



# AIR 4-H Medical Information/Release Form (Youth Member) 2011 – 2012

## PARTICIPANT INFORMATION

Participant's Name \_\_\_\_\_ Name of Club: Aquidneck Island Robotics (AIR)  
 Permanent Address \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Phone Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_  
 Program(s):  FLL (Grade 5 to 7)  VRC/FTC (Grade 8 - 12)  FRC (Grade 8 - 12)

## MEDICAL EMERGENCY CONTACT INFORMATION

<u>Person to Contact First</u>	<u>Backup Contact (Relative or Friend)</u>
Name _____	Name _____
Relation to Participant _____	Relation to Participant _____
Daytime Phone _____	Daytime Phone _____
Evening Phone _____	Evening Phone _____
E-mail _____	E-mail _____
Name of Family Doctor _____	Doctor Number _____
Name of Dentist _____	Dentist Number _____

## EMAIL INFORMATION

AIR will periodically email important team information. Please list any and all email addresses you would like to be on this distribution.

➤ \_\_\_\_\_ ➤ \_\_\_\_\_ ➤ \_\_\_\_\_

## HEALTH INFORMATION (Please Print)

Does the child have any of the following conditions or a history of any of the following conditions? (**Check all that apply.**)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Asthma              | <input type="checkbox"/> Bronchitis                              | <input type="checkbox"/> Fainting Spells                           |
| <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Ear Infections                          | <input type="checkbox"/> Heart or cardio-vascular problems/disease |
| <input type="checkbox"/> Convulsions/seizure | <input type="checkbox"/> Hay Fever                               | <input type="checkbox"/> Chronic bone, muscle or joint injuries    |
| <input type="checkbox"/> Migraine headaches  | <input type="checkbox"/> Other condition(s): (Please list) _____ |  |

Allergies or reactions: (**Check all that apply.**)

- |   |   |   |                                 |                                  |
|---|---|---|---------------------------------|----------------------------------|
| <input type="checkbox"/> Aspirin                | <input type="checkbox"/> Penicillin           | <input type="checkbox"/> Dairy              | <input type="checkbox"/> Gluten | <input type="checkbox"/> Peanuts |
| <input type="checkbox"/> Insect bites or stings | <input type="checkbox"/> Ivy/oak/sumac toxins | <input type="checkbox"/> Other (list) _____ |                                 |                                  |

Is your child currently on any prescribed or over-the counter medication? (If so, please record the condition/ailment, name of medication, dosage, time(s) of day, prescribing physician.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus shot (approximate if necessary): \_\_\_\_\_

## TO BE READ AND SIGNED BY YOUTH MEMBER

### BEHAVIOR EXPECTATIONS OF THE YOUTH MEMBER

It is important to follow the directions of the 4-H Club leaders and adult volunteers at all times. I understand that as a participant I have the responsibility to help make the activity a safe experience for everyone through my behavior and conduct. I will follow safety rules for all tools and equipment. I also understand the danger of not following rules and directions and agree to follow them.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

**TO BE READ AND SIGNED BY PARENT OR GUARDIAN**

I understand that my child must be healthy and reasonably fit in order to safely participate in 4-H recreation activities and that I will inform the program leader(s) of any medication, ailment, condition, or injury that may affect his/her ability to participate safely.

**MEDICAL EMERGENCY PARENTAL PERMISSION\***

The health history for my child is correct and complete to my knowledge. If an injury or other medical condition occurs or arises, I hereby give permission to the URI Extension staff or AIR volunteers to provide routine health care and seek emergency treatment including x-rays or routine tests. I agree to the release of any record necessary for treatment, referral, billing or insurance purposes. I understand that I am financially responsible for charges and hereby guarantee full payment to the attending physicians or health care unit (other than those covered by an accident insurance plan). In the event of an emergency where I cannot decide for my child, I give permission to the physician/hospital selected by the URI Extension staff or AIR volunteer to secure and administer treatment for my child, including hospitalization.

\_\_\_\_\_initial \_\_\_\_\_date

**PUBLICITY/IMAGE/VOICE PERMISSION**

The URI Extension 4-H Program and AIR normally take photographs, video, and/or tape recording of our programs. During activities, a photograph or video/audio recording may be taken of you or your child. Unless you request otherwise, your initial below will be considered permission for URI 4-H Program and AIR to photograph, film, audio/video tape, record and/or televise your image and/or voice or the image and/or voice of your child for use in any publications or promotional materials, in any medium now known or developed in the future without any restrictions. If you object to URI or AIR using you or your child's image or voice in this manner, please notify the 4-H program leader.

