



Sunny Rock 4-H at Ward's Junior Farmer Summer Program 2019 Registration Form For Ages 5 to 11

Child's Name _____

Age as of July 1 _____ DOB _____ Gender _____ Attended Prior Year? _____

Address _____

Town _____ Zip _____

Parent(s)/Guardian(s) _____

Primary Phone _____ Secondary Phone _____

Email _____

Emergency Contact _____ Phone _____

(in event parent(s) cannot be reached)

Emergency Contact Relationship to child _____

Freeze pops OK? (circle one): Y N T-shirt size (circle one): YS, YM, YL AS, AM, AL

(optional) Group my child with _____

Special needs or anything else you would like us to know?

Select Session(s)
Sessions run Mon - Thurs, 8:30 – 11:30 AM

- Session 1 July 1 – July 4
- Session 2 July 8 – July 11
- Session 3 July 15 – July 18
- Session 4 July 22 – July 25
- Session 5 July 29 – August 1
- Session 6 August 5 – August 8

Checks payable to Sunny Rock 4-H Club
\$170 per child per session

Mail to:

Jr. Farmer Program
c/o Lois Darr
256 Edge Hill Rd.
Sharon MA 02067

< Office Use Only >

Date Received _____ Pd _____ Health _____ C of C _____ Liab _____

List all of your children enrolled in the MA 4-H Program:

- I, the undersigned parent(s) or legal guardian of child/children listed above, a minor(s), give permission for the above named 4-H member(s) (the "Member(s)") to participate in all 4-H programs and activities, including club meetings, conferences, after-school programs, and other sponsored 4-H programs ("4H Programs"), conducted by and through the University of Massachusetts Extension/Massachusetts 4-H ("University") for the 4-H year listed above.
- I give permission for the University to take photographs, videotapes and interviews of the Member(s) 4-H Programs and for content from the Member(s)'s 4-H record to be used. I understand that any such photography, videotapes or interviews are the property of the University. I further give permission and consent that any such photographs, videotapes or content from interviews with the Member(s) or from the Member(s)'s 4-H record may be used by the University in newsletters, videos, printed matter, and on the University's (4-H) website. I understand that use of these is an important way to promote 4-H to the general public and recognize youth publicly for their achievements (i.e. 4-H often takes pictures of youth receiving awards).
Circle no and initial if you do not give your permission: NO _____
- I fully recognize that there are dangers and risks to which the Member(s) may be exposed by participating in the 4-H Program, including but not limited to personal injury and/or death and property damage. I also understand that it is the responsibility of me and the Member(s) to ensure that the Member(s) engage only in those activities and programs for which the Member(s) have the prerequisite skills, qualifications, preparation, and training. I/the Member(s) have made ourselves aware of the physical requirements necessary for participation in the 4-H Programs, and I certify that I/Member(s) possess all of the necessary physical abilities, experience, training, and knowledge. I understand that the University does not require the Member(s) to participate in the 4-H Programs, but the Member(s) want to do so, despite the possible dangers and risks and despite this RELEASE. I am aware that the University does not provide health or liability insurance for the Member(s), and that I am solely responsible for any medical costs arising out of the Member(s) participation in the 4-H Programs (beyond any reimbursement from the American Income Life Accident policy).
- I fully recognize and understand that I will be solely responsible for any loss, injury or damage to any other member participant or animal occasioned by the Member(s)' actions, and for loss, injury or damage done by or arising from any animal exhibited by the Member(s). Examples of possible specific, significant, non-obvious dangers and risks associated with the animal activities include but are not limited to an animal or participant contracting an illness at an event, causing or suffering an injury during an event or during transport to and from the event, or as incurred by one animal to another at events.
- In consideration of the benefits received, I hereby voluntarily and knowingly ASSUME all risks of damages and injury, including death, which the Member(s) may sustain while participating in or as a result of, or in any way arising out of the 4-H Programs, or in travel to and from the 4-H Programs. I hereby RELEASE and HOLD HARMLESS the University, its Trustees, officers, employees, and authorized volunteers (the "Releasees") from any and all liability, claims and actions that may arise from injury or death to the Member(s) or damage to my/the Member(s)' property, including any animal owned or exhibited by the Member(s), in connection with the Member(s) participation in the 4-H Programs whether caused in whole or in part by Releasees. I agree that, except in the event of willful neglect or willful injury inflicted by the Releasees, I covenant not to sue, or otherwise bring any claim, demand or litigation against the Releasees for any economic or non-economic loss due to bodily injury, death or property damage sustained or caused by the Member(s), or any animal owned or exhibited by the Member(s), arising from or in relation to the 4-H Programs. I also understand that this RELEASE binds me, the Member(s), and the Member(s)' heirs, executors, administrators, and assigns.
- I HAVE READ THIS ENTIRE RELEASE, I FULLY UNDERSTAND IT AND AGREE TO BE LEGALLY BOUND BY IT.

The above statements require one parental/guardian signature below (both if parents have joint custody).

