

2026 Idaho County 4-H Member Enrollment Form

Check One: Member Cloverbud
Member Information

Check One: New Enrollment Re-Enrollment

Member First Name: _____

Member Last Name: _____ M.I. _____

Family Mailing Address: _____
Street/P.O. Box City State Zip

Family Email Address: _____ Family Phone: _____
Cell Phone: _____

Birthdate: ____/____/____
Month Day Year

Gender: Female Male Year(s) in 4-H: _____

4-H Age: _____ (Age as of 01-01-2026)

School: _____ Grade: _____

Race: American Indian/Alaskan Pacific Islander
(Check all that apply) Asian Hispanic
 Black or African American Other _____
 Caucasian Prefer Not to State

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Residence: Farm/Ranch
 Rural under 10,000

T-shirt Size: Youth or Adult Small Medium Large X-Large 2X-Large Other _____

Do you need an accommodation due to a disability to participate in 4-H programs? Yes No

If yes, list accommodations you will need: _____

I have a parent/guardian serving in the military? Yes No

If yes, list branch of service: _____
 Active Reserve

Parent/Legal Guardian Information

Parent/Guardian 1

First Name: _____

Last Name: _____

Cell Phone: _____

Work Phone: _____

Parent/Guardian 2

First Name: _____

Last Name: _____

Cell Phone: _____

Work Phone: _____

Club & Project Information - Please use one enrollment form per club

Club Name: _____

Project Code & Name: _____

4-H HEALTH FORM

Emergency Contact Information - Person 1

Full Name _____ Relationship _____

Cell Phone _____ Home Phone _____ Other _____

Emergency Contact Information - Person 2

Full Name _____ Relationship _____

Cell Phone _____ Home Phone _____ Other _____

Health Insurance Information

Do you have Health Insurance? _____ Insurance Company Name: _____

Policy/Group Number: _____

Physician Information

Physician's Name: _____ Phone: _____

Allergy Information

Do you have any allergies? _____ If yes, please list all allergies: _____

Do you carry epinephrine, such as an Epi-Pen? _____ Are any of your allergies life threatening? _____

If yes, please include the allergen information, allergic reaction, and other precautions. (Add pages as necessary)

Health Conditions

Do you have a prescribed inhaler? _____ Do you have any health conditions? _____

If yes, please list all conditions that apply (Add pages as necessary) _____

Other Allergy or Health Conditions? Please list and describe in detail. _____

Does your child have a disability and barriers to access. Reasonable Accommodation: Reasonable Accommodation means modification or adjustment to a job, work environment, policies, practices, or procedures that enable a qualified individual with a disability to enjoy equal opportunity to participate in the benefits of the program and that does not impose an undue hardship on the program sponsor. Yes No

Code of Conduct

**Appendix A. Code of Conduct For Parents,
Volunteers, And Youth Within The Idaho 4-H
Youth Development Program**

Idaho families and youth trust the University of Idaho Extension system to provide educational programs in a safe environment for all participants. The opportunity to participate in and/or work with University of Idaho Extension's 4-H Youth Development program is a privilege and honor, not a right. Volunteers are to be positive role models. Youth and parents/guardians are expected to demonstrate appropriate behavior at all times. The following Code of Conduct has been established as the foundation for all individuals participating in University of Idaho Extension programs. All University of Idaho 4-H Youth Development program participants are expected to:

