



Please Print

First Name:		Last Name:	
Gender: Male	Female	Date of Birth:	Age:
Address:			
City/State:		Zip Code:	
Home/Work Phone:	Cell Phone:	Email:	
Do you have any special assistance needs? Y N If yes, please list:		Do you have any food allergies? Y N If yes, please list:	

New Mexico 4-H Code of Conduct

I pledge my Head to clearer thinking, means a 4-H'er is committed to learn the knowledge and skills to enable them to make wise decisions through opportunities that develop independence. By gaining a sense of independence, the 4-H'er is committed to exercise self-discipline, personal responsibility and become an independent thinker. Therefore, the youth, by signing this contract, agrees to conduct him or herself in a responsible manner and abide by all expectations as stated.

Expectations

- Possession or consumption of alcoholic beverages is prohibited.
- Possession or use of harmful non-prescribed drugs is prohibited.
- Smoking or using other tobacco products is prohibited.
- Participants will show respect for the property and facilities used during the event and will assume financial responsibility for any damages they cause.
- Unauthorized absence from the event premises is not permitted.
- Participants will observe the curfew times as set forth in the event program and remain in their assigned room. Boys and girls are not allowed to be in each other's rooms for any reason.
- Participants will adhere to the State and National 4-H Event Clothing Guidelines.
- Participants will not threaten physical harm or take action with physical harm or verbal abuse.
- Cheating or misrepresentation at any 4-H event is prohibited.
- Participants will adhere to any and all rules at the designated 4-H event they are attending.

If I break this agreement, I understand the following disciplinary actions will be taken:

- I will be sent home immediately at my own expense.
- I will be suspended from attending any State 4-H event for one year (defined as through that same event the following year) from the time of infraction.
- I will not be allowed at any time during the suspension year to represent 4-H in any leadership position on the county, state, or national level.
- I will not be allowed to represent 4-H at any state, regional, or national event during the suspension year.
- Second offenders will be ineligible to participate in any state, regional, or national event or hold a leadership position for the remainder of their 4-H career.
- I understand that the consumption, possession, or use of alcohol or harmful non-prescribed drugs by a minor is against the law, and I know that I may be reported to the proper authorities.

*For additional information or clarification related to conduct expectations or disciplinary actions refer to the New Mexico 4-H Policies and Procedures Manual.

I understand that my behavior affects the entire 4-H Community and that I represent myself, my club, county and state 4-H program as well as the overall 4-H Youth Development Program. I have read and understand the expectations and penalties related to the Code of Conduct.

4-H Member's Signature

Date

Parent/Guardian Agreement of Expectations

I have read and understand the expectations and penalties related to the Code of Conduct and agree to be bound by them.

Parent/Guardian Signature (Must be signed by parent or guardian)

Date



New Mexico 4-H Media Release

Participants in NMSU, Cooperative Extension Service, 4-H Youth Development Program events are sometimes photographed and videotaped for use in NMSU promotional and educational materials. I authorize New Mexico State University to record and photograph the image and/or voice of my child for use by New Mexico State University or its assignees in research, educational, and promotional programs. I understand and agree that these audio, video, film, digital, and/or print images may be edited, duplicated, distributed, reproduced, broadcast, used in electronic and web media, and/or reformatted in any form and manner without payment of fees, in perpetuity. If you DO NOT consent to media release, please initial this line _____

New Mexico 4-H Medical Information
Medical Emergency Contact Information

Form with fields for Name, Relationship, Phone, and Alternate Phone for both parent/guardian and participant.

Physician & Insurance Policy Information

Form with fields for health insurance status, insurance company, policy number, policy holder name, relationship to participant, physician name, and physician phone.

Health Information

Please indicate if the youth has any of the following medical conditions (check all that apply):

Table with medical conditions: Asthma, Hay Fever, Bronchitis, Fainting Spells, Skin Disease, Ear Infections, Migraine Headaches, Convulsions/Seizures, Muscular/Skeletal, Eye/Ear/Nose/Throat, Diabetes/Hypoglycemia, Stomach/Intestinal, Heart/Cardio Vascular, Emotional/Mental Disorders, Chronic Bone, Muscle or Joint Injuries.

Allergies or Reactions (check all that apply):

Form with fields for Aspirin, Insect Bites/Stings, Penicillin, Ivy/Oak/Sumac, Dairy, Other (please list), Gluten, and Peanuts.

Please list any medications (prescription or non-prescription) the youth is currently taking:

Blank lines for listing medications.

Release of Liability and Medical Authorizations

The health history provided is correct and complete to my knowledge. I understand that should information change throughout the course of the 4-H program year, I am responsible for updating this information and providing a revised form to my County Extension Office. If an injury or other medical condition occurs or arises, I hereby give permission to the designated 4-H Program representative to consent on my behalf to routine medical treatment and/or seek emergency medical treatment. I further authorize any licensed medical person/facility to treat my son/daughter. I agree to assume full financial responsibility for any medical services provided.

I hereby release New Mexico State University, the New Mexico State University Cooperative Extension Service, the State of New Mexico or their employees, county 4-H program, the 4-H leaders, and the owners or operators of any property where the activity may take place, from liability in the event of illness, injury or loss occurring to myself or my personal belongings and will make no claim as a result thereof. I also understand that some activities/events may involve certain risks associated with physical activity or potential harm, including recreational games/activities and travel by motor vehicle to off-site activities.

4-H Member's Signature

Date

Parent/Guardian Signature (Must be signed by parent or guardian)

Date