



4-H STEMtastic! Enrollment Form

Participant's Name: _____

Address: _____

City, State, Zip: _____

Grade _____ Birthdate: ____/____/____ Age: _____ Sex: M ___ F ___

Parent/Guardian Name: _____

Day Phone: _____ Home Phone: _____

E-mail: _____

Name of person picking up child: _____

Authorities will be notified if child is not picked up within 15 minutes of dismissal.

Project: _____ Years in 4-H (include this year): _____

School: _____

Military family: Yes ___ No ___ Branch: _____

Check items below:

Do you live in: _____ City over 50,000 _____ Suburb of city over 50,000 _____ Town 10,000-50,000
_____ Town under 10,000 _____ Farm

Type of member: _____ 4-H Club _____ Individual _____ School _____ Special Interest

Racial or Ethnic Background (used for statistical purposes only): _____ White, not of Hispanic origin

_____ Black, not of Hispanic origin _____ American Indian Alaskan Native _____ Hispanic

_____ Asian or Pacific Islander _____ Other (_____)

4-H Code of Conduct Agreement

I, _____, understand the basic rules for participation
(Participant)

in the University of Connecticut Cooperative Extension System 4-H Youth Program and agree to:

- Participate fully in the program.
- Be responsible for my own behavior and uphold high standards for the group.
- Abide by the basic rules.
- Support and abide by the adult advisors' leadership of the program.
- Refrain from using alcoholic beverages, illegal drugs, or fireworks while participating in the program. I will not bring in any weapons.
- Allow the use of any photos and/or quotes in which I appear to be used in future promotional activities (optional for participants).

Participant's signature

Date

In case of an emergency, please contact:

Name: _____ Phone: _____
Relationship: _____
Name: _____ Phone: _____
Relationship: _____

Agreement by parents or guardians:

I understand and will support my child(ren) and the adult advisors in adhering to the 4-H code of conduct. I realize that I am personally responsible for my child(ren)'s behavior while s/he is participating in the program. I expect that if s/he becomes disruptive and the adult advisors find it necessary to dismiss her/him, that I am responsible for transportation home. As well, I hereby give my consent for necessary transportation by emergency vehicle, examination, and treatment as prescribed by an attending physician.

Pictures and/or quotes taken which include my child may be used in future promotions. ___Yes ___No
My child(ren) may leave Extension Center grounds, under 4-H supervision, to visit other sites within walking distance. ___Yes ___No

(Choosing not to release this information will not limit your child's participation in the program.)

Parent/guardian's signature

Date



**University of
Connecticut**

College of Agriculture
and Natural Resources
*Cooperative Extension
System*

An equal opportunity employer. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, Stop Code 9410, 1400 Independence Avenue, SW, Washington, DC 20250-6410, or call (202) 720-5964. If requested by a program participant at least 72 hours in advance, every effort will be made to provide special accommodations.