- Work with youth, families, volunteers and Extension personnel in a cooperative, courteous, respectful manner demonstrating good sportsmanship and behaviors appropriate for a positive role model.
- Accept supervision from Extension personnel and cooperate with others; in addition, parents and youth will accept supervision from certified organizational and project volunteers.
- Maintain open, honest communication with members, volunteers, parents and Extension personnel.
- Uphold every individual's right to dignity, appropriate self-expression, and individual development.
- Refrain from verbal, physical or emotional abuse of others (via bullying, texting, social media, etc.) and report such abuse, if observed. Any actions, such as a conviction for child abuse or neglect, violent crimes, unethical behavior, substance abuse, verbal abuse, physical abuse, mismanagement of 4-H funds, or other serious offenses will not be tolerated.
- Respect, adhere to and enforce the rules, policies, and guidelines established at the county and state levels for the 4-H Youth Development Program.
- Promote the spirit of inclusion and welcome participation of other individuals from all backgrounds. Comply with equal opportunity and anti-discrimination laws.
- The consumption of alcoholic beverages, use of tobacco products or an illegal controlled substance at 4-H youth events is prohibited.
- Inform Extension personnel of any incidents that may violate 4-H policies.
- Treat animals humanely and encourage all participants to provide appropriate and ethical animal care.

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- Operate machinery, vehicles, and other equipment in a safe and responsible manner when working with youth and adults participating in 4-H Youth Development programs.
- Ensure that 4-H participants are not required to purchase materials, equipment, animals or services from any specific places of business.
- Comply with all applicable laws of the city, county, and state of residence and/or location of 4-H activity.
- Handle all concerns regarding county/area 4-H program management internally within the University of Idaho Extension system.

Violating the Code of Conduct shall be grounds for action up to or including immediate removal from the 4-H activity/program and termination. Decisions regarding immediate removal, suspension or termination will be made by the county 4-H Professional with subsequent notification of and consultation with the District Director and State 4-H Youth Development Director. Volunteers who wish to appeal a decision may do so through the Appeal Process.

I have read, understand and agree to abide by this Code of Conduct.

Date: _____

Members Signature: _____

Parent/Guardian Signature: _____

***Acknowledgement of Risk and Waiver of Liability Parent/Guardian
Permission***

Both participants and a parent or guardian of participants must read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document. This document and its terms are considered accepted, and are legally binding on the parties, upon electronic submission to and receipt by the University of Idaho.

Both the participant and the custodial parent/guardian (“undersigned”) acknowledge that they are aware that participation in any and all 4-H Programs as well as any or all associated University of Idaho, activities, events, clinics and classes, may include activities that are risky and dangerous. These risks may arise from negligent acts or omissions of the participant, other participants, leaders, volunteers, or third parties occurring during, or otherwise associated with, the Activities. Both participant and his/her parent(s) / guardian(s) (“I”) **acknowledge and accept the risks and give permission** for my participation in the Activity. Undersigned acknowledge that participation in this Activity has the following non-exhaustive list of particular activities that **bear risk and danger and from which bodily injury or illness to myself, or my child, up to and including death**, may occur: activities involving animals, whether wild, domestic or feral; exposure to weather conditions, such as heat, cold, rain, snow, ice, hail, lightning, wind or other weather events; hazards from deserts, forests, mountains, canyons, lakes, rivers, streams, urban, suburban or rural places or other areas where the Activities occur; forces of nature or Acts of God, such as fire, earthquake, avalanche, rockfall, flood, falling trees, poisonous plants or other occurrences; recreational or educational activities, such as archery, orienteering, skiing, swimming, biking, canoeing, kayaking, fishing, hiking, camping, shooting, horseback riding, operation of, or being a passenger in, or

