

FAMILY INFORMATION									
County: Rains County				Address:					
Family Name:				Address 2:					
Family Email:				City:					
Mobile Phone Number:				State: TX		Postal Code:			
MEMBER INFORMATION					DEMOGRAPHICS				
First Name:					Residence:		<input type="checkbox"/> Farm		
Middle Name:							<input type="checkbox"/> Town Under 10,000 and Rural-Non Farm		
Last Name:							<input type="checkbox"/> Town, City or Suburbs 10,000 to 50,000		
Preferred Name:							<input type="checkbox"/> City or Suburb More Than 50,000		
Birth Date:					Are you of Hispanic or Latino ethnicity?		<input type="checkbox"/> City - Central, More Than 50,000		
Member Email:							<input type="checkbox"/> Hispanic or Latino		
Member Mobile Phone:							<input type="checkbox"/> Not Hispanic or Latino		
Previous Years in Program:							<input type="checkbox"/> Prefer Not To State		
Gender:		<input type="checkbox"/> Female <input type="checkbox"/> Male		Grade entering in August 2024:		Race:		<input type="checkbox"/> American Indian or Alaskan Native	
								<input type="checkbox"/> Asian	
								<input type="checkbox"/> Black or African American	
								<input type="checkbox"/> Native Hawaiian or Pacific Islander	
								<input type="checkbox"/> Other (race not listed)	
								<input type="checkbox"/> White	
								<input type="checkbox"/> Prefer Not To State	
EMERGENCY CONTACT					EMERGENCY CONTACT 2				
Emergency Contact Full Name:					Emergency Contact Full Name:				
Relationship to Member:					Relationship to Member:				
Emergency Contact Phone:					Emergency Contact Phone:				
Emergency Contact Email:					Emergency Contact Email:				
CLUBS									
Club					Club Member Youth Type				
Rains 4-H					<input type="checkbox"/> Youth Member (Most common) <input type="checkbox"/> Junior Leader <input type="checkbox"/> Teen Leader				
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Rains 4-H					<input type="checkbox"/> Youth Member (Most common) <input type="checkbox"/> Junior Leader <input type="checkbox"/> Teen Leader				
PROJECTS									
Project	Club	Years in Project	Type						
	Rains 4-H		<input type="checkbox"/> Project Member(Most Common) <input type="checkbox"/> Horse Ambassador <input type="checkbox"/> Livestock Ambassador						
	Rains 4-H		<input type="checkbox"/> Project Member(Most Common) <input type="checkbox"/> Horse Ambassador <input type="checkbox"/> Livestock Ambassador						
	Rains 4-H		<input type="checkbox"/> Project Member(Most Common) <input type="checkbox"/> Horse Ambassador <input type="checkbox"/> Livestock Ambassador						
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	Rains 4-H		<input type="checkbox"/> Project Member(Most Common) <input type="checkbox"/> Horse Ambassador <input type="checkbox"/> Livestock Ambassador						
PARENT/GUARDIAN 1					PARENT/GUARDIAN 2				
First Name:					First Name:				
Last Name:					Last Name:				
Phone Number:					Phone Number:				
Work Phone Number:					Work Phone:				
Work Extension:					Work Extension:				

