

FAMILY INFORMATION					
County:			Address:		
Family Name:			Address 2:		
Family Email:			City:		
Mobile Phone Number:			State:	TX	Postal Code:
MEMBER INFORMATION			DEMOGRAPHICS		
First Name:			Residence:	<input type="checkbox"/> Farm <input type="checkbox"/> Town Under 10,000 and Rural-Non Farm <input type="checkbox"/> Town, City or Suburbs 10,000 to 50,000 <input type="checkbox"/> City or Suburb More Than 50,000 <input type="checkbox"/> City - Central, More Than 50,000	
Middle Name:					
Last Name:					
Preferred Name:			Are you of Hispanic or Latino ethnicity?	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Prefer Not To State	
Birth Date:			Race:	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other (race not listed) <input type="checkbox"/> White <input type="checkbox"/> Prefer Not To State	
Member Email:					
Member Mobile Phone:					
Previous Years in Program:					
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Grade:			
EMERGENCY CONTACT			EMERGENCY CONTACT 2		
Emergency Contact Full Name:			Emergency Contact Full Name:		
Relationship to Member:			Relationship to Member:		
Emergency Contact Phone:			Emergency Contact Phone:		
Emergency Contact Email:			Emergency Contact Email:		
CLUBS					
Club	Club	Years in Project	Club Member Youth Type		
			<input type="checkbox"/> Youth Member (Most common) <input type="checkbox"/> Junior Leader <input type="checkbox"/> Teen Leader		
			<input type="checkbox"/> Youth Member (Most common) <input type="checkbox"/> Junior Leader <input type="checkbox"/> Teen Leader		
			<input type="checkbox"/> Youth Member (Most common) <input type="checkbox"/> Junior Leader <input type="checkbox"/> Teen Leader		
			<input type="checkbox"/> Youth Member (Most common) <input type="checkbox"/> Junior Leader <input type="checkbox"/> Teen Leader		
			<input type="checkbox"/> Youth Member (Most common) <input type="checkbox"/> Junior Leader <input type="checkbox"/> Teen Leader		
PROJECTS					
Project	Club	Years in Project	Type		
			<input type="checkbox"/> Project Member(Most Common) <input type="checkbox"/> Horse Ambassador <input type="checkbox"/> Livestock Ambassador		
			<input type="checkbox"/> Project Member(Most Common) <input type="checkbox"/> Horse Ambassador <input type="checkbox"/> Livestock Ambassador		
			<input type="checkbox"/> Project Member(Most Common) <input type="checkbox"/> Horse Ambassador <input type="checkbox"/> Livestock Ambassador		
			<input type="checkbox"/> Project Member(Most Common) <input type="checkbox"/> Horse Ambassador <input type="checkbox"/> Livestock Ambassador		
			<input type="checkbox"/> Project Member(Most Common) <input type="checkbox"/> Horse Ambassador <input type="checkbox"/> Livestock Ambassador		
PARENT/GUARDIAN 1			PARENT/GUARDIAN 2		
First Name:			First Name:		
Last Name:			Last Name:		
Phone Number:			Phone Number:		
Work Phone Number:			Work Phone:		
Work Extension:			Work Extension:		

SECOND FAMILY		SCHOOL	
Last Name:		School County:	
First Name(s):		School District:	
Email:		School Name:	
Phone:		School Type:	
Address:		COUNTY OF RESIDENCE	
Address 2:		What County do you live in?	
City:		Is your place of residence a different county than you attend school in?	<input type="checkbox"/> Yes <input type="checkbox"/> No
State:			
Postal Code:			