\_\_\_\_\_initial \_\_\_\_\_date

**TRANSPORTATION**

I am giving my permission for my child to be transported during an authorized 4-H activity or event. I give my permission for: **(Check all that apply.)**

- My child to ride with any adult volunteer driver.
- My child to ride with an authorized adult volunteer driver who has completed a background check.
- My child to ride in another youth's (18 or younger) vehicle to 4-H Club activities.
- My child to drive his/her vehicle to this 4-H activities or events.
- My child to transport other 4-H Club participants in his/her or my vehicle.

I understand that if personally-owned vehicles are used as transportation to and from URI 4-H Club events or activities, that the owner of the vehicle is responsible for any liability that might occur during the transportation. URI or AIR does not provide coverage for any property damage, personal injury or liability that may occur while using personal vehicles. Vehicle owners are required to carry automobile liability insurance as required by the State of Rhode Island.

\_\_\_\_\_initial \_\_\_\_\_date

**4-H CLUB ASSUMPTION OF RISK AND RELEASE OF LIABILITY (Please read carefully.)**

I give permission for \_\_\_\_\_ to participate in the 4-H program. I understand that 4-H club project activities/events may involve certain risks of physical activity and possible injury and that URI and AIR will provide each participant with reasonable care, but that URI and AIR cannot guarantee that my child will remain free of injury. In addition, some 4-H projects including but not limited to: shooting sports, horse or livestock projects, water activities, and other sporting activities have a higher degree of risk. I nonetheless wish to have my child participate as an AIR 4-H club member in the 4-H club program and ASSUME the RISK of participating. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS the State of Rhode Island, AIR, URI, and URI Extension and their officers, employees, volunteers, and agents (hereinafter the RELEASEES) from any and all claim and/or cause of action arising out of and related to any injury, loss, penalties, damage, settlement, costs or other expenses or liabilities that occur as a result of my child's participation in the 4-H program. This release, however, is not intended to release the above-mentioned RELEASEES from liability arising out of their sole negligence.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

(Must be signed by the parent or guardian if the participant is under 18 years old)

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Many materials can be made available in alternative formats for ADA clients. To file a complaint of discrimination, write USDA, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, DC 20250-9410 or call 202-720-5964.



THE  
UNIVERSITY  
OF RHODE ISLAND  
COLLEGE OF  
THE ENVIRONMENT  
AND LIFE SCIENCES

## 4-H Member Enrollment Form

Cooperative Extension, US Department of Agriculture  
75 Peckham Farm Road, Kingston, RI 02881 USA  
P: 401.874.5707 f: 401.874.2435 www.uri.edu/coopext/4H

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Preferred Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_  
 Any Disabilities? \_\_\_\_\_ Years in 4-H \_\_\_\_\_  Military Family  
**Gender:**  Male  Female **Ethnicity:**  Hispanic  Non-Hispanic  
**Residence:**  Farm  Town <10K  Town 10K- 50K  Suburbs > 50K  City Over 50K  
**Race:** Check all those that apply  
 White  Black  Asian  Native Hawaiian  American Indian/Alaska Native  Undetermined

Home Phone \_\_\_\_\_ Parent's Cell Phone \_\_\_\_\_  
 Parent's Email \_\_\_\_\_ Member's Email \_\_\_\_\_  
 Address: \_\_\_\_\_ Club Name Aquidneck Island Robotics  
 (street, city, state, Zip)

Parent/ Guardian #1 Name \_\_\_\_\_ Are you a 4-H Alumni? \_\_\_\_\_  
 Parent/ Guardian #2 Name \_\_\_\_\_ Are you a 4-H alumni? \_\_\_\_\_  
 Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_  
 (Other than parent)

Check all those projects you plan to do this year.

Science, Engineering & Technology		Citizenship & Healthy Lifestyles
<input type="checkbox"/> Beef	<input type="checkbox"/> Plant Science & Gardening	<input type="checkbox"/> Community Service
<input type="checkbox"/> Dairy Cattle	<input type="checkbox"/> Aerospace & Rocketry	<input type="checkbox"/> Citizenship
<input type="checkbox"/> Dairy Goat	<input type="checkbox"/> Computers	<input type="checkbox"/> Leadership
<input type="checkbox"/> Dog	<input type="checkbox"/> GPS	<input type="checkbox"/> Safety
<input type="checkbox"/> Horse	<input type="checkbox"/> Robotics	<input type="checkbox"/> All Arts
<input type="checkbox"/> Working Steer	<input type="checkbox"/> Woodworking	<input type="checkbox"/> Photography
<input type="checkbox"/> Poultry	<input type="checkbox"/> Engines/Tractors	<input type="checkbox"/> Public Presentations
<input type="checkbox"/> Rabbits & Cavies	<input type="checkbox"/> Environmental Science	<input type="checkbox"/> Baby Sitting
<input type="checkbox"/> Sheep	<input type="checkbox"/> Entomology	<input type="checkbox"/> Food & Nutrition
<input type="checkbox"/> Swine	<input type="checkbox"/> Forestry	<input type="checkbox"/> Health & Fitness
<input type="checkbox"/> Veterinary Science	<input type="checkbox"/> Fish & Wildlife	<input type="checkbox"/> Bicycle
<input type="checkbox"/> Other Animal	<input type="checkbox"/> Water Quality	<input type="checkbox"/> Clothing & Textiles
	<input type="checkbox"/> Other	<input type="checkbox"/> Other Consumer Sci.

