



## 2019 BLADEN COUNTY 4-H SUMMER FUN REGISTRATION FORM

*(One form per person please)*  
*All Fees Must Be Paid In Full at the Time of Registration*  
*All Fees Are Non-Refundable Unless Class is Cancelled*

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_ Birthdate \_\_\_\_\_

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

Parent's Name(s): \_\_\_\_\_

Phone Number (**required**): Home: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Email Address \_\_\_\_\_

Have you participated in 4-H Summer Fun before? Yes: \_\_\_\_\_ No: \_\_\_\_\_

I am a current member of Bladen County 4-H. Yes: \_\_\_\_\_ No : \_\_\_\_\_

I want to enroll in the following Summer Fun Programs:

Workshop Title	Fee
<b>OPTIONAL: DONATION</b>	
<b>Grand Total =</b>	

Checks should be made payable to **Bladen County 4-H**. Please DO NOT write your check until the time of registration. All returned checks will incur a \$25 processing fee.

For Office Use Only:

Date paid \_\_\_\_\_ circle cash or check # \_\_\_\_\_ Receipt # \_\_\_\_\_

Signed up on class registration sheet

NC Cooperative Extension Staff or Intern completing registration \_\_\_\_\_

This event or activity is operating under the 4-H Code of Conduct and Disciplinary Procedure. The NC 4-H Code of Conduct and Disciplinary Procedure ([http://www.nc4h.org/publications/forms/4-H\\_codeofconduct.pdf](http://www.nc4h.org/publications/forms/4-H_codeofconduct.pdf)) is a condition of participation in 4-H events and activities.

Individuals with disabilities and/or special needs interested in this meeting should call 862-4591 so proper arrangements can be made.



# 4-H Summer Fun Enrollment Form



**NC STATE**  
EXTENSION

Name of 4-H Group/Unit: 4-H Summer Fun Year: 2019

Member Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street Address City State Zip Code

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ County: \_\_\_\_\_

Gender\*:  Male  Female Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

If re-enrolling in 4-H, how many years have you been in 4-H: \_\_\_\_\_

Do you live\*:  Farm  City over 50,000 people  
(Choose only one)  Town under 10,000 people or rural non-farm  Suburbs of city over 50,000 people  
 City 10,000-50,000 people  Military installation: \_\_\_\_\_

Do you have parent/guardian(s) active in the military? Yes \_\_\_ No \_\_\_

If yes, circle all that apply: Army Air Force Navy Marines Coast Guard National Guard(Air & Army) Reserves

Ethnic group\*: A. Choose One:  Hispanic or Latino  Non-Hispanic or Latino

B. Choose all that apply:

- White or Caucasian  Asian
- Black or African-American  Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native  Other \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street Address City State Zip Code

Phone: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Area Code Daytime/Cell phone Area Code Home phone Email (if applicable)

Additional Parent or Guardian: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street Address City State Zip Code

Phone: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Area Code Daytime/Cell phone Area Code Home phone Email (if applicable)

**1. A parent or guardian should sign below whichever statements you wish to apply to the youth's involvement in 4-H programs.**

\_\_\_\_\_ I agree to allow 4-H to take photographs/audio/video of my child for use in 4-H and other N.C. Cooperative Extension educational, promotional, and/or marketing materials. Neither individual addresses nor telephone numbers will be published within these materials.  
\_\_\_\_\_ I do not wish for 4-H to take photographs/audio/video of my child for use in 4-H or N.C. Cooperative Extension educational, promotional or marketing purposes.

**2. The enrolling youth is bound by the NC 4-H Code of Conduct and Disciplinary Procedure for 4-H events and activities. The youth should initial here if he/she has received and reviewed the NC 4-H Code of Conduct and Disciplinary Procedure for 4-H events and activities: \_\_\_\_\_.**

*\*This information is required for all federally assisted programs and is solely used for the purpose of determining compliance with Federal civil rights laws; your responses will not affect consideration of your application. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.*

<b>For office use only</b>
4-H Membership # _____
Date entered: _____

**NC STATE UNIVERSITY**

Revised 10/21/13

Distributed in furtherance of the acts of Congress of May 8 and June 30, 1914. North Carolina State University and North Carolina A&T State University commit themselves to positive action to secure equal opportunity regardless of race, color, creed, national origin, religion, sex, age, or disability. In addition, the two Universities welcome all persons without regard to sexual orientation. North Carolina State University, North Carolina A&T State University, U.S. Department of Agriculture, and local governments cooperating.

# NC 4-H Youth Development Health History & Authorization Form



**NC STATE**  
EXTENSION

**4-H Group / County:** \_\_\_\_\_ **Year:** \_\_\_\_\_ *(Must be updated each year)*

4-H'ers Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age as of Jan. 1 \_\_\_\_ Gender:  Female  Male Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Custodial Parent/Guardian Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Second Parent/Guardian or Emergency Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

If not available in an emergency, notify (Name): \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Health History**

The following information should be filled in by the parent/guardian, or adult. Update required annually. For residential camp attendance, health exam must be completed by an approved licensed medical personnel within 24 months of participation in the camp. The intent of this information is to provide NC 4-H health care personnel the background to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to NC 4-H. Provide complete information so that the NC 4-H can be aware of your needs.

