



UW-MADISON EXTENSION

Wisconsin 4-H Youth Enrollment

Program Name: _____ Dates: _____ Location: _____

Last Name(s): _____ First Name(s): _____

Date of Birth (MM/DD/YYYY): ____/____/____ Grade in School: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian Names (First and Last): _____

Preferred Phone (Adult): (____) ____-____ Preferred E-mail (Adult): _____

I would like to request an interpreter or translated materials for participation in this program for: (mom ☐; dad ☐; guardian ☐; youth ☐ (N/A, no one ☐ (Check all that apply).

If yes, please provide additional information:

I would like to request accommodations or alternative means for communication (braille, large print, audiotape, etc.) to fully participate in this program for: (mom ☐; dad ☐; guardian ☐; youth ☐