OVER

The University of Rhode Island is an equal opportunity employer committed to the principals of affirmative action.

## University of Rhode Island 4-H Code of Conduct

All 4-H participants (members and adults) are expected to demonstrate the character traits of honesty, respect for others, responsibility, fairness, caring and good citizenship. Each 4-H participant commits to maintaining the following 4-H standards. Be Courteous, thoughtful and fully cooperate with other 4-H members and adults at all 4-H sponsored events. Respect the rights of others and their property Treat all people fairly and animals humanely. Participate in a positive and enthusiastic manner. Show good judgment and put safety first. Be honest and follow through with commitments. Always try to make your best better. Obey all rules and accept responsibility for your decisions. Exhibit dignified and restrained actions in expressing affection towards others. The possession, consumption, ingestion or inhalation of an intoxicating beverage or drug is strictly forbidden.

I agree to follow the rules of conduct for 4-H. \_\_\_\_\_  
Member's Signature Date

I agree to follow the rules of conduct for 4-H. \_\_\_\_\_  
Parent or Guardian's Signature Date

## Rhode Island 4-H Permission and Liability Form

I, the undersigned parent(s) or legal guardian(s) of \_\_\_\_\_, a minor(s), give permission for the named 4-H member to participate in all 4-H programs and activities with the assistance of a screened volunteer(s).

I give permission for the use of photographs, videotapes and interviews taken during 4-H programs and 4-H events in 4-H reports, 4-H promotion materials and the RI 4-H website. Use of these is an important way to promote 4-H to the general public. *No youth names will be used on website without prior notification and consent.*

Circle no and initial if you do not give your permission: NO \_\_\_\_\_

I hereby give permission to the medical personnel to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me or my child. In the event that I, cannot be reached in an emergency, I hereby give permission to the physician selected to secure and administer treatment, including hospitalization for the person listed above. I (we) understand that all financial obligations incurred, if not covered by insurance, will be my responsibility. This form may be photocopied for specific events. This health form will be maintained in a confidential manner.

If for religious reasons, the above child may not be treated by a medical doctor circle No and initial. NO \_\_\_\_\_

I understand that there are unforeseeable hazards in any activity and accept all responsibility for any injuries incurred or inflicted by my child/ward. I release and hold harmless 4-H, the University of Rhode Island and any of its authorized personnel involved in any way with the 4-H events in which my child/ward participates. I agree that except in the event of willful neglect or willful injury inflicted by 4-H staff or a volunteer, I will bring no claims, demands or litigations against any of the above, for any economic or non-economic loss due to bodily injury, death or property damage as sustained or caused by my child/ward arising from or in relation to any activities affiliated with 4-H.

The above statements require one parental/guardian signature below (both if parents have joint custody).

\_\_\_\_\_  
Signature of parent/guardian #1 Date

## University of Rhode Island 4-H Privacy Policy

All information provided to or managed by the URI 4-H Program is confidential and for the exclusive use of the URI 4-H Program, the College of the Environment and Life Sciences, and its approved partners. This information is not used for commercial purposes and it is not relayed to any third parties.

## 2011-2012 Handbook Signoff Sheet

Please complete and return to your team leader

I, \_\_\_\_\_, as a club member of Aquidneck Island Robotics (AIR) 4-H Club, have read this handbook and hereby agree to the policies, procedures, rules, requirements, and guidelines conveyed. If I violate these rules, I understand and agree to the disciplinary actions listed in this handbook.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Enrolled in (select all that apply):

- FLL
- FTC
- VRC
- FRC

For Youth Members Parents/Guardians only:

I, \_\_\_\_\_, as my child's parent/guardian have read this handbook and hereby agree to the policies, procedures, rules, and guidelines conveyed and will assist my child in following them. If my child violates the rules outlined, I understand and agree to the disciplinary actions listed in this handbook.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_