



UDC Cooperative Extension Service 4-H Registration Form

Participant's Information

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ Ward: _____

Telephone Number: (____) _____ Cell Phone (____) _____

Email address: _____ Gender: Female___ Male___

Race: White___ Black___ Hispanic___ Native American___ Native Alaskan___
Hawaiian___ Pacific Islander___ Asian___ Middle Easterner___

Date of Birth: _____ Grade in September of this year: _____

School you will be attending in September of this year: _____

Are your parent(s)/guardian(s) active military? Yes___ No___

Are you currently a member of a 4-H club? Yes*___ No___

*If yes, name of club: _____ Volunteer Leader: _____

Guardian Information

Parent 1: _____

Address: _____ City: _____ State: _____ Zip: _____

Back up Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: Work: (____) _____ Home: (____) _____ Cell phone: (____) _____

Other Contact Number: (____) _____ Email address: _____

Parent 2: _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact Information

Name: _____
Address: _____ City _____ State _____ Zip _____
Phone: Work () _____ Home () _____ Cell Phone () _____
Relationship to child _____

Name: _____
Address: _____ City: _____ State _____ Zip _____
Phone: Work () _____ Home () _____ Cell Phone () _____
Relationship to child _____

Insurance Information

Insurance Carrier: _____
Policy Number _____ Group Number _____
Name of primary insured person _____
Telephone number of the insurance company () _____
Child's Physician's Name: _____
Address _____
Telephone number () _____
Child's Dentist's Name: _____
Address _____
Telephone number () _____

PLEASE LIST ALL ALLERGIES INCLUDING ALLERGIES TO FOOD

ARE THERE ACTIVITIES THAT YOUR CHILD CANNOT PARTICIPATE IN, IF SO, PLEASE SPECIFY.

In case of an emergency, the signature below gives the University of the District of Columbia's 4-H and the Center for Youth Development's officials' permission to obtain medical treatment for _____, while they are participating in 4-H activities.

(Signature of Parent or Guardian)

(Date)

Your full name (print or type) _____

Participant's Street Address _____

City _____ State _____ Zip _____ Phone () _____

- I release and hold harmless the University of the District of Columbia, the local sponsoring groups, and all other sponsoring organizations, their agents, and/or employees, from any harm or damage to me or to my property arising out of participation in 4-H Programs.
- I agree that the University of the District of Columbia is the sole owner of all the rights to the 4-H and Youth Development name, program, logo, materials, copyrights and servicemarks, and all royalties, income and/or fees in connection with the University of the District of Columbia's 4-H Programs.
- I waive all claims for payment of money in connection with my participation in 4-H Programs.
- I grant to UDC/CES, its agents and/or licensees, my unrestricted permission to use and re-use my child's name, photograph, and any other likeness or biographical information. This includes the use of such information, or likeness, on television and/or any other media, for the purpose of publicity and/or advertising in all media.

Participant Signature

Date Signed

IF PARTICIPANT IS UNDER 18 YEARS OLD Parent or Legal Guardian must read the following and sign below:

I am the parent/legal guardian of the participant and have the authority to make this agreement on behalf of the participant. I give my permission and consent that the participant may take part in state, regional and/or national competitions, and 4-H activities. I agree to the above terms on behalf of the participant.

Parent/Legal Guardian Name (print) _____

Street _____

City _____ State _____ Zip _____ Phone () _____

Signature _____ Date Signed _____

4-H Leader's Name _____

School/Organization _____



PHOTOGRAPHY/VIDEO RELEASE (Adult)

In consideration of my engagement as a model, upon the terms herewith stated, I hereby give to the UNIVERSITY OF THE DISTRICT OF COLUMBIA its legal representatives and assigns, those for whom UNIVERSITY OF THE DISTRICT OF COLUMBIA is acting, and those acting with its authority and permission:

- a) the unrestricted right and permission to copyright and use, re-use, publish, and republish photographic portraits, pictures, or videos of me or in which I may be included intact or in part, composite or distorted in character or form, without restriction as to changes or transformations in conjunction with my own or a fictitious name, or reproduction hereof in color or otherwise, made through any and all media now or hereafter known for illustration, art, promotion, advertising, trade, or any other purpose whatsoever.
- b) I also permit the use of any printed material in connection therewith.
- c) The right to reproduce, use, exhibit, display, broadcast, distribute and create derivative works of University-related photographs or videotaped images of the undersigned person for use in connection with the activities of the University or for promoting, publicizing or explaining the University or its activities. This grant includes, without limitation, the right to publish such images in the University newspaper, alumni magazine, and PR/promotional materials, such as marketing and admissions publications, advertisements, fund-raising materials, and any other University-related publication. These images may appear in any of the wide variety of formats and media now available to the University and that may be available in the future, including but not limited to print, broadcast, videotape, CD-ROM, and electronic/online media.
- d) I hereby relinquish any right that I may have to examine or approve the completed product or products or the advertising copy or printed matter that may be used in conjunction therewith or the use to which it may be applied.
- e) I hereby release, discharge and agree to hold harmless the University of the District of Columbia, its legal representatives or assigns, and all persons functioning under its permission or authority, or those for whom it is functioning, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel or invasion of privacy.
- f) I hereby affirm that I am over the age of majority and have the right to contract in my own name. I have read the above authorization, release and agreement, prior to its execution; I fully understand the contents thereof. This agreement shall be binding upon me and my heirs, legal representatives and assigns.

