



Connecticut



4-H Member Enrollment for Project Year October 20 to September 20

(Please Print Clearly Using Blue or Black Ink or Type) Enrollment in 4-H is completed through the Z Suite Online Enrollment System. Use of this packet can only be done with county authorization.

Name _____ Phone (_____) _____
Area code

Street _____ Town _____ Zip _____

Date of Birth _____ School Grade _____ Gender _____
(Month) (Day) (Year)

Participant E-mail _____

Parent E-mail _____

Parent or Guardian Names _____
(first) (last)

Check Items Below:

Is a member of your extended family (parent, aunt, uncle, grandparent, sister, brother, etc.) currently serving in the military?
____ Yes ____ No

Or is a member of your extended family (parent, aunt, uncle, grandparent, sister, brother, etc.) a veteran? ____ Yes ____ No

If yes, please designate branch: ____ Active Army ____ Army/Air National Guard ____ Army Reserve ____ Active Air Force
____ Air Force Reserve ____ Active Navy ____ Naval Reserve ____ Active Marine Corps. ____ Marine Corps. Reserve
____ Active Coast Guard ____ Coast Guard Reserve ____ Dept. of Defense (DOD) ____ unsure of branch

Do you live in: ____ Central City over 50,000 ____ Suburb of city over 50,000 ____ Town 10,000 to 50,000
____ Town under 10,000 or Rural Non-Farm ____ Farm

Type of Member: ____ 4-H Club Member ____ Independent ____ School ____ Special Interest

Ethnicity and Race (Used for statistical purposes only. Terms are taken from current Federal reporting document):

Ethnicity: ____ Hispanic or Latino ____ Not Hispanic or Latino

Race: (check all that apply)

____ White ____ Black or African American ____ American Indian or Alaskan Native ____ Asian
____ Native Hawaiian or Other Pacific Islander

4-H Group Affiliations (for members of Clubs, School Groups and Special Interest Groups)

List the names of the clubs or groups to which you belong, along with the county for each club or group, on the lines below.

4-H Club or Group and County Affiliation

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4-H Primary County Affiliation: According to current state 4-H membership guidelines, you may enroll in more than one county in order to participate in diverse opportunities offered in Connecticut 4-H. However, you must enroll in a specific and different project area in each county or state, and you must choose one county as your primary affiliation. You may only apply to your primary county for County or State awards, financial assistance, New England 4-H programs, or National 4-H trips or awards. Indicate your primary county affiliation by circling the appropriate county name listed below:

Fairfield Hartford Litchfield Middlesex New London New Haven Tolland
Windham Other State



4-H Member Name _____
Name of Club _____
4-H Year _____

CONNECTICUT 4-H PROGRAM YOUTH MEMBER CODE OF CONDUCT AGREEMENT

As an enrolled 4-H member, I agree to the following Code of Conduct.

I will:

- ❖ Participate fully and cooperatively in the 4-H program.
- ❖ Abide by all rules and guidelines set by the 4-H program.
- ❖ Be responsible for my own behavior, and conduct myself in a manner that is appropriate and respectful to fellow 4-H program participants, staff, and the personal property of others at all times.
- ❖ Follow all program instructions and schedules.
- ❖ Display a positive attitude and good sportsmanship.
- ❖ Wear attire that is appropriate and suitable for 4-H activities.
- ❖ Not possess, offer, or use alcoholic beverages, illegal drugs, fireworks or tobacco while participating in any 4-H activity.
- ❖ Not carry or use any weapons while participating in any 4-H activity.
- ❖ Remain within the assigned program boundaries at all times, unless I have permission from the adult chaperone or leader.
- ❖ Understand that I will be released at the scheduled program ending time, unless I designate an alternate release time and my parent/guardian provides such authorization to the program coordinator in writing.
- ❖ Understand that 4-H project animals are shown at my risk.
- ❖ Promote a spirit of inclusion and welcome participation of individuals from all backgrounds, and refrain from behaviors that discriminate against other people.
- ❖ Access and operate machinery, vehicles, and other equipment in compliance with laws, rules of the 4-H program, and general safety practices.
- ❖ Not engage in behaviors which include and are not limited to true threat, actual physical assault, abuse or actions which cause physical or emotional harm. This harassing behavior may also include bullying which means repeated use of written, oral or electronic communication or physical acts or gestures directed at another individual.
- ❖ Understand that in the event of any declared state or local emergency, 4-H will follow UConn, State of Connecticut and/or municipal guidance as directed.