**MEDICATIONS**

Please list **ALL** medications, even over-the-counter or nonprescription drugs, including Tylenol, Pepto-Bismol, Benadryl, etc. that may be taken. If attending out of county events, bring enough medication to last the entire time you are away. Keep it in the original packaging/bottle that identifies the prescribing physician (if prescription drug), the name of medication, the dosage, and the frequency of administration.

- This person takes NO medications on a routine basis
- This person takes medications as follows:
  - Med#1 \_\_\_\_\_ Reason \_\_\_\_\_ Dosage \_\_\_\_\_ Time taken \_\_\_\_\_
  - Med#2 \_\_\_\_\_ Reason \_\_\_\_\_ Dosage \_\_\_\_\_ Time taken \_\_\_\_\_
  - Med#3 \_\_\_\_\_ Reason \_\_\_\_\_ Dosage \_\_\_\_\_ Time taken \_\_\_\_\_
  - Med#4 \_\_\_\_\_ Reason \_\_\_\_\_ Dosage \_\_\_\_\_ Time taken \_\_\_\_\_

This person may take the following medications as needed:  
 Aspirin     Tylenol     Ibuprofen     Benadryl     Pepto-Bismol     Other \_\_\_\_\_

Known allergies to foods, drugs, insect stings or bites, etc: \_\_\_\_\_

**Restrictions - The following restrictions apply to this individual:**

**Dietary**

- Vegetarian
- Vegan
- Other (describe) \_\_\_\_\_

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary): \_\_\_\_\_

**General Questions** (Explain "yes" answers.)

	Yes	No		Yes	No
1. Had any recent injury, illness or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	13. Ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition?	<input type="checkbox"/>	<input type="checkbox"/>	14. Ever been diagnosed with a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	15. Ever had back problems?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	16. Ever had joint problems?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>	17. Have any skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>	19. Have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
8. Wear glasses, contacts or protective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>	20. Had mononucleosis in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever had frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>	21. Have problems sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever been dizzy/passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	22. Have a history of bed wetting?	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever had seizures	<input type="checkbox"/>	<input type="checkbox"/>	23. Ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>			

Please explain “yes” answers, noting the number of the questions. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special medical concerns or conditions that event supervisors should know about, including contagious illnesses, epilepsy, asthma, diabetes, previous injuries to bones/joints, etc: \_\_\_\_\_  
\_\_\_\_\_

Which of the following has the participant had?

- Measles
- Chicken pox
- German measles
- Mumps
- Hepatitis A
- Hepatitis B
- Hepatitis C

TB Mantoux Test    Date of last test \_\_\_\_\_  
Result:  Positive     Negative

Use this space to provide any additional information about the participant’s behavior and physical, emotional or mental health about which the NC 4-H should be made aware. \_\_\_\_\_  
\_\_\_\_\_

Name of family physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
                                *Street Address*    *City*                                  *State*                                  *Zip Code*

Name of family dentist/orthodontist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
                                *Street Address*    *City*                                  *State*                                  *Zip Code*

### **Insurance Information**

The 4-H program purchases accident insurance for youth participants for many sponsored events. This coverage is not a substitute for personal health insurance, and may not cover all accident or medical expenses. Therefore, medical providers may find it necessary to bill the family or your insurance company for medical services rendered. Please provide the following information:

Health Insurance Company \_\_\_\_\_

Health Insurance Policy # \_\_\_\_\_

Company Address \_\_\_\_\_

Company Telephone Number (\_\_\_\_\_) \_\_\_\_\_

**Custody Release:** You may be asked to produce photo ID at check-out. This is for your child's safety. Please be aware of this policy before picking up your child. I hereby give permission for my child, \_\_\_\_\_, to be allowed to leave the 4-H program after the activity. My child will be released into the custody of:

\_\_\_\_\_  
(Names of Individuals authorized to pick up your child)

If it is necessary for my child to leave before the end of the program due to illness, injury, or behavioral issues, and I cannot be reached, I hereby give permission for my child to be released into the custody of:

\_\_\_\_\_  
(Emergency contact or other individual authorized to pick up your child)

**For 4-H Use Only:** 4-H'er picked up by: \_\_\_\_\_ Staff Signature \_\_\_\_\_

Parent/Guardian Authorization: This health history is correct and complete as far as I know. The person herein described has permission to engage in all 4-H activities except as noted.

I hereby give permission to the NC 4-H to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to NC 4-H to arrange necessary related transportation for me/my child.

The person herein described has permission to engage in all 4-H activities except as noted here: \_\_\_\_\_

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by NC 4-H to secure and administer treatment including hospitalization, for the person named above. This completed form may be photocopied for trips out of county.

Signature of parent/guardian, or adult camper/staffer: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Circle your Answer and Fill in the Blanks As needed below**

1. Would you like to enroll this child as a member at large in our county 4-H program; if so, no additional paperwork will be required at this time as we can use information from this form to complete this year's enrollment.  
YES NO
2. Would you like for your families' email address to be included in our 4-H database so that you can receive monthly/weekly updates throughout the year about our county 4-H activities.  
YES NO

\*\*\*\*\*if YES and you would like an email other than the one listed on the front of this form, please write the full email address here.

\_\_\_\_\_

3. How did you hear about our 4-H Summer Fun Activities (you can circle more than one)

Facebook/social media      email      family/friend      news      website      school      other: \_\_\_\_\_

4. Can you think of other workshops that your child may be interested in for future 4-H program planning?

\_\_\_\_\_