Signature of parent/guardian #1

Date

Signature of parent/guardian #2

Date 5/2018



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COMPLETION OF THIS TWO PAGE FORM IS REQUIRED

_____/_____/_____
 Name of Youth Member County of Enrollment Date of Birth

1. Please check the following conditions that apply to your child:

- | | | | |
|---------------------------------------|---|--|-------------------------------|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Heart or cardio-vascular problems/disease | <input type="checkbox"/> |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Convulsions/seizures | <input type="checkbox"/> Migraine headaches | List other conditions: |
| <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Diabetes | | |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Fainting Spells | | |

2. Please list all medications taken within the last six months:

Name of Medication	Purpose	Dosage	Times Taken	Can the child self-medicate? Yes or No

3. Please identify allergies:

Does the youth carry an Epipen?	
Drug reactions/Medications	
Foods; be specific i.e. peanuts, dairy, gluten	
Insect bites/Stings	
Other	

4. Please check over-the counter medications that can be administered by 4-H staff and volunteers:

- | | | | |
|--------------------------------------|---|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Antacid | <input type="checkbox"/> Decongestant | <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Benadryl | <input type="checkbox"/> Dramamine | <input type="checkbox"/> Polysporin | _____ |
| <input type="checkbox"/> Cough Syrup | <input type="checkbox"/> Hydrocortisone | <input type="checkbox"/> Tylenol | _____ |

5. Are there any operations or serious illnesses within the last year AND any complications that we should be aware of?

6. Provide any additional information not covered above that a physician, emergency personnel or staff would find helpful:

7. If you have any question about your child's health, please secure a complete health examination from a physician and provide a signed physician's statement permitting participation.



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This Medical Release Form is authorized for all 4-H Youth Development meetings & activities for the current 4-H year:

_____ Name of Member

_____ Name of 4-H Club(s)/Group(s)

While my child is attending or traveling to or from a 4-H function, I HEREBY AUTHORIZE THE ADULT 4-H VOLUNTEER LEADER OR 4-H STAFF MEMBER, or in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR:

- Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act.
- This authorization shall remain effective until my child completes his/her activities in this program unless sooner revoked in writing. I understand that as a parent/guardian, I will be responsible for the cost of any service or treatment provided not covered by the American Income Life Accident Policy purchased for enrolled 4-H members.

EMERGENCY CONTACT INFORMATION

_____ Name Relationship to Youth Identified Above

(_____) _____ (_____) _____
Home Phone (with area code) Cell Phone (with area code)

_____ Street Address City State Zip

_____ Person to Contact if Parent/Guardian Cannot Be Reached Cell Phone Relationship to Child

_____ Name of Child's Physician (optional) Phone number

AUTHORIZATION, CONSENT AND RELEASE

I hereby certify that my child is in good health and can participate in and travel to all functions of the 4-H Youth Development Program.

- I understand it is my responsibility to keep the Health History Information form updated regarding my child/ward's medical situation including pre-existing conditions, allergies, change in medications or medical status so that in case of a medical emergency appropriate medical assistance can be given, and may affect the youth's regular participation in program activities.
- I understand that the volunteer leader(s) and 4-H staff understand that medical information is confidential and will release health information only to designated medical personnel in the event of an emergency, as authorized by my signature below.
- I understand that 4-H may require a doctor's note if there are any questions about the ability of the member to participate safely in 4-H activities.
- I certify that I have accurately provided the required information, and signed the **Permission & Liability Waiver** form.
- In case of emergency, I give my consent for necessary examination and treatment as prescribed by the attending physician.

_____ Signature of Custodial Parent(s)/Guardian

_____ Date



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4-H Member (ages 8 and older) and Parent
(including parents of 5-7 year olds) must read & sign

MEMBER GUIDELINES

I understand that when participating in any/all UMass Extension 4-H programs, activities, and events, I am representing the good name and reputation of 4-H in partnership with the University of Massachusetts Amherst in cooperation with the United States Department of Agriculture. I will willingly obey all established policies and guidelines and be honest.

The following conduct is not allowed while participating in any 4-H Event/Activity:

- 1. Possession, use, or distribution of alcohol or drugs, including tobacco products.
2. Theft, destruction, or disregard for public and private property.
3. Involvement in sexual misconduct or harassment or physical or verbal abuse of any kind.
4. Possession or use of weapons or other dangerous materials.
5. Fighting or other acts of violence that endanger participants.
6. Unauthorized use of vehicles or property.
7. Leaving the site of an event unsupervised.
8. Use of profane or abusive language.
9. Public displays of affection or inappropriate actions.
10. Intentionally interfering with or disrupting the event.

The following Dress Code must be followed at all 4-H Events/Activities:

- 1. Ripped or torn clothing is not appropriate.
2. Clothing with offensive slogans or messages cannot be worn.
3. If 4-H shirts, jackets, etc. are provided, they should be worn while you are participating at the event/activity.
4. You should change into your own clothes when you are not participating at the event or are "off duty."
5. Extremely short skirts or extremely short shorts should not be worn.
6. Tops or shirts that allow your midriff area to be exposed or strapless tops should not be worn.
7. Please do not share your 4-H items with non-4-Hers who may not understand the Code of Conduct and Dress Code.

I will show respect for my fellow 4-H'ers, Extension staff, volunteers and others involved with activities and programs. I understand that after careful evaluation, the UMass Extension staff has the right to dismiss me from any 4-H activity/event if my behavior constitutes a health, safety, or liability risk to myself or others, and that my parent/guardian will be notified and is responsible for my immediate transportation home. I understand that if I am dismissed from a 4-H activity/event for disciplinary reasons there can be additional consequences including dismissal from the 4-H program without the opportunity to return to Massachusetts 4-H in the future.

Member Signature _____ Date _____
(All members ages 8 and older must sign)

PARENT GUIDELINES

I agree to support my child's involvement in 4-H and be familiar with and abide by the rules and policies of 4-H as outlined here and on the 4-H website. I will be responsible for my behavior, exhibit good sportsmanship and uphold exemplary standards of conduct at all 4-H activities. I will not possess, sell, consume or use alcohol or controlled substances at 4-H events and activities that include youth nor will I attend 4-H activities under the influence of alcohol or controlled substances. I will not be disruptive at meetings nor will I be verbally abusive to youth or adults and will respect the leadership position of the 4-H club leader and staff. I understand that my failure to comply with these expectations or other 4-H policy may result in my loss of the privilege to attend 4-H events and activities and could result in my child's exclusion from 4-H as well.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



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