Youth Acknowledgement of Code of Conduct

I, _____ have read and understand the Code of Conduct and promise to follow and abide by the Code as stated above.

4-H Member's Signature _____ Date _____

Parent/Guardian Acknowledgement of Code of Conduct

I have read the above Code of Conduct and will encourage my child/ward to abide by them. I acknowledge that I am personally responsible for my child's behavior while at any sanctioned 4-H event or program. I expect that if my child/ward breaks the Code of Conduct or becomes disruptive and the adult leaders find it necessary to dismiss my child/ward from the program, that I am responsible for my child's transportation home. I also understand that any dismissal from the 4-H program for disciplinary reasons may not result in a refund. In the event my child/ward is detained by any legal authority, I expressly give my permission for a 4-H chaperone to remain with my child/ward until I can be present. I agree to use my best efforts to arrive as soon as possible upon being notified of such detainment.

I will complete and submit all requested 4-H program documents within the required timeline. I will also re-enroll my child/ward through the 4-H Online Enrollment System by December 1st to ensure they are an officially enrolled 4-H member, and I will provide 4-H with up-to-date emergency contact information.

I would like to receive notifications from UConn 4-H by text cell phone number _____

Cell phone provider (needed) _____

RELEASE, CONSENT AND WAIVER OF LIABILITY

In consideration for my child's participation in the Connecticut 4-H program at the University of Connecticut (the "Program"), I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Program, the University of Connecticut, the University of Connecticut Board of Trustees, the State of Connecticut, the Connecticut Board of Governors, and their respective employees, agents, representatives and volunteers (hereinafter referred to as "RELEASEES") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child (hereinafter "my child" or the "Participant"), or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise, while participating in the Program, or while in, on or upon the premises where the Program is being conducted.

IDENTIFICATION AND ACKNOWLEDGMENT OF RISK

I understand that some activities and events may have inherent risks to my child by participating, and that 4-H project animals are shown at the risk of the 4-H member. I am fully aware of the risks and potential hazards connected with participating in the Program, including but not limited to, the risk of loss of personal property from theft, injuries associated with and other injuries that may not be foreseeable, and I hereby elect for my child to voluntarily participate in the Program and engage in such Program Activities knowing that they may be hazardous to my child and my property. All participants in this Program will be immersed into the University of Connecticut community on and off campus. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY that may be sustained by my child, or any loss or damage to property owned by me, as a result of my child being engaged in such an activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.

CONSENT TO MEDICAL TREATMENT

During the Program, I hereby give permission for the Program staff to administer appropriate medical attention to my child in the event of any accident, illness, or injury, including non-prescription medications or any medications my child brings in original containers with dosage instructions that is provided to Program staff. In the event of an emergency, 911 will be called and I will be responsible for any and all costs of medical coverage and treatment provided not covered by my child's insurance.

CONSENT TO RELEASE PARTICIPANT FROM PROGRAM

I understand that I am responsible for providing up-to-date emergency contact information and for escorting or making arrangements in writing for my child to be escorted to and from the Program. I understand that my child will not be permitted to leave the Program with an unauthorized person, unless I grant my child written permission to travel to and/or from the Program and check out independently at the conclusion of the Program. I further understand that the University is not responsible for participants who are authorized by their parent/guardian to leave the Program without adult supervision.

CONSENT TO PHOTOGRAPHY

I further hereby authorize the University of Connecticut 4-H Program to photograph and/or video record my child during the Program, and use or distribute any picture or video related to Program activities that my child is depicted in. I also authorize use of these materials for publication in brochures, on the websites, or other University of Connecticut 4-H promotional material. They may also be distributed to other Program participants, including but not limited to a Program group picture of all participants.

IN SIGNING THIS PARTICIPANT RELEASE, CONSENT AND WAIVER OF LIABILITY, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducement, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent and I am the parent or guardian of the child participant, and I execute this Participant Release, Consent and Waiver of Liability for full, adequate and complete consideration, fully intending to be bound by same.

