



ENROLLMENT, HEALTH INFO AND AUTHORIZATION FORM Winter 2011-2012

A positive youth development program authorized by the St. Louis County Board of Commissioners

Volunteer Information (all information is required)

Name Last First MI

Address Street City/Town State Zip

Home Phone Cell Phone

Date of Birth Gender Male Female

Place of Residence Farm Rural non-farm or town under 10,000 Town or City 10,000 to 50,000 Suburb of city over 50,000 City over 50,000

Grade School Name

Are you currently in 4-H? Family Email

Parent/Guardian Name(s)

Check if either parent/guardian is in the military. Branch

Optional Information

Are you of Hispanic ethnicity?

Yes

No

What is your racial group?

White

Black or African American

American Indian or Alaskan Native

Asian

Hawaiian or Pacific Islander

More than one

Additional Parent/Guardian Information (if different than above)

Name Last First MI

Address Street City/Town State Zip

Home Phone Work Phone Email

Volunteer Health Information

Volunteer has the following:

Health problems? Yes No Explain

Allergies or reactions to drugs, foods or things in nature? Yes No Explain

Volunteer has a condition that requires medication. Yes No Explain

Is the volunteer capable of self-administering the medication? Yes No

Tetanus Immunization Current? Yes No Year

Any other concerns?

Emergency Contacts

Name

Name

Relationship to Volunteer

Relationship to Volunteer

Daytime Phone Number

Daytime Phone Number

Evening Phone Number

Evening Phone Number

Cell Phone Number

Cell Phone Number



By checking this box, I certify that I have filled out this form as completely and accurately as possible.

NOTE: Signatures are required on back side of this form ->



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Authorization Sheet



Please note that as a participant of The Incredible Exchange you are also a member of 4-H. By providing us with your email, you may receive occasional 4-H Newsletters & Updates.

- Medical Authorization.** If an injury or illness develops during an activity or event, medical care will be provided and parent/guardian will be notified as soon as possible. We/ I authorize each of the following: (a) the health history and medical information I have provided is correct and the volunteer has permission to engage in all program activities as noted. We/I understand that it is our responsibility to provide updates (including changes in health conditions, medical coverage, or activity restrictions) throughout the program year and prior to any events/ activities in which the volunteer intends to participate; (b) if an injury or other medical condition occurs or arises, We/I grant permission for medical treatment to be obtained for the volunteer and authorize the physician and/or the other medical staff to employ such diagnostic procedures and medical treatment as deemed necessary; c) We/I authorize the release of any medical records necessary for treatment, referral, billing, or insurance purposes; and (d) We/I understand that we are financially responsible for charges and hereby guarantee full payment to the attending physicians and/or health care unit.
- Waiver and Release.** Furthermore, We/I agree that all activities and use of all facilities relating to participation in 4-H activities shall be undertaken at the sole risk of the volunteer/family and that St. Louis County, the Board of Regents of the University of Minnesota, its officers, representatives, agents, employees, leaders, and members of any 4-H program shall not be liable for any claims, demands, injuries, damage, actions or causes of action, whatsoever, to me, my family, or my property arising out of or connected with participation in 4-H programs/events or the premises where the programs/events occur and we/I do hereby expressly forever release, discharge, and hold harmless St. Louis County, the Board of Regents of the University of Minnesota, its officers, representatives, agents, employees, leaders, and members of the 4-H program and The Incredible Exchange program from all such claims, demands, injuries, damage to person or property, actions or causes of action, including but not limited to all acts of active or passive negligence on the part of St. Louis County, the University of Minnesota, any 4-H program, their servants, agents, or employees. **We/I do not, however, release these individuals and entities from liability for intentional, willful or wanton acts and this release shall not be construed to include such acts.**
- Privacy statement.** The contact and health information requested on the Enrollment Health Info and Authorization Form is private. The information will be used as necessary to assist the volunteer in the event of an emergency, to help ensure safe participation by the volunteer in 4-H programs, and to provide information to the volunteer about 4-H programs. You are not legally required to provide any of the requested information. You may not be allowed to participate, though, in 4-H or in specific programs if you fail to provide the requested information. Information will be shared within 4-H, The Incredible Exchange, and the University of Minnesota for the uses described above and may be re-released to outside organizations and government bodies in limited circumstances, as authorized by state or federal law.
- Photo release.** We/I give permission to The Incredible Exchange, Minnesota 4-H and its employees or representatives to take photographs, video, or audio footage of volunteers and/or their property for use in any media format, now or hereafter known for future educational programs to help promote 4-H. We/I release to Minnesota 4-H all rights to exhibit this work publicly or privately in an educational/promotional format without compensation or additional consideration.
- Code of Conduct.** We/I have read, discussed, accept, and will abide by the full Minnesota 4-H Code of Conduct . The full Code is available online at www.mn4H.org/policy or is available through The Incredible Exchange Office. We/I also understand that infractions of the Code may cause loss of privileges during the event; participation in the event or future events (including camps, state fair, or exchange trips) to be terminated; forfeiture of premiums or awards or exchange credits; or possible termination from The Incredible Exchange and 4-H program. We/I agree to accept the appropriate and logical consequences of my actions.

By signing below, the parent/guardian agrees to each of the above statements on his or her own behalf and on behalf of the volunteer; the volunteer agrees to abide by the Code of Conduct. Note: Both signatures are required below in order for the youth volunteer to participate in The Incredible Exchange.

The Incredible Exchange Volunteer Signature

Date

Parent/Guardian Signature

Date