observer of motorized vehicles, crafts, hobbies, courses, events, clinics or other activities; all of these activities may involve strenuous exertion that could place stress on cardiovascular and/or musculo-skeletal systems and result in cuts, punctures, broken bones, strains, sprains, joint injuries, eye injuries, hearing damage; heart malfunctions, concussions, and head injuries; burns; drowning; contact with other participants and objects; the use of tools, instruments, machinery, equipment or other items associated with the Activities; food, drink, lodging or travel to, during, from or otherwise related to, the Activities; receipt of emergency first aid, or other emergency treatment, and transport in medical emergencies; accident or illness in locations without access to appropriate medical facilities or supplies; exposure to infectious disease and/or illnesses; and other unknown and unanticipated activities and risks. Participation in Shooting Sports includes the following additional activities and risks: shooting sport activities, including but not limited to use and/or operation, by myself or others with varying skill levels, of pistol, rifle, shotgun, muzzle loader/black-powder, archery, hunting, Western Heritage, and ammunition, and reloading equipment and supplies; physical activities, while on campus or off, that may involve strenuous exertion that could place stress on cardiovascular and/or musculo-skeletal systems including but not limited to assuming shooting positions and postures, lifting, and bending; exposure to lead or lead contamination as a result of handling and operating firearms or ammunition utilizing lead-based projectiles, bullets, or rounds, as well as exposure to air contaminated with lead within the shooting range environment. There is a particularly heightened potential risk of such within an indoor shooting range environment, although it is still a risk in outdoor range environments. Such risk of lead exposure or contamination may still exist in such range environments where lead projectiles, bullets, or ammunition are commonly discharged from firearms even though students and other participants may be engaged in another activity, such as archery. These risks may arise from negligent acts or omissions of the participant, other participants, leaders, volunteers, or third parties occurring during, or otherwise associated with, the Activities. The undersigned acknowledge and accept these specific risks related to shooting sports activities and give permission for participation in the Activities. Participation in horse and livestock activities includes the following additional activities and risks: risks include, but are not limited to, those arising from control and performance of horses that, with or without warning or any apparent cause and regardless of previous training and past performance, could make unpredictable movements, including but not limited to, bucking, kicking, rearing, running, jumping obstacles, stumbling, rolling, falling, biting, pawing, stepping on or moving people or things; physical activities that may involve strenuous exertion that could place stress on cardiovascular and/or musculo-skeletal systems including but not limited to controlling a horse while on the ground or riding, lifting, pulling, stretching, or jumping that could result in cuts, punctures, bone fractures, muscle strains and sprains, head injuries, concussions, and heart malfunctions; activities supplemental to the Activity, such as loading and unloading animals from horse trailers, controlling animals while in unfamiliar area and around other animals; use or operation, by me or others with varying skill levels, of animals, and tack, in the condition in which they are found. The undersigned acknowledge and accept these specific risks related to horse and livestock activities and give permission for participation in the Activities. Participation in swimming and boating activities includes the following additional activities and risks: risk of severe injury or death in the course of white water, flat water and/or ocean kayaking or rafting activities; entering, exiting and operating the watercraft; objects which may be encountered in and out of the water, and which may not be obvious, including debris, trees, rocks, boulders, dams, bridges, and other hazards; the watercraft may overturn, swamp and sink and occupants may become separated from the craft; feet and other parts of the body may become entrapped in or under rocks and other objects; participants may strike or be struck by objects, other watercraft and other persons, in and outside of the watercraft; wading and boating in unpredictable and variable water flows and waterways; physical activities, related to kayaking or rafting including, but not limited to, lifting, bending, pulling, pushing, and propelling that would involve strenuous exertion that could place stress on cardiovascular and/or musculo-skeletal systems and result in cuts, punctures, broken bones, strain, sprains, joint injuries, heart malfunctions, concussions, and head injuries; use or operation, by me or others with varying skill levels, of watercraft in the condition in which it is found. The undersigned acknowledge and accept these specific risks related to water activities and give permission for participation in the Activities.

In consideration of the University of Idaho ("UI") permitting the participation in Activities, the undersigned hereby voluntarily accept all risks associated with participation. To the extent permitted by law, the undersigned agree to indemnify, defend, save, hold harmless, discharge and release the State of Idaho, the Regents of the University of Idaho, their agents and employees from any and all liability, claims, causes of action or demands of any kind and nature whatsoever that may arise out of or in connection with such participation in any Activities.

