



4-H at Ward's Junior Farmer Summer Program 2012 Registration Form

Give your Child the total farm experience!

Ages 5 and up

Each weekly session runs Monday – Thursday, 8:30 – 11:30 am

Tuition per session \$135

Child's Name _____

Age _____ DOB _____ Sex M F Attended Last Year? Y N

Address _____

Town _____ Zip _____

Parent 1. Name _____ Cell _____

Parent 2. Name _____ Cell _____

Home Phone _____

Email _____

Emergency Contact _____

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



< Office Use Only >

Date Received _____ Pd ___ Health ___ C of C ___ Liab ___ Confirm Sent ___

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SESSIONS – Please select:

- Session 1 July 2 – July 5
- Session 2 July 9 – July 12
- Session 3 July 16 – July 19
- Session 4 July 23 – July 26
- Session 5 July 30 – August 2
- Session 6 August 6 – August 9

Each Session has a special theme; however, each follows a similar format and schedule. Participants will have daily hands-on experiences with farm animals, crafts, and special projects including cooking, wood working, shearing, and so much more!!!!

Spaces are limited to insure a low child to adult ratio. Applications will be honored on a first come basis. Fill out the registration form and mail it, along with the attached forms and your payment (checks payable to 4H at Ward's), at: 614 S. Main St. Sharon MA 02067

Questions, contact Joe Major at Joe4H@aol.com.

No refunds unless program cancelled by 4H.

This form is available at sunnyrock4h.org





MEMBER CODE OF CONDUCT

I understand that when attending UMass Extension 4-H Program activities and programs 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, and will willingly obey all established policies and guidelines.

I will show respect for my fellow 4-Hers, UMass Extension staff, volunteers, and others involved in activities and programs while taking part in all 4-H programs.

I understand I must have parent/guardian permission to participate in 4-H programs and activities. When attending a 4-H event/program, I will inform the program/activity coordinator if I have a medical condition that requires attention or am taking prescription medication. I will report all incidents, injuries or accidents immediately to the appropriate staff or volunteer.

I will not willfully steal or damage property, use foul language, or carry anything that may be considered a weapon, unless the tool is authorized by the volunteer leader and is used directly with my project. (Improper use will result in a violation of this code of conduct.) I will not engage in behavior that can be considered sexual harassment or physical or verbal abuse. I will not smoke or use any type of tobacco product nor use or willingly be in the presence of drugs and/or alcohol at a 4-H program.

I understand that if I fail to follow this Code of Conduct, I may be dismissed or temporarily suspended from participating in 4-H activities, pending an evaluation of my behavior by the appropriate UMass Extension staff and program coordinator. I understand my parent/guardian may be notified, as well as my local UMass Extension staff.

I understand that, after careful and thorough evaluation, the UMass Extension staff has the right to dismiss me from the 4-H Program if my behavior constitutes a health, safety or liability risk to myself or others, and that my parent/guardian will be responsible for my immediate transportation home.

I understand that if I am dismissed from the 4-H Program for disciplinary reasons, I should not expect to return to the program in the future. I understand that I may request, with no guarantee of reinstatement, a review of my case and a personal interview with my parent or guardian and the local UMass Extension 4-H staff.

I am a member of the following 4-H clubs: (List club & town) _____

MEMBER SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

TELEPHONE _____



4-H PARTICIPANT HEALTH FORM

This information is required to ensure that your child will receive the best possible care in the event of an accident, illness, or other emergency. This form must be completed and signed by a parent or guardian. Adult volunteers and participants 18 years or older may complete the form themselves. A completed health form is required for all 4-H participants or participation will not be allowed.

I. Participant Information

Date: _____

NAME LAST FIRST NAME OF CLUB

ADDRESS STREET/BOX# TOWN STATE ZIP

PHONE DATE OF BIRTH

NAME OF INSURANCE CO. (OPTIONAL) POLICY #

II. Parent/Guardian/Emergency Contact Information

CUSTODIAL PARENT NAME LAST FIRST MIDDLE INITIAL

ADDRESS STREET/BOX# TOWN STATE ZIP

PHONE (Home) PHONE (Work) PHONE (Cell)

In the event that a parent/guardian cannot be reached, please call:

NAME PHONE RELATIONSHIP TO CHILD

III. Medical History

ILLNESS YEAR
Asthma
Chicken Pox
Chronic Appendicitis
Diabetes
Diagnosed ADD/ADHD
German Measles
Hay Fever
Head Injury
Heart Problems
Kidney Trouble
Measles
Mumps
Transplant
Tuberculosis
Other (specify)
Mental Health Issues (specify concerns)

PARTICIPANT IS SUBJECT TO:

Asthma
Athlete's Foot
Bed Wetting
Bronchitis
Colds
Convulsions
Epilepsy
Fainting
Hay Fever
Headaches
Sinus Infections
Sleep Walking
Sore Throat
Upset Stomach

Continues on reverse...