MILITARY			
Military Service:	<input type="checkbox"/> I Am Serving In the Military <input type="checkbox"/> I Have A Family Member Serving In the Military <input type="checkbox"/> I Have A Family Member Who Retired From The Military <input type="checkbox"/> I Have A Parent Serving In The Military	<input type="checkbox"/> I Have A Sibling Serving In The Military <input type="checkbox"/> I Have A Parent Who Served In The Military <input type="checkbox"/> I Have A Parent Who Retired From The Military <input type="checkbox"/> No One In My Family Is Serving In The Military	
Branch of Service:	<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 <input type="checkbox"/> Not Applicable <input type="checkbox"/> Space Force
Branch Component:	<input type="checkbox"/> Active Duty	<input type="checkbox"/> National Guard	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Reserves

OTHER			
Current Offices Held:	<input type="checkbox"/> President <input type="checkbox"/> 1st Vice-President <input type="checkbox"/> 2nd Vice-President	<input type="checkbox"/> 3rd Vice-President <input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer <input type="checkbox"/> Reporter/Public Relations <input type="checkbox"/> Council Delegate <input type="checkbox"/> Alternate Council Delegate <input type="checkbox"/> Health/Safety Officer <input type="checkbox"/> Other
Other Leadership Role:			
Youth Leadership Type:	<input type="checkbox"/> Junior Leader	<input type="checkbox"/> Teen Leader	
Shooting Sports Project Enrollment:	<input type="checkbox"/> Not In Shooting Sports <input type="checkbox"/> Archery	<input type="checkbox"/> Hunting Skills <input type="checkbox"/> Muzzelloading	<input type="checkbox"/> Pistol <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun

REFUND POLICY	
<p>PARTICIPATION FEES AND VOLUNTEER APPLICATION FEES</p> <ul style="list-style-type: none"> Participation fees are nonrefundable once the membership or application has been approved by the county office. Once a Volunteer Application has been SUBMITTED into the system the application fee is nonrefundable. (ONLY APPLIES TO ADULT PROFILES) <p>EVENT AND ACTIVITY REGISTRATION</p> <ul style="list-style-type: none"> The general refund policy for the Texas 4-H Program is that no refunds are provided to a 4-H member or family once the registration is APPROVED. In extreme circumstances, such as death in immediate family, severe illness/accident, or cancellation of event, refunds will be provided, minus any expenses already incurred by the event/activity. It is the decision of the event coordinator for that particular event if a refund is provided or not, with approval of Texas 4-H Youth Development Program Director. Contact Your Local County Extension Office with questions about refunds. <p>ANIMAL VALIDATION</p> <ul style="list-style-type: none"> All fees paid are non-refundable once an animal validation has been accepted. <p>Signature to confirm that you have read the refund policy above: _____</p>	

YOUTH ENROLLMENT FORMS		
<input type="checkbox"/> Waiver, Indemnification, and Medical Treatment Authorization	<input type="checkbox"/> Consequences of Misbehavior/Code of Conduct	<input type="checkbox"/> Media and Photograph Release



Consequences of Misbehavior

Participants will have the opportunity to explain his/her actions to the professional Extension employee in charge of program.

Behavior that is disruptive of the Texas 4-H Program and/or unbecoming of a youth's role as a member/leader within the program will be documented and a letter describing such will be sent to the District 4-H Leadership Team (District 4-H Specialist and District Extension Administrator), County Extension Agent(s) and parents/guardians of those involved. Examples of offenses are listed below but are not limited to the list. Offense categories for these examples could shift depending on the severity and/or frequency of the offense.

Minor Offenses

1. Habitually late to program activities.
2. Not in room at designated time.
3. Not respecting the rights and privacy of those rooming with or attending an activity.
4. Lying or untruthfulness to chaperones, leaders, event organizers or others in attendance.
5. Not being respectful to 4-H staff, volunteers, or not following their instructions and/or rules.
6. Not adhering to the dress code.
7. Not displaying good manners.
8. Using threatening or obscene language toward others.

Intermediate Offenses

1. Inappropriate visitation.
2. Leaving a 4-H activity without the permission of staff member(s) in charge.
3. Misuse of or publishing misleading information on a social media account.
4. Intentional damage to meeting site, sleeping quarters, person, or other person's property.