SECOND FAMILY		SCHOOL (Grade Entering August 2024)	
Last Name:		School County:	
First Name(s):		School District:	
Email:		School Name:	
Phone:		School Type:	
Address:		COUNTY OF RESIDENCE	
Address 2:		What County do you live in?	
City:		Is your place of residence a different county than you attend school in?	<input type="checkbox"/> Yes <input type="checkbox"/> No
State:			
Postal Code:			
MILITARY			
Military Service:	<div><input type="checkbox"/> I Am Serving In the Military <input type="checkbox"/> I Have A Family Member Serving In the Military <input type="checkbox"/> I Have A Family Member Who Retired From The Military <input type="checkbox"/> I Have A Parent Serving In The Military</div> <div><input type="checkbox"/> I Have A Sibling Serving In The Military <input type="checkbox"/> I Have A Parent Who Served In The Military <input type="checkbox"/> I Have A Parent Who Retired From The Military <input type="checkbox"/> No One In My Family Is Serving In The Military</div>		
Branch of Service:	<div><input type="checkbox"/> Air Force <input type="checkbox"/> Army</div> <div><input type="checkbox"/> Coast Guard <input type="checkbox"/> DOD Civilian</div> <div><input type="checkbox"/> Marines <input type="checkbox"/> Navy</div> <div><input type="checkbox"/> Not Applicable <input type="checkbox"/> Space Force</div>		
Branch Component:	<div><input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard</div> <div><input type="checkbox"/> Not Applicable <input type="checkbox"/> Reserves</div>		
OTHER			
Current Offices Held:	<div><input type="checkbox"/> President <input type="checkbox"/> 1st Vice-President <input type="checkbox"/> 2nd Vice-President</div> <div><input type="checkbox"/> 3rd Vice-President <input type="checkbox"/> Secretary</div> <div><input type="checkbox"/> Treasurer <input type="checkbox"/> Reporter/Public Relations</div> <div><input type="checkbox"/> Council Delegate <input type="checkbox"/> Alternate Council Delegate</div> <div><input type="checkbox"/> Health/Safety Officer <input type="checkbox"/> Other</div>		
Other Leadership Role:			
Youth Leadership Type:	<div><input type="checkbox"/> Junior Leader <input type="checkbox"/> Teen Leader</div>		
Shooting Sports Project Enrollment:	<div><input type="checkbox"/> Not In Shooting Sports <input type="checkbox"/> Archery</div> <div><input type="checkbox"/> Hunting Skills <input type="checkbox"/> Muzzelloading</div> <div><input type="checkbox"/> Pistol <input type="checkbox"/> Rifle</div> <div><input type="checkbox"/> Shotgun</div>		
REFUND POLICY			
PARTICIPATION FEES AND VOLUNTEER APPLICATION FEES <ul style="list-style-type: none">Participation fees are nonrefundable once the membership or application has been approved by the county office.Once a Volunteer Application has been SUBMITTED into the system the application fee is nonrefundable. (ONLY APPLIES TO ADULT PROFILES)			
EVENT AND ACTIVITY REGISTRATION <ul style="list-style-type: none">The general refund policy for the Texas 4-H Program is that no refunds are provided to a 4-H member or family once the registration is APPROVED. In extreme circumstances, such as death in immediate family, severe illness/accident, or cancellation of event, refunds will be provided, minus any expenses already incurred by the event/activity.It is the decision of the event coordinator for that particular event if a refund is provided or not, with approval of Texas 4-H Youth Development Program Director. Contact Your Local County Extension Office with questions about refunds.			
ANIMAL VALIDATION <ul style="list-style-type: none">All fees paid are non-refundable once an animal validation has been accepted.			
Signature to confirm that you have read the refund policy above: _____			
YOUTH ENROLLMENT FORMS			
<input type="checkbox"/> Waiver, Indemnification, and Medical Treament Authorization		<input type="checkbox"/> Consequences of Misbehavior/Code of Conduct	
		<input type="checkbox"/> Media and Photograph Release	

Texas 4-H Youth Development Consequences of Misbehavior

Violators May Expect:

To have the opportunity to explain actions to the professional Extension employee in charge of program.

Behavior that is disruptive of the Texas 4-H Program and/or unbecoming of a youth's role as a member and/or leader within the program will be documented and a letter describing such will be sent to the District 4-H Leadership Team (District 4-H Specialist and District Extension Administrator), County Extension Agent(s) and parents/guardians of those involved. Examples of offenses are as listed below, but not limited to:

Minor Offenses

1. *Habitually late to program activities*
2. *Not in room at designated time*
3. *Not possessing good manners or use threatening, obscene, or sexual harassing language toward others*
4. *Not respecting the rights and privacy of those rooming with or attending an activity*
5. *Lying or untruthfulness to chaperones, leaders, event organizers or others in attendance*

Intermediate Offenses

1. *Inappropriate visitation*
2. *Leaving a 4-H activity without the permission of staff member(s) in charge*
3. *Intentional damage to meeting site, sleeping quarters, person, or other person's property*
4. *Bullying*

Major Offenses

1. *Smoking or using tobacco products*
2. *The use of alcohol or drugs*
3. *Carrying an unauthorized weapon*
4. *Threatening another person with a weapon or causing bodily harm*
5. *Cheating*
6. *Sexual activities or harassment*
7. *Theft of any kind*
8. *Acting in a manner considered by 4-H leadership to be harmful or potentially harmful to the health or well-being of themselves or others, whether such act occurred within, or outside of the 4-H program.*
9. *Violation of the law*
10. *Violation of livestock ethics policy.*

Consequences

- For every offense 4-H member will receive a verbal reprimand.
- For every offense, the violator shall write letters of apology to the appropriate people.

Major Offenses

- Automatic removal from event/activity and/or sending a participant home at the parent's/guardian's expense.
- One major offense during any 4-H year may lead to suspension of membership in all Texas 4-H Youth Development programs for the remainder of the 4-H year, along with the possibilities of facing criminal charges, pending offense.
- 4-H member may be asked to resign from all 4-H offices and/or leadership roles held as well as be required to give up monetary awards or scholarships from the Texas 4-H program.
- May lead to termination of 4-H membership.
- May result in notification of incident to legal authorities.
- May result in disqualification of all validated projects.