It is the express intent of the undersigned that this Acknowledgement of Risk and Waiver of Liability shall serve as a release, discharge and acceptance of risk for the heirs, estate, executor, administrator, assigns and all members of the undersigned's family. The venue of any dispute that may arise out of participation in any Activity, if the University is a party to the dispute, shall be in Latah County, Idaho.

The undersigned acknowledge that any insurance provided through Activity Insurance provides only limited protection for injuries that occur while participating and that the undersigned remains responsible for all medical expenses not covered by Activity Insurance. Activity Insurance is provided by an American Income Life accident medical policy.

The undersigned acknowledge and agree that if a vehicle not owned and operated by the University is provided by the undersigned or any of them for transportation to, at, or from any Activity site, or if the undersigned or any of them are a passenger in such a vehicle, the University is not responsible for any damage or injury caused by or arising from my use of such transportation. Furthermore, the undersigned acknowledge sole responsibility for any action taken by the undersigned, or any of them, that is outside the scope of the Activity or Activities, and any events, clinics and classes associated with the Activity or Activities, regardless if occurring before, during or after the period of the Activity or Activities. The undersigned acknowledge that the university makes no representation with respect to the safety of any personally owned vehicle in which the undersigned or any of them may travel, or with respect to the qualifications of the driver of any personally owned vehicle. The undersigned acknowledge that if traveling in a personally owned vehicle it is the responsibility of the undersigned to determine the safety of the vehicle and qualifications of the driver.

I hereby certify that, with or without accommodation, I and/or my dependent is in good health and I know of no medical reason why I/he/she is not able to participate in this Activity. As a participant or parent or legal guardian of a minor participant, I hereby consent to the provision of health care services, including first aid, emergency medical care and if necessary, admission to an accredited hospital when necessary for executing such care, for treatment for injuries or illness that I/he/she may sustain while participating in any activity associated with the above named Activity whether provided by a licensed or certified health care professional or other individual employed by the University or supporting any university programming.

If this is a University of Idaho sponsored and conducted Activity, and if I or my dependent has a disability, food or drug allergy, dietary requirements, or any condition requiring accommodation, I will contact the Center for Disability Access and Resources (208) 885-6307 at least three weeks (21 days) prior to the start of the Activity. If this is not a University of Idaho Activity, even if the Activity is being held at University of Idaho facilities, I will contact the organization that is conducting the Activity.

The undersigned will abide by 4H Code of Conduct, and 4H policies and procedures found at <https://www.uidaho.edu/-/media/uidaho-responsive/files/extension/4-h/4-h-policies-and-procedures.pdf?la=en&rev=483a55f31c054bb48478791535b410cd>. The undersigned will also abide by any behavioral expectations of any Activity, and all applicable city, state and federal laws. My failure to do so may be considered grounds for denying my/my dependent's participation in the Activity.

I agree that you may photograph or video me or my child during, and in connection with, the Activity. I agree that you shall be the exclusive owner of all images and all copyright and other rights in the images. I agree that you may use any image in any media you wish related to the University of Idaho. *(Choose your consent option below)*

By typing / electronically signing my name below, it is my intent to sign, accept and be legally bound by the terms of the Acknowledgement of Risk and Waiver of Liability as fully as if I was affixing my handwritten signature, and I agree that this electronically signed document shall be as effective, enforceable and valid as a paper version of the Acknowledgement of Risk and Waiver of Liability bearing my original handwritten signature. By typing / electronically signing my name below, I further affirm that I am the above named Participant, or if the Participant is under 18 years of age, that I am a legal guardian or parent of the Participant and that I accept responsibility for the Participant's actions. I acknowledge that failure to submit accurate information, or falsification of the electronic signature on this document, may result in the denial of participation in the Activity.

Consent

Do you consent with the above waiver for photos, videos for events, etc., or publicity for the U of I

Waiver Consent Yes, I consent No, I do NOT consent

Signatures for the Risk and Liability Waiver

Signature of 4-H Member

Date

Parent/Legal Guardian Signature

Date