Major Offenses

1. Smoking or using tobacco products
2. The use of alcohol or drugs.
3. Carrying an unauthorized weapon.
4. Threatening another person with a weapon or causing bodily harm.
5. Cheating
6. Sexual activities or harassment.
7. Theft of any kind.
8. Violation of the law.
9. Violation of livestock ethics policy.
10. Bullying or cyber-bullying.
11. Acting in a manner considered by 4-H leadership to be harmful or potentially harmful to the health or well-being of themselves or others, whether such act occurred within, or outside of the 4-H program.

Consequences

- For most minor offenses, a 4-H member will receive a verbal reprimand unless the behavior is a chronic issue, which may require additional documentation and response.
- For every intermediate and major offense, the 4-H member will receive a verbal and written reprimand and the violator shall write letters of apology to the appropriate people.

Major Offenses

- Removal from event/activity and/or sending a participant home at the parent's/guardian's expense.
- One major offense during any 4-H year may lead to suspension of membership in all Texas 4-H Youth Development programs for the remainder of the 4-H year, along with the possibilities of facing criminal charges.
- 4-H member may be asked to resign from all 4-H offices and/or leadership roles held as well as be required to give up monetary awards or scholarships from the Texas 4-H program.
- May lead to termination of 4-H membership.
- May result in notification of incident to legal authorities.
- May result in disqualification of all state validated animal projects.

Intermediate Offenses

- One or two violations is grounds for removal from the event/activity and/or sending a participant home at the parent's/guardian's expense.
- Three violations during one calendar year is grounds for the 4-H member to not be allowed in any county, district or state activities for the remainder of the 4-H year.
- 4-H member may be asked to resign from all 4-H offices and/or leadership roles held as well as be required to give up monetary awards or scholarships from the Texas 4-H program.

Texas 4-H Youth Development Code of Conduct 2024-2025



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 able to attend.
2. I will exercise good judgment by dressing appropriately for the occasion and adhere to any attire requirements stipulated for the event/activity I am attending. All clothing shall be neat and clean. Articles of clothing that display profanity, products or slogans that promote tobacco, alcohol, drugs, and/or are revealing are prohibited.
3. Language must be controlled, appropriate, and not socially offensive.
4. Except for planned tours and outings, I will not leave an activity any time without permission of the chaperone and/or staff responsible for the event/activity.
5. I will not smoke, use tobacco products and/or e-cigarettes or be in possession of such products.
6. I will not be in possession of, use alcohol or drugs, or be associated with or remain in the presence of others when they are being used. Drugs prescribed by a doctor must be accompanied by the appropriate ADM, OTC, or SAP waivers.
7. I will not be in possession of, use, or threaten another person with a weapon, bodily force, or language.
8. I will respect the rights of privacy of those attending an activity. I will also be courteous and exhibit good manners.
9. I will observe hours established by the staff and be in my room. No boys in girls' rooms, no girls in boys' rooms.
10. I will avoid unnecessary roughness to room furnishings, furniture, equipment, etc. Towels or other items in the room are not to be taken. Occupants of a room or conveyance are financially responsible for any damage or results of misconduct.
11. I will use my social media and other technology platforms in a positive manner to reflect the values of the Texas 4-H Program. Posts or language that is negative or derogatory in manner are prohibited.
12. As a leader, I understand that there are more responsibilities and greater expectations as I serve as a positive role model to others within the program.
13. 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.

I have read and understand the Code of Conduct and agree to adhere to it.

Date

Member Signature

Date

Parent/Guardian Signature

The members of Texas A&M AgriLife will provide equal opportunities in programs and activities, education, and employment to all persons regardless of race, color, sex, religion, national origin, age, disability, genetic information, veteran status, sexual orientation or gender identity and will strive to achieve full and equal employment opportunity throughout Texas A&M AgriLife.