Name: _____ Signed: _____ Date: _____
 Address: _____ City: _____ State _____ Zip: _____
 Phone _(____)_____ - _____ Email: _____

Consent form—child

4200 Connecticut Avenue, NW | Washington, DC 20008 | (202) 274-7081 | Fax (202) 274-7130
www.udc.edu

Name of Child _____

School/Program Affiliation _____

Name of Parent or Guardian _____

The University of the District of Columbia (“University” or “UDC”) seeks permission to record the likeness of your child taking part in the programs offered through the University’s College of Agriculture, Urban Sustainability and Environmental Sciences (“CAUSES”) for promotional purposes. The recordings may be used for educational, exhibition and reporting purposes. The recordings may be used in audio, video, print, digital or electronic media (including but not limited to brochures, reports, news articles, radio, or television ads).

By signing below, I hereby authorize the University and those acting pursuant to its authority to:

(a) Record my child’s likeness and voice on a video, audio, photographic, digital, electronic or other medium; and (b) Use my child’s name in connection with these recordings; and (c) Use, reproduce, exhibit or distribute in any medium these recordings for promotional, educational, exhibition, and reporting purposes.

Use conditions:

1. The University will not include any details or full names of participants in an image on video, on our website, or in printed publications, unless it is deemed appropriate by the University in the particular circumstance.
2. The University will not include personal, postal or e-mail addresses, telephone or fax numbers on video, the UDC website or in printed publications.
3. If the University uses images of individuals, it will not publish the names in the accompanying text or photo caption unless it is deemed appropriate in the particular circumstance, as in the case of an award presentation. If a person is identified in the text, the University will not use a photograph to accompany the article unless it is deemed appropriate in the particular circumstance, such as an award recipient.
4. The University may use group or class images with very general labels, such as “spelling bee” or “working on scenery for stage production”. I release the University, on behalf of my child, from liability for any violation of any personal or proprietary right my child may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of the University. I have read and fully understand the terms of this release. I have read the conditions of use and understand them.

Signature: _____

Date: _____

(Parent or Guardian) _____

Your Name (printed): _____

(Parent or Guardian) _____

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual’s income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotope, etc.) should contact USDA’s TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

Behavior Expectations Agreement

I will be trustworthy. I will be worthy of trust, honor and confidence. I will be a model of integrity by doing the right thing even when the cost is high. I will be honest in all of my activities. I will keep my commitments by attending all sessions of the planned event. If I am not feeling well or have a schedule conflict, I will inform my chaperon or a person in charge. I will be in the assigned area (*e.g.*, club meeting room, building, dorm) at all times and will not wander off. I understand that UDC/CES 4-H does not permit dishonesty by lying, cheating, deception or omission.

I will be respectful. I will show respect, courtesy, and consideration to everyone, including myself, other program participants and those in authority. I will act and speak respectfully. I will treat program areas, lodging areas, and transportation vehicles with respect. I will not use vulgar or abusive language or cause physical harm. I will appreciate diversity in skill, gender, ethnicity and ability. I understand that UDC/CES 4-H does not tolerate statements or acts of discrimination or prejudice.

I will be responsible. I will be responsible, accountable and self-disciplined in the pursuit of excellence. I will live up to high expectations so I can be proud of my work and conduct. I will be on time to all program events. I will be accountable by accepting responsibility for my choices and actions. I will abide by the established program curfew. I will be responsible for any damage, theft or misconduct in which I participate.

I will be fair. I will be just, fair and open. I will participate in events fairly by following the rules, not taking advantage of others and not asking for special exceptions.

I will be caring. I will be caring in my relationships with others. I will be kind and show compassion for others. I will treat others the way I want to be treated. I will show appreciation for the efforts of others. I will help members in my group to have a good experience by striving to include all participants.

I will be a good citizen. I will be a contributing and law-abiding citizen. I will be respectful to the environment and contribute to the greater good. I will not use any illegal substances such as tobacco, alcohol or drugs.

I understand that a violation of these policies will result in my immediate removal from the program.

Child's Signature: _____ Date:

Parent's Signature: _____ Date:
