\_

In the space below, please provide in detail as to the type of accommodation requested: (please attached document if additional space is needed)

**Incomplete/illegible forms will be returned to individual for correction and resubmission.**



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# 2020-2021 Louisiana 4-H Youth Development Program 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 I am attending. 4-H members should be courteous and clean, and possess good manners.
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 chaperone and/or staff responsible for the event.
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 their opposite gender.
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 chaperones 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



# MEDIA RELEASE FORM

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 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 have by reason of this authorization, including claims arising from agencies negligence.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Parish

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Zip Code

(If the person signing is under age 18, there should be consent by a parent or guardian, as follows:)

I hereby certify that I am the parent or guardian of \_\_\_\_\_, the minor named above, and do hereby give my consent without reservations to the foregoing on behalf of this person.

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

\_\_\_\_\_  
Date

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

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