SERIOUS ALLERGIC REACTIONS

Bee Stings _____

Poison ivy/oak/sumac _____

Latex _____

List any food allergies _____

List any drug allergies _____

IV. Additional Medical Information (you may attach additional sheet to provide detail necessary):

1. Any operations or serious illnesses? _____ If yes, please describe:

2. Any (current) medications or treatments? _____ If yes, please describe:

3. Any illness within the past 12 months? _____ If yes, please describe:

4. Describe any complications from previous injury/illness:

5. Any limitations effecting participation in activities? _____ If yes, please describe:

6. Do you have any question or concerns about the health of this child? _____
If yes, please secure a complete health examination from a physician and provide a signed physician's statement permitting participation. Attach a copy of the health statement to this form.

7. Please provide any other information that a physician or 4-H staff may find helpful:

8. If available, please provide the name and contact information of this child's attending physician:

Physician's name

Phone

- I agree to provide 4-H with up-to-date information regarding my child/ward's medical situation, including pre-existing conditions, allergies, change in medicines or medical status so that in case of emergency which may affect the participant's regular participation in program activities, the appropriate medical assistance can be sought.
- I understand that the volunteer leader(s) and staff of 4-H agree to hold such medical information confidential and will release said health forms only to designated medical personnel in the event of an emergency, as authorized by my signature as parent or legal guardian below.
- In the case of my child/ward's allergies or need for other necessary self-administered medical treatments, by signing this form, I agree I have been informed that medical personnel may not be on site and understand that the volunteer is not required to administer such medicines or treatments. I attest that my child/ward is able to administer all such medications him/herself or that I, as the parent or guardian, or my designated representative (18 years or over) listed here, will be on hand to administer such medications as the need arises during the course of any 4-H event or activity. **Designated representative** _____
Contact information _____
- I have read the information contained herein, have provided the required information, and signed the permission and liability waiver. In case of emergency, I hereby give my consent for necessary examination and treatment as prescribed by an attending physician.

SIGNATURE OF PARENT/GUARDIAN

DATE



Massachusetts 4-H Permission and Liability Form

List all of your children enrolled in the 4-H at Ward's Jr. Farmer Summer 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) to participate in all 4-H programs and activities with the assistance of a screened volunteer leader(s).
- I give permission for photographs, videotapes and interviews to be taken during the club meeting, conference, after school program or other sponsored 4-H program and for content from the member's 4-H record to be used. I understand that any such photography, videotapes or interviews are the property of UMass 4-H. I further give permission and consent that any such photographs, videotapes or content from interview with member or from member's 4-H record may be used by 4-H in newsletters, videos and printed matter. I also give permission for these same photographs, videotapes, interviews or 4-H records to be used on a website. Use of these is an important way to promote 4-H to the general public. *No youth names will be used on website without prior notification and consent.*
Circle no and initial if you do not give your permission: NO _____
- I understand that there are unforeseeable hazards in any activity and accept all responsibility for any injuries incurred or inflicted by my child/ward. I release and hold harmless 4-H, the University of Massachusetts and any of its authorized personnel involved in any way with the 4-H events in which my child/ward participates. I agree that except in the event of willful neglect or willful injury inflicted by 4-H staff or a volunteer, I will bring no claims, demands or litigations against any of the above, for any economic or non-economic loss due to bodily injury, death or property damage as sustained or caused by my child/ward arising from or in relation to any activities affiliated with 4-H.
- I understand that there is an element of unpredictability involved in animal behavior that cannot always be controlled by the volunteer leader(s) or staff. I understand that each participant and his/her parent(s) or legal guardian(s), if under the age of 18, will be solely responsible for any loss, injury or damage to any animal or participant occasioned by my child's actions, or for loss, injury or damage done by or arising from any animal exhibited by him/her and as may be included in a separate lease agreement with the animal's owner. I also understand that the University does not require me as an owner or lessee, or my child to participate in this type of activity, but I want to do so/ to have her/him do so, with the assistance of a screened 4-H volunteer leader(s) or staff despite the possible dangers and risks. Examples of possible specific, significant, non-obvious dangers and risks associated with 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.
- I understand that this release covers liability, claims and actions caused entirely or in part by any acts or failures to act of the University (or its Trustees, employees or agents), including, but not limited to negligence, mistake, or failure to supervise by the University. I also recognize that signing this release form means I am giving up, among other things, rights to sue the University, its Trustees, employees and agents for injuries, damages or losses that my child or I may incur. I also understand that this release binds my child, and my child'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

Address: street, city and state

Telephone number

Signature of parent/guardian #2

Date

Address: street, city and state

Telephone number