Revised 7/2024

2024-2025 TEXAS 4-H YOUTH DEVELOPMENT PROGRAM

Program Name

CAMP & ENRICHMENT PROGRAM

WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

1. EXCULPATORY CLAUSE. In consideration for receiving permission to participate in any and all activities of Texas 4-H ("activity"), which is sponsored by Texas A&M AgriLife Extension Service and Texas 4-H Youth Development Program, ("sponsor"), a member of The Texas A&M University System, I hereby release, waive, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, The Texas A&M University System, the Board of Regents for The Texas A&M University System, and their members, officers, agents, volunteers, or employees ("RELEASEES" or "INDEMNITEES") from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while participating in this activity, while traveling to and from the activity, or while on the premises owned, leased, or controlled by RELEASEES, **including injuries sustained as a result of the sole, joint, or concurrent negligence, gross negligence, negligence per se, statutory fault, intentional torts, or strict liability of RELEASEES.**
2. INDEMNITY CLAUSE. I am fully aware that there are inherent risks to myself and others involved with this activity, including but not limited to all events and activities, and I choose to voluntarily participate in this activity with full knowledge that the activity may be hazardous to me and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate. **I agree to indemnify and hold harmless INDEMNITEES** from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to myself, other participants, and third-persons as a result of my participation and conduct in this activity, **including injuries sustained as a result of the sole, joint, or concurrent negligence, gross negligence, negligence per se, statutory fault, intentional torts, or strict liability of INDEMNITEES.**
3. COVID-19. I expressly acknowledge the health risks and dangers associated with the transmission of the COVID-19 virus, and other communicable diseases, and recognize that exposure to the COVID-19 virus, or other communicable diseases, could occur while my child is in the care of sponsor. As such, and as additional consideration for participation in the activity, I understand the waiver and indemnity provisions in paragraphs (1) and (2) above apply to the possibility of COVID-19 community spread. I certify that prior to leaving my child in the care of the sponsor that my child: (a) has not been diagnosed or is suspected to have COVID 19, (b) does not have any of the coronavirus symptoms listed on the CDC's Symptoms of Coronavirus page, (c) has not in the past 14 days had close contact (less than six feet) with a person who has a lab-confirmed case of COVID-19, (d) has not in the past 14 days had close (less than six feet) contact with a person who is awaiting results of a COVID-19 test because of COVID-19 symptoms or exposure, or (e) in the past 14 days has not returned from international travel or traveled through an area with state or local restrictions that mandate quarantine upon arrival home. I also certify that each time I leave my child in the care of the sponsor, I have conducted a daily assessment on my child and that he/she is not exhibiting any of the above signs or symptoms of, or exposure to, COVID-19.
4. NO INSURANCE. I understand that RELEASEES do not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Sponsor does not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so sponsor, a governmental unit of the State of Texas, can(a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.
5. BINDS HEIRS. It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.
6. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand RELEASEES cannot be expected to control all of the risks associated with this activity and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me, even if an INDEMNITEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, gross negligence, statutory fault, intentional torts, or strict liability of RELEASEES.**

7. **NO STRICT RULES OF CONSTRUCTION.** In the event of a dispute over the meaning or application of this agreement, it shall be construed fairly and reasonably and neither more strongly for nor against either party.
8. **VOLUNTARY SIGNATURE.** In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. **For youth engaging in extracurricular activities:** I understand I can choose not to sign this document and free myself from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me that has a lower level of risk to me. I further understand this is a voluntary, extracurricular activity.

**SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS.
CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.**

In case of emergency, contact: _____

At the following number: _____

If the participant has medical insurance, please indicate: _____

Insurance Company: _____ **Policy Number:** _____

Name of Primary Policy Holder: _____

Please list any special service your child may require: _____

SIGNED this _____ day of _____, 20____

Participant Signature: _____

Printed Name: _____

Participant's Date of Birth: _____

Parent or Legal Guardian Signature:
(If participant is under 18 years old) _____

Parent or Legal Guardian Printed Name:
(If participant is under 18 years old) _____

Texas 4-H Youth Development 2024-2025 Media/Photograph Release



PRAIRIE VIEW
A&M UNIVERSITY
COLLEGE OF AGRICULTURE
AND HUMAN SCIENCES
Cooperative Extension Program

TEXAS A&M
AGRI LIFE
EXTENSION

I understand the photograph(s) or video or audio recording(s) taken of me by agents, employees or representatives of the Texas A&M AgriLife Extension Service and/or Prairie View Cooperative Extension Program and its Texas 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 negligences.

