



Postal Mail Email

| | | | |
|---|--|----------------------------|---|
| Name | County | Family Email | Correspondence Preferred |
| Email | | First Name | |
| Last Name | | Preferred Name | |
| Mailing Address | | City | |
| State | | Zip Code | |
| Birth Date | | Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Primary Phone | | Cell Phone | |
| I wish to receive notices via text message | <input type="checkbox"/> No <input type="checkbox"/> Yes | Cell Phone Provider | |
| Years in 4-H | | Work Phone | |

Parent / Guardian 1

| | |
|-----------------------|-------------------|
| First Name | Last Name |
| Cell Phone | Work Phone |
| Work Extension | |

Parent / Guardian 2

| | |
|-----------------------|-------------------|
| First Name | Last Name |
| Cell Phone | Work Phone |
| Work Extension | Address |
| Address 2 | City |
| State | Zip Code |
| Home Phone | Email |

Second Household

| | | | |
|----------------------------|--|---------------------------------|---|
| Send Correspondence | <input type="checkbox"/> No <input type="checkbox"/> Yes | Correspondence Preferred | <input type="checkbox"/> Postal Mail <input type="checkbox"/> Email |
| Family Name | First Names | | |
| Primary Phone | Mailing Title | | |
| Address | Address 2 | | |
| City | State | | |
| Zip Code | Email | | |

Emergency Contact

| | |
|--------------|---------------------|
| Name | Phone |
| Email | Relationship |

Volunteer

Select "Yes" if you serve in a leadership capacity in 4-H. Yes
Examples for youth: Junior Leader, Club Officer, etc.

Ethnicity

Race (check all that apply) Are you of Hispanic ethnicity? No Yes (Please indicate both an ethnicity and race)

| | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Black | <input type="checkbox"/> Asian |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Prefer Not to State |

Residence

Residence

| | |
|---|--|
| <input type="checkbox"/> Farm (rural area where agricultural products are sold) | <input type="checkbox"/> Suburb of city more than 50,000 |
| <input type="checkbox"/> Town under 10,000 and rural non-farm | <input type="checkbox"/> Central city more than 50,000 |
| <input type="checkbox"/> Town / City 10,000 - 50,000 and its suburbs | |

Military Service of Family

Military Service

| | |
|---|--|
| <input type="checkbox"/> No one in my family is serving in the military | <input type="checkbox"/> I have a parent serving in the military |
| <input type="checkbox"/> I have a sibling serving in the military | |

Branch

| | | | | | |
|------------------------------------|-------------------------------|--------------------------------------|---------------------------------------|----------------------------------|-------------------------------|
| <input type="checkbox"/> Air Force | <input type="checkbox"/> Army | <input type="checkbox"/> Coast Guard | <input type="checkbox"/> DOD Civilian | <input type="checkbox"/> Marines | <input type="checkbox"/> Navy |
|------------------------------------|-------------------------------|--------------------------------------|---------------------------------------|----------------------------------|-------------------------------|

Component

| | | |
|--------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Active Duty | <input type="checkbox"/> National Guard | <input type="checkbox"/> Reserves |
|--------------------------------------|---|-----------------------------------|



School Information

| | | | |
|----------------------------|---|--|--|
| School County _____ | | School District _____ | |
| School Name _____ | | School Type | |
| School Grade | <input type="checkbox"/> Kindergarten | <input type="checkbox"/> Charter School | |
| | <input type="checkbox"/> 1-12 (type grade) _____ | <input type="checkbox"/> Home School / Alternative | |
| | <input type="checkbox"/> Post High School Education | <input type="checkbox"/> Magnet / Specialized School | |
| | <input type="checkbox"/> Not in School | <input type="checkbox"/> Private School | |
| | <input type="checkbox"/> Special | <input type="checkbox"/> Public School | |
| | | <input type="checkbox"/> Special Education | |
| | | <input type="checkbox"/> Vocational Education | |

Additional Information (Other)

T-Shirt Information Prefer: Male or Female shirt? T-Shirt Size: Youth Adult (Select youth or adult and size.)
 XSmall Small Medium Large XLarge
 XXLarge XXXLarge

Disability Accommodations As a participant in 4-H activities, do you need an accommodation for a disability?
 Yes No
 If yes, please indicate disability accommodation needed:

Food Allergies Do you have any food allergies? Yes No
 If yes, what food allergies do you have?

Add a Club

Club Name _____
Club Name _____

Add a Project

| Club | Project | Project Materials Needed? | Years In |
|-------|---------|--|----------|
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |

Member Signature _____ **Date** _____

Parent / Guardian Signature _____ **Date** _____

For Office Use Only

Received Form 300.A-3 Youth Yes No Date Received _____

Comments:



Please Print

| | | | |
|--|---|--|---------|
| First Name: | | Last Name: | |
| Gender: | <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth: | Age: |
| Address: | | | |
| City/State: | | Zip Code: | County: |
| Home/Work Phone: | Cell Phone: | Email: | |
| As a participant do you need an accommodation for a disability? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, please list: | | Do you have any food allergies? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, please list: | |

New Mexico 4-H Code of Conduct

I pledge my Head to clearer thinking, means a 4-H'er is committed to learn the knowledge and skills to enable them to make wise decisions through opportunities that develop independence. By gaining a sense of independence, the 4-H'er is committed to exercise self-discipline, personal responsibility and become an independent thinker. Therefore, the youth, by signing this contract, agrees to conduct him or herself in a responsible manner and abide by all expectations as stated. **Participation may be terminated at the discretion of authorized CES Agent or the State 4-H Program Leader pursuant to rules and regulations established by New Mexico 4-H.**

