



UW-MADISON EXTENSION

# Wisconsin 4-H Youth Enrollment

Program Name: \_\_\_\_\_ Dates: \_\_\_\_\_ Location: \_\_\_\_\_

Last Name(s): \_\_\_\_\_ First Name(s): \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade in School: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian Names (First and Last): \_\_\_\_\_

Preferred Phone (Adult): (\_\_\_\_) \_\_\_\_-\_\_\_\_ Preferred E-mail (Adult): \_\_\_\_\_

I would like to request an interpreter or translated materials for participation in this program for: (mom ; dad ; guardian ; youth ) (N/A, no one ) (Check all that apply).

If yes, please provide additional information:

I would like to request accommodations or alternative means for communication (braille, large print, audiotape, etc.) to fully participate in this program for: (mom ; dad ; guardian ; youth ) (N/A, no one ) (Check all that apply)

If yes, please provide additional information:

You are not required to provide the following information to participate. This information is used for statistical purposes.

- Gender:
- Female
  - Male
  - Nonbinary
  - Not listed
  - I prefer not to respond

- Residence:
- Farm
  - Rural Non-Farm or Town Less than 10,000
  - Town/City 10,000 – 50,000
  - Suburb of City Over 50,000
  - City Over 50,000
  - I prefer not to respond

- Ethnicity:
- I identify as Chicano/Chicana/Chicanx, Hispanic, or Latino/Latina/Latinx
  - I do not identify as Chicano/Chicana/Chicanx, Hispanic, or Latino/Latina/Latinx
  - I prefer not to respond

- Race (Check all that apply):
- Alaskan Native, American Indian, Indigenous, or Native American
  - Asian
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - White
  - One or more races that are not listed above
  - I prefer not to respond

An EEO/AA employer, University of Wisconsin-Madison Division of Extension provides equal opportunities in employment and programming, including Title VI, Title IX, the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act requirements.



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## Wisconsin 4-H Youth Development Code of Conduct

### As a 4-H participant, I will:

- Be curious to learn
- Be respectful to self and others
- Work to positively resolve problems or differences
- Accept guidance from Extension volunteers and staff
- Follow program rules, curfews, dress codes, policies, and rules of the facility being used.
- Use appropriate language, exhibit good sportsmanship, and be a positive role model.
- Comply with local, state and federal laws.
- Abstain from use of alcohol, illicit drugs, and tobacco during any 4-H program, activity or educational experience.
- Fully participate in scheduled activities and orientations.
- Respect others' property and privacy rights.
- Abstain from child abuse (physical, sexual, emotional and neglect), harassment, hazing and bullying.
- Refrain from all sexual activity/contact during any 4-H program, activity or educational experience.
- Accept personal responsibility for behavior including any financial damage.
- Follow safety rules.

### Consequences for violating any part of this Code of Conduct may include, but are not limited to:

- Removal from leadership positions held.
- Removal from participation in the event in which the Code of Conduct has been violated (at the individual's expense).
- Forfeiture or repayment of financial support for the event.
- Sanctions on participation in future 4-H events.
- Suspension of membership.
- Dismissal from 4-H.

It is the responsibility of all program participants to reinforce the code of conduct and intervene when necessary to enforce the rules.

I have shared the code of conduct with my son, daughter or ward. We have read, understand, and agree to the above.

Member Name (printed) \_\_\_\_\_

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

Parent (Guardian) Name (printed) \_\_\_\_\_

Parent (Guardian) Signature \_\_\_\_\_ Date \_\_\_\_\_



**Extension**  
UNIVERSITY OF WISCONSIN-MADISON

**PHOTO RELEASE PERMISSION FORM**

\_\_\_ I grant permission to the University of Wisconsin-Madison Division of Extension to use my photo and comments in Extension reports, articles, and publications designed for educational, informational, and promotional purposes. I understand some of these materials may be posted on the World Wide Web for a period of time.

\_\_\_ I grant permission to the University of Wisconsin-Madison Division of Extension to use the photo and comments of my minor child, (name) \_\_\_\_\_, in Extension reports, articles, and publications designed for educational, informational, and promotional purposes. I understand some of these materials may be posted on the World Wide Web for a period of time.

Print Name: \_\_\_\_\_ Date \_\_\_\_\_

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

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_



**Agreement for Assumption of Risk, Indemnification, Release, and Consent for Emergency Treatment**

I, \_\_\_\_\_ (print name), age \_\_\_\_\_, desire to participate voluntarily in the \_\_\_\_\_ County 4-H Youth Development programs conducted by the \_\_\_\_\_ County UW Extension and the Board of Regents of the University of Wisconsin System, doing business as the University of Wisconsin – Extension.

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT THE \_\_\_\_\_ COUNTY 4-H YOUTH DEVELOPMENT \_\_\_\_\_ OF THE UW-EXTENSION AT TELEPHONE NUMBER \_\_\_\_\_.

**Assumption of Risks:**

I understand that not all risks can be foreseen and there are some risks which are unpredictable. I understand that certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I am aware of the risks of participation, which include, but are not limited to, the possibility of physical injury, fatigue, bruises, contusions, broken bones, concussion, paralysis, and even death. I understand that the county and university have advised me to seek the advice of my physician before participating in the \_\_\_\_\_ County 4-H Youth Development program. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for my by the \_\_\_\_\_ County UW Extension or the Board of Regents of the University of Wisconsin System. **I know, understand, and appreciate the risks that are inherent in the above-listed programs and activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent or Guardian must sign if participant is under 18\*)

**Hold Harmless, Indemnity and Release:**

In consideration of my participation in these activities, I, for myself, spouse, heirs, personal representatives, estate or assigns, agree to defend, hold harmless, indemnify and release, the \_\_\_\_\_ County UW Extension, the Board of Regents of the University of Wisconsin System and their officers, employees, agents and volunteers who are involved, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the above-listed program. This release includes claims based on the negligence of the \_\_\_\_\_ County UW Extension, the Board of Regents of the University of Wisconsin System and their officers, employees, agents and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. **I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent or Guardian must sign if participant is under 18\*)

**Consent for Emergency Treatment:**

I authorize the \_\_\_\_\_ County UW Extension or the Board of Regents of the University of Wisconsin System and their designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent or Guardian must sign if participant is under 18\*)

\*If your son, daughter or ward will be under 18 while participating in the \_\_\_\_\_ County 4-H Youth Development program at the University of Wisconsin – Extension it is our policy to request your agreement to the above terms, on behalf of your minor son, daughter or ward.

# Wild Wacky Weekdays 2023 Registration

**T-Shirt Size (CIRCLE ONE):** Youth S Youth M Youth L Adult S Adult M Adult L

**Date (CIRCLE ONE):** Friday, July 21      Wednesday, July 26      Monday, July 31

## Accommodations

Does the youth require an accommodation to participate in this event? Please describe:

Please describe any limitations or restrictions regarding the youth's participation:

Please describe any allergies we should be aware of:

Is there any other information you want to share?