Intermediate Offenses

- One or two violations is grounds for removal from the event/activity and/or sending a participant home at the parent's/guardian's expense.
- Three violations during one calendar year is grounds for the 4-H member to not be allowed in any county, district or state activities for the remainder of the 4-H year.
- 4-H member may be asked to resign from all 4-H offices and/or leadership roles held as well as be required to give up monetary awards or scholarships from the Texas 4-H program.

Minor Offenses

- Consistent discipline problems requiring more than two reprimands is grounds for sending a 4-H member home at the parent's/guardian's expense.
- Habitual discipline problems requiring more than four reprimands during one calendar year is grounds for the 4-H member to not be allowed in any county, district or state activities for the remainder of the 4-H year.
- 4-H member may be asked to resign from all 4-H offices and/or leadership roles held as well as be required to give up monetary awards or scholarships from the Texas 4-H program.

Course Of Action

Extension employees responsible for 4-H program and events/activities are encouraged to communicate to 4-H participants and adult chaperones prior to participation in a 4-H event/activity/leadership role a standard of acceptable behavior, via the Consequences of Misbehavior and Code of Conduct. Standards of behavior and consequences should be reviewed with participants as part of the initial orientation.

1. Extension employee obtains all the relevant facts.
2. Brief the on-site adult responsible for the youth delegate (Extension employee or 4-H volunteer).
3. If not on-site, but available via phone, brief the county Extension employee and District Extension Administrator responsible.
4. Review Consequences of Misbehavior. The following steps should be taken when sending a 4-H member home:
 - Extension personnel/event manager contacts parents.
 - Advise parents that child is being sent home by safest, most direct means, and that parents are responsible for associated costs.
 - Extension personnel/event manager decides if parents should be given the option of picking up the child.
 - County Extension faculty member collects money from parent to pay transportation charges.
 - Follow-up correspondence from Extension employee/event manager to appropriate county agent, District 4-H Leadership Team (District 4-H Specialist and District Extension Administrator), child and parent for documentation.
5. For all reprimands, a Summary Letter and Accident/Incident Report Form will be completed and mailed to the 4-H member, parent, County Extension Agents, District Extension Administrator, County Extension Directors (if applicable), 4-H Specialist, and Texas 4-H Youth Program Director.

I have read the Texas 4-H Consequences of Misbehavior and understand what violators may expect. I agree with the Code of Conduct and do intend to abide by it throughout my 4-H activities.

		04	
_____ 4-H Member Signature	_____ County	_____ District	_____ Date

As the parent or guardian of _____, I have read the commitment and do support all points. I give permission to the professional Extension faculty in charge to carry out the Code of Conduct as described including inspection of rooms.

_____ Parent/Guardian Signature	_____ Date
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2024-2025 TEXAS 4-H YOUTH DEVELOPMENT PROGRAM

Program Name

CAMP & ENRICHMENT PROGRAM

WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

1. EXCULPATORY CLAUSE. In consideration for receiving permission to participate in any and all activities of Texas 4-H ("activity"), which is sponsored by Texas A&M AgriLife Extension Service and Texas 4-H Youth Development Program, ("sponsor"), a member of The Texas A&M University System, I hereby release, waive, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, The Texas A&M University System, the Board of Regents for The Texas A&M University System, and their members, officers, agents, volunteers, or employees ("RELEASEES" or "INDEMNITEES") from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while participating in this activity, while traveling to and from the activity, or while on the premises owned, leased, or controlled by RELEASEES, **including injuries sustained as a result of the sole, joint, or concurrent negligence, gross negligence, negligence per se, statutory fault, intentional torts, or strict liability of RELEASEES.**
2. INDEMNITY CLAUSE. I am fully aware that there are inherent risks to myself and others involved with this activity, including but not limited to all events and activities, and I choose to voluntarily participate in this activity with full knowledge that the activity may be hazardous to me and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate. **I agree to indemnify and hold harmless INDEMNITEES** from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to myself, other participants, and third-persons as a result of my participation and conduct in this activity, **including injuries sustained as a result of the sole, joint, or concurrent negligence, gross negligence, negligence per se, statutory fault, intentional torts, or strict liability of INDEMNITEES.**
3. COVID-19. I expressly acknowledge the health risks and dangers associated with the transmission of the COVID-19 virus, and other communicable diseases, and recognize that exposure to the COVID-19 virus, or other communicable diseases, could occur while my child is in the care of sponsor. As such, and as additional consideration for participation in the activity, I understand the waiver and indemnity provisions in paragraphs (1) and (2) above apply to the possibility of COVID-19 community spread. I certify that prior to leaving my child in the care of the sponsor that my child: (a) has not been diagnosed or is suspected to have COVID 19, (b) does not have any of the coronavirus symptoms listed on the CDC's Symptoms of Coronavirus page, (c) has not in the past 14 days had close contact (less than six feet) with a person who has a lab-confirmed case of COVID-19, (d) has not in the past 14 days had close (less than six feet) contact with a person who is awaiting results of a COVID-19 test because of COVID-19 symptoms or exposure, or (e) in the past 14 days has not returned from international travel or traveled through an area with state or local restrictions that mandate quarantine upon arrival home. I also certify that each time I leave my child in the care of the sponsor, I have conducted a daily assessment on my child and that he/she is not exhibiting any of the above signs or symptoms of, or exposure to, COVID-19.
4. NO INSURANCE. I understand that RELEASEES do not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Sponsor does not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so sponsor, a governmental unit of the State of Texas, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.
5. BINDS HEIRS. It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.
6. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand RELEASEES cannot be expected to control all of the risks associated with this activity and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me, even if an INDEMNITEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, gross negligence, statutory fault, intentional torts, or strict liability of RELEASEES.**