Expectations

- Possession or consumption of alcoholic beverages is prohibited.
- Possession or use of harmful non-prescribed drugs is prohibited.
- Smoking or using other tobacco products is prohibited.
- Participants will show respect for the property and facilities used during the event and will assume financial responsibility for any damages they cause.
- Unauthorized absence from the event premises is not permitted.
- Participants will observe the curfew times as set forth in the event program and remain in their assigned room. Boys and girls are not allowed to be in each other's rooms for any reason.
- Participants will adhere to the State and National 4-H Event Clothing Guidelines.
- Participants will not threaten physical harm or take action with physical harm or verbal abuse.
- Cheating or misrepresentation at any 4-H event is prohibited.
- Participants will adhere to any and all rules at the designated 4-H event they are attending.

If I break this agreement, I understand the following disciplinary actions will be taken:

- I will be sent home immediately at my own expense and forfeit all 4-H awards and trips.
- I will be suspended from attending any State 4-H event for one year (defined as through that same event the following year) from the time of infraction.
- I will not be allowed at any time during the suspension year to represent 4-H in any leadership position on the county, state, or national level.
- I will not be allowed to represent 4-H at any state, regional, or national event during the suspension year.
- Second offenders will be ineligible to participate in any state, regional, or national event or hold a leadership position for the remainder of their 4-H career.
- I understand that the consumption, possession, or use of alcohol or harmful non-prescribed drugs by a minor is against the law, and I know that I may be reported to the proper authorities.
- I understand that failure to adhere to this agreement may result in disenrollment from the New Mexico 4-H Program.

*For additional information or clarification related to conduct expectations or disciplinary actions refer to the New Mexico 4-H Policies and Procedures Manual.

I understand that my behavior affects the entire 4-H Community and that I represent myself, my club, county and state 4-H program as well as the overall 4-H Youth Development Program. I have read and understand the expectations and penalties related to the Code of Conduct.

4-H Member's Signature

Date

Parent/Guardian Agreement of Expectations

I have read and understand the expectations and penalties related to the Code of Conduct and agree to be bound by them.

Parent/Guardian Signature (Must be signed by parent or guardian)

Date



Participants in NMSU, Cooperative Extension Service, 4-H Youth Development Program events are sometimes photographed and videotaped for use in NMSU promotional and educational materials. I authorize New Mexico State University to record and photograph the image and/or voice of my child for use by New Mexico State University or its assignees in research, educational, and promotional programs. I understand and agree that these audio, video, film, digital, and/or print images may be edited, duplicated, distributed, reproduced, broadcast, used in electronic and web media, and/or reformatted in any form and manner without payment of fees, in perpetuity. If you **DO NOT** consent to media release, please initial this line _____

New Mexico 4-H Medical Information
Medical Emergency Contact Information

| | |
|------------------|------------------|
| Name: | Name: |
| Relationship: | Relationship: |
| Phone: | Phone: |
| Alternate Phone: | Alternate Phone: |

Physician & Insurance Policy Information

| | |
|---|------------------------------|
| This member is covered by health insurance: Y <input type="checkbox"/> N <input type="checkbox"/> | |
| Insurance Company: | Policy/Plan #: |
| Policy Holder's Name: | Relationship to Participant: |
| Physician Name: | Physician Phone: |

Health Information

Please indicate if the youth has any of the following medical conditions (check all that apply):

| | | |
|--|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Diabetes/Hypoglycemia |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Migraine Headaches | <input type="checkbox"/> Stomach/Intestinal |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> Heart/Cardio Vascular |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Muscular/Skeletal | <input type="checkbox"/> Emotional/Mental Disorders |
| <input type="checkbox"/> Skin Disease | <input type="checkbox"/> Eye/Ear/Nose/Throat | <input type="checkbox"/> Chronic Bone, Muscle or Joint Injuries |
| <input type="checkbox"/> Other condition(s): Please specify: | | |

Allergies or Reactions (check all that apply):

| | | | | |
|--|--|--|---------------------------------|----------------------------------|
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Penicillin | <input type="checkbox"/> Dairy | <input type="checkbox"/> Gluten | <input type="checkbox"/> Peanuts |
| <input type="checkbox"/> Insect Bites/Stings | <input type="checkbox"/> Ivy/Oak/Sumac | <input type="checkbox"/> Other (please list): xxxx | | |

Please list any medications (prescription or non-prescription) the youth is currently taking:

Release of Liability and Medical Authorizations

The health history/special accommodation needs provided is correct and complete to my knowledge. I understand that should information change throughout the course of the 4-H program year, I am responsible for updating this information and providing a revised form to my County Extension Office a minimum of two weeks prior to any county, district or state event. If an injury or other medical condition occurs or arises, I hereby give permission to the designated 4-H Program representative to consent on my behalf to routine medical treatment and/or seek emergency medical treatment. I further authorize any licensed medical person/facility to treat my son/daughter. I agree to assume full financial responsibility for any medical services provided.

I hereby release New Mexico State University, the New Mexico State University Cooperative Extension Service, the State of New Mexico or their employees, county 4-H program, the 4-H leaders, and the owners or operators of any property where the activity may take place, from liability in the event of illness, injury or loss occurring to myself or my personal belongings and will make no claim as a result thereof. I also understand that some activities/events may involve certain risks associated with physical activity or potential harm, including recreational games/activities and travel by motor vehicle to off-site activities.

 4-H Member's Signature

 Date

 Parent/Guardian Signature (Must be signed by parent or guardian)

 Date