Printed Participant Name: _____

Printed Parent or Guardian Name: _____

Signature of Parent or Guardian: _____

Date: _____

4-H Member/Volunteer Health Form

(Please Print)

Member/Volunteer Information (This form is used to ensure your safety and well being.)					
Last Name	First	Middle Initial	<input type="checkbox"/> M <input type="checkbox"/> F Sex	/ / Date of Birth	
Street Address	City	State	ZIP Code	() Home Phone No.	
Name			Relationship		
Name			Relationship		
Address			Address		
City Code	State	Zip	City	State	Zip Code
() Home Telephone	() Work Telephone	() Cell Telephone	() Home Telephone	() Work Telephone	() Cell Telephone
Allergies					
Food (List Food)		Life Threatening?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> No
Drug (List Drug)		Life Threatening?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> No
Insect (List Insect)		Life Threatening?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> No
Other (List)		Life Threatening?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> No
Personal Medical History					
Previous Surgery/Hospitalization? Explain					Date
Physical Impairment? Explain					Date
Mental Health Issues Requiring Treatment? Explain					Date
Current Medications and conditions for which they are prescribed?					Date
Is there any other personal medical history you feel we should know?					Date
Parent/Guardian Authorizations:					
I recognize that some activities have an inherent risk that could result in personal injury. The person herein described has permission to engage in all 4-H activities except as noted. Please list here:					
During the program, I hereby give permission for the Program Staff to administer appropriate medical attention to my child/ward in the event of any accident, illness, or injury, including non-prescription medications or any medications my child brings in original containers with dosage instructions that is provided to program staff. In the event of an emergency, 911 will be called and I will be responsible for any and all costs of medical coverage and treatment provided not covered by my child's insurance.					
Insurance Provider:			Insurance Policy Number:		
Signature of parent or guardian					Date
Printed Name					Date

OVER

Consent for Medication Administration

If your child or ward will be under the age of 18 while in attendance at 4-H, it is the University of Connecticut 4-H program policy to secure your consent for medication distribution and for the use of medical devices. The medication or medical device can be self-administered or be administered by the on-site professional staff.

All medications must be in a medicine bottle and labeled with the participant's name, doctor's name and phone number, medication name, and dosage.

It is the parent's responsibility to contact the 4-H volunteer or professional staff to make them aware of any medication that will need to be administered during the program. You must complete the form below.

_____ No medication will be brought to 4-H.

_____ I want the medication or medical devices self-administered (age 14 and above only).

_____ I want the medication or medical device administered by the on-site program provider. However, a limited amount of medication for life threatening conditions may be carried by my child or ward. (i.e. bee sting kits, inhalers)

Name of medication(s)	Prescribing Doctor	Doctor's phone number
Amount to be taken	How is it taken?	When to be administered?
Day(s) to be taken	Special Instructions	
Signature of Parent	Date:	

Parental Permission Form for Participation in a Research Study

Principal Investigator: Maryann Fusco-Rollins

Study Title: Annual assessment of 4-H programming using Common Measures 2.0

Sponsor: University of Connecticut

Overview and Introduction

Common Measures 2.0 was launched in 2017 by National 4-H in an effort to collect standardized data about the outcomes of 4-H programmatic efforts across the country. This study is designed to measure 4-H program outcomes related to the following topics: Universal, Program Experience, Science, Healthy Living, Citizenship, and Career/College Readiness. In 2018, the University of Connecticut 4-H team received a grant to build our organizational capacity to assess our programs. We are using this funding to develop a survey that will be implemented annually for at least the next five years.

Your child is being asked to participate this year because they are a registered 4-H program member. The data we collect through these efforts will be de-identified and sent on to the national office for the purpose of aggregation, per the stipulations set forth in our contract with the funder during this year. At the state level, this information will be used both to report impact to stakeholders and to make data-driven programming decisions.

You are being asked to provide permission to allow your child to participate in a research study. Participation is voluntary. Your child may still enroll in 4-H if you decline to participate in the research study. You can say yes or no. If you say yes now you can still change your mind later. Your child may say yes or no. Your child may change their mind later. Some key points to consider are summarized in this overview, but you should consider all of the information in this document carefully before making your decision.

If you and your child agree to participate in the study, we expect that it will take approximately 10-15 minutes to complete the survey. There is minimal to no risk associated with participating in the study. There are no costs associated with participating in the study. The only inconvenience is the time it will take to complete the questionnaire. You may benefit from the study through improved programming offered through National 4-H and UConn Extension.

Why is this study being done?

