

# ALASKA 4-H PROGRAM

## Participant Forms

### GENERAL PARTICIPANT INFORMATION:

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Military Branch Affiliation \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Work Telephone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Physical Address \_\_\_\_\_

(if different from ;  
mailing address) \_\_\_\_\_

Emergency Contact Person(s) & Telephone # (Please list 2 contacts)

---

---

### Youth Participants:

--I understand that the ALASKA 4-H is a program provided for the youth of all branches of the armed forces, and that it is my responsibility to refrain from profanity, smoking, underage drinking, using of drugs or any other illegal substances during my participation in any of the ALASKA activities offered.

--I further understand that I am responsible to respect all other participants of ALASKA 4-H programs regardless of their race, color, gender, age, creed, national origin, or disability, just as I wish to be respected. In addition, I will respect the environment, property, and facilities utilized during the activities.

---

Signature of Youth Participant

Date

### Parental Responsibilities:

--I understand that I will be notified in the event of an emergency involving my child, and that if I am not available, the persons(s) listed on this form will be contacted.

--Additionally, I understand that I may be contacted in the event of severe infractions of the rules or inappropriate conduct displayed by my child that places other participants, instructors, or coordinators at risk.

--I agree to allow my child to be photographed, interviewed, and/or videotaped for program reporting purposes and future marketing efforts. I understand that these photographs, interviews, and videotapes will be utilized without compensation to my youth or family.

--I agree to allow my child to participate in program surveys for increased program quality, evaluation and improvement and assessment of like skill attainment.

---

Signature of Parent/Guardian

Date

**Medical/Health Information**  
**Alaska 4-H**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Under doctor's care now? \_\_\_\_\_ If yes, please explain on back.

Prescribed medicine \_\_\_\_\_ (All meds must be turned into a chaperone or camp nurse)

Allergies to medications? (Please list) \_\_\_\_\_

**Health History**

Is youth subject to: Please check all that apply

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Hernia         | <input type="checkbox"/> Hay Fever       | <input type="checkbox"/> Nervous Disorders        | <input type="checkbox"/> Asthma                      |
| <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Sleepwalking             | <input type="checkbox"/> Ear-Sinus                   |
| <input type="checkbox"/> Allergies      | <input type="checkbox"/> Insect Stings   | <input type="checkbox"/> Drug Sensitivity         | <input type="checkbox"/> Enuresis (bed wetting)      |
| <input type="checkbox"/> Epilepsy       | <input type="checkbox"/> Heart Trouble   | <input type="checkbox"/> Diabetes (take insulin?) | <input type="checkbox"/> Bleeding/clotting disorders |
| <input type="checkbox"/> Food Allergies |  |   |  |

If **YES** to any of the above, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the youth had:

- |  |                                    |  |  |
|--|------------------------------------|--|--|
| <input type="checkbox"/> Poliomyelitis | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Appendicitis Attack |
| <input type="checkbox"/> Measles       | <input type="checkbox"/> Mumps     | <input type="checkbox"/> Chicken Pox     | <input type="checkbox"/> Whooping Cough      |
| <input type="checkbox"/> Scarlet Fever |                                    |  |  |

Date of last Tetanus Booster: \_\_\_\_\_

Please identify any physical/emotional problems that would prevent full participation in the program \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Authorization:** I hereby give my permission to the medical staff selected by the Cooperative Extension Service faculty/staff to order x-rays, routine tests and treatment for the above named youth. In the event I cannot be reached in an emergency, I hereby give my consent to emergency medical treatment, hospitalization or other medical treatment as needed. I will assume all financial obligations incurred if not covered by insurance and will not hold University of Fairbanks or individuals of the Alaska TRACKS program liable for any of the previously mentioned in this statement.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

# Youth Behavioral Contract

I, (youth) \_\_\_\_\_ understand the Rules of Conduct for the 4-H event/activity and agree to abide by them. If I break this agreement or my conduct is not satisfactory to the chaperones or hosting organization, I understand that I may be sent home and will be responsible for paying all costs incurred by the early departure. I understand that I may be asked to forfeit all funds expended upon my behalf during the event. I also understand that I may be ineligible to participate in future 4-H event activities if I am sent home due to unacceptable behavior.

Participants will be expected to fully participate in all activities, with exceptions for physical limitations. By signing below you agree to participate in all events and activities.

In the best interest of the program and if there be sufficient reason to do so, I am in full knowledge that the attending 4-H event faculty at this event/activity have the right to search my personal belongings or the premises where I will reside.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Travel

My teen \_\_\_\_\_ has permission to travel  
TEEN'S NAME

in a transportation vehicle (bus/van) provided during The Military Teen Camp June 9-12, 2011.

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**Application Fee:**

The OMK Military Teen Leadership camp has an application fee of \$40, for cost not covered by grant funding. This is to be paid by check. Checks will not be deposited until application is approved and accepted. Please make checks payable to: UAF-CES.

T-shirt size (adult): \_\_\_\_\_