7. **NO STRICT RULES OF CONSTRUCTION.** In the event of a dispute over the meaning or application of this agreement, it shall be construed fairly and reasonably and neither more strongly for nor against either party.
8. **VOLUNTARY SIGNATURE.** In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. **For youth engaging in extracurricular activities:** I understand I can choose not to sign this document and free myself from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me that has a lower level of risk to me. I further understand this is a voluntary, extracurricular activity.

**SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS.
CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.**

SIGNED this _____ day of _____, 20 _____

Participant Signature: _____

Printed Name: _____

Participant's Date of Birth: _____

Parent or Legal Guardian Signature: _____

(If participant is under 18 years old)

Parent or Legal Guardian Printed Name: _____

(If participant is under 18 years old)

In case of emergency, contact

at the following number _____

If the participant has medical insurance, please indicate:

Insurance Company: _____

Policy Number: _____

Name of Primary Policy Holder: _____

Please list any special services your child may require: _____

As a parent or guardian of the child named above I understand that the information requested on this form is intended to help inform staff of any pre-existing medical conditions. You as the parent or guardian, are accountable for providing an accurate medical history. If your child has a pre-existing medical condition, participation in any strenuous activities or recreational time may not be recommended. Final determination about whether or not the child named above should participate in any activities is the responsibility of you and your child's physician. I understand and acknowledge that my failure to disclose relevant information may result in harm to my child and/or others during this camp/program. By signing my name I represent and warrant that I have provided all relevant information regarding pre-existing medical conditions and that it is accurate and complete. I agree to notify the organizers of the camp/program for which my child is participating in of any changes in my child's medical conditions prior to or during the camp/program.

Parent/Guardian Signature: _____ Date: _____



AgriLife Research

AgriLife Extension

STANDARD MEDIA RELEASE FORM, ADULTS and MINOR CHILDREN

I am the parent or legal guardian of the children listed below. I grant the Texas A&M AgriLife and its officers, agents, volunteers, and employees the irrevocable right to record, use, display, and broadcast my and these children's likenesses (still or moving) or words (written or spoken) for any legal purpose, in any medium, and to allow others to do so.

I also grant Texas A&M AgriLife and its agents, volunteers, and employees the irrevocable right to use my and these children's names in connection with our likenesses and words and to allow others to do so.

I waive any right that I may have to inspect or approve the finished product in which my or these children's likeness, words, or names are used.

I understand that signing this release is voluntary and I do not expect compensation for the use of my or these children's likeness, words, or names.

I release Texas A&M AgriLife, their regents, agents, volunteers, and employees from any liability related to the use of my or these children's likeness, words, or names. I agree to indemnify Texas A&M AgriLife from any claims made by my minor child when they reach the age of majority, if any.

I certify that I have the legal authority to grant the rights on behalf of these children.

I understand that by signing this release I am releasing certain of my and these children's legal rights, and that if I have any questions about those rights or this release I should consult my own attorney before signing.

Signature: _____ Date: _____

Address: _____

City, State, Zip: _____

Phone number: _____ E-mail: _____

Names and Ages of Minor Children:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Please sign and submit to:

Kevin Helmer
Ethics & Compliance Coordinator
Texas A&M AgriLife Administrative Services
Office of Ethics & Compliance
Kevin.Helmer@ag.tamu.edu