The purpose of this research study is to gather impact related data that can inform our assessment of program effectiveness and can be used to make evidence-based decisions about programmatic efforts. We will seek to publish the aggregate findings of this assessment, though all identifiable information will be removed prior to analysis and publishing and/or reporting. We hope to share the methodological approach and statistical findings yielded through this study with academic and professional audiences.

What are the study procedures? What will my child be asked to do?

If you give permission for your child to take part in this study, they will be asked to complete a 10-15 minute digital survey. Note: Length of time will vary based on the number of programs the youth participated in that year. Also, if the web is not easily accessible, an offline survey app based digital option is available. Furthermore, we will provide participants with the opportunity to use or borrow a computer or tablet to complete the survey if needed. The youth survey items include multiple choice, yes/no and Likert scale questions.

We will implement this survey each year, in the fall. We will track individual responses over the next five years in an effort to gather more longitudinal data that can inform our programming. However, we will seek your consent, and your child's assent, each year prior to completing the survey.

What are the risks or inconveniences of the study?

We believe there are no known risks to your child because of their participation in the research study; however, a possible inconvenience may be the time it takes to complete the study.

What are the benefits of the study?

Participants may benefit from the findings of this study through experiencing improvements in programming and resources that may be developed as a result of data findings. Additionally, what is learned from this study may also benefit other 4-H programs nationally in their work to engage youth participants. We will produce an annual report of the results and these findings will be broadly distributed throughout the 4-H network.

Will my child receive payment for participation? Are there costs to participate?

There are no costs to you and your child for participating in this study. Your child will not be paid to participate in this study.

How will my child's information be protected?

The following procedures will be used to protect the confidentiality of the data collected from your child. The researchers will keep all study records (including any codes to your child's data) locked in a secure location. Research records will be labeled with a code. Randomly generated five digit numbers. A master key that links names and codes will be maintained in a separate and secure location. The master key will be destroyed after 3 years following the close date in 2023. All electronic files (e.g., database, spreadsheet, etc.) containing identifiable information will be password protected. Any computer hosting such files will also have password protection to prevent access by unauthorized users. Only the members of the research staff will have access to the passwords. Data that will be shared with others will be coded as described above to help protect your child's identity. At the conclusion of this study, the researchers may publish their findings. Information will be presented in summary format and your child will not be identified in any publications or presentations.

We will do our best to protect the confidentiality of the information we gather from your child but we cannot guarantee 100% confidentiality. Your child's confidentiality will be maintained to the degree permitted by the technology used. Specifically, no guarantees can be made regarding the interception of data sent via the Internet by any third parties.

If, during the course of this research study, a UConn employee suspects that a minor (under the age of 18) has been abused, neglected, or placed at imminent risk of serious harm, it will be reported directly to the Department of Children and Families (DCF) or a law enforcement agency.

You should also know that the UConn Institutional Review Board (IRB) and Research Compliance Services may inspect study records as part of its auditing program, but these reviews will only focus on the researchers and not on your child's responses or involvement. The IRB is a group of people who review research studies to protect the rights and welfare of research participants.

Can my child stop being in the study and what are my and my child's rights?

Your child does not have to be in this study if you do not want them to participate. If you give permission for your child to be in the study, but later change your mind, you may withdraw your child at any time. There are no penalties or consequences of any kind if you decide that you do not want your child to participate.

Whom do I contact if I have questions about the study?

Take as long as you like before you make a decision. We will be happy to answer any question you have about this study. If you have further questions about this study or if you have a research-related problem, you may contact the principal investigator, Miriah.Kelly@uconn.edu. If you have any questions concerning your child's rights as a research participant, you may contact the University of Connecticut Institutional Review Board (IRB) at 860-486-8802.

Please check the appropriate box below indicating your response:

You may still enroll in 4-H if you decline to participate in the research study. Also, note that your youth will be asked for their assent at the time of response.

Yes my child has permission to participate in the study

No my child does not have permission to participate in the study

Signature of Parent/Guardian

Date

4-H Motto ~ "To Make the Best Better"

4-H Slogan ~ "Learn By Doing"



4-H Colors ~ Green and White

The white in the 4-H flag symbolizes purity; the green represents life, springtime and youth

UConn
**COLLEGE OF AGRICULTURE,
HEALTH AND NATURAL
RESOURCES**

EXTENSION