<hr/> <p style="text-align: center;">Date</p>	<hr/> <p style="text-align: center;">Member Signature</p> <hr/> <p style="text-align: center;">Printed Name</p> <hr/> <p style="text-align: center;">Street Address</p> <hr/> <p style="text-align: center;">City/State/Zip Code</p>
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(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.

<hr/> <p style="text-align: center;">Date</p>	<hr/> <p style="text-align: center;">Parent/Guardian Signature</p> <hr/> <p style="text-align: center;">Parent/Guardian Printed Name</p>
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The members of Texas A&M AgriLife will provide equal opportunities in programs and activities, education, and employment to all persons regardless of race, color, sex, religion, national origin, age, disability, genetic information, veteran status, sexual orientation or gender identity and will strive to achieve full and equal employment opportunity throughout Texas A&M AgriLife.

Texas 4-H Youth Development Program
HEALTH AND SAFETY STATEMENT

Check one: Youth Adult County: _____ District: _____
Event: _____ Event Dates: _____

Section I. Participant Information

First Name: _____ Date of Birth: _____ Age: _____ Gender: _____
Last Name: _____ Name of Physician: _____
Address: _____ Physician's Number: _____
City, State, Zip: _____ Date of last physical exam: _____
Phone: _____

Section II. Emergency Contact Information

Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
City, State, Zip: _____ Cell Phone: _____

Section III. Health History (Check the appropriate answer and explain any YES responses.)

Have you had or do you currently have any heart problems? Dates: _____ Yes No
Do you frequently suffer from pains in your chest? _____ Yes No
(NOTE: If you have any heart related problems you will need to have a physician's release.)
Do you often feel faint or have spells of severe dizziness? _____ Yes No
Has a doctor ever told you that you might have high blood pressure? _____ Yes No
Are you a smoker? _____ Yes No
Do you have arthritis, joint, or back problems that can be aggravated by exercise? _____ Yes No
Have you had any operations or serious injuries? Dates: _____ Yes No
Do you have any chronic recurring illness or communicable diseases? _____ Yes No
Are there any activities to be limited/discouraged by a physician's advice? _____ Yes No
Are you allergic to any medications, food or food ingredients, insects, or pollens? _____ Yes No
Do you have Epilepsy? _____ Yes No
Do you have Diabetes? _____ Yes No
Do you have any prescribed meal plan or dietary restrictions? _____ Yes No
Any other health related information for 4-H personnel to be aware of? _____ Yes No

Section IV: Medications (ALL medications must be in ORIGINAL container with ORIGINAL LABEL.)

Are there prescribed or over-the-counter medications currently being taken? Describe. _____ Yes No

Section V. Insurance Information – Please provide a copy of your insurance card.

Do you carry family medical/hospital insurance? _____ Yes No
Carrier: _____ Policy Number: _____

Section VI. Release of Participant (If minor)

I/We do hereby authorize the release of said minor child to the following person/people at the conclusion:
(please list all persons, including parents)

Further, I/We require that said minor child NOT be released to the following person/people at the conclusion of the activity:

Section VII. Health and Safety Statement Certification

By signing below, I certify that my answers and statements are true and complete to the best of my knowledge and belief. I understand this information is confidential and is to be used only by AgriLife Extension Staff or designated Volunteers for health and safety reasons. I hereby consent to the use of this information for such purposes.

Participant OR Parent/Guardian Name (if participant is under the age of 18): _____

Parent/Guardian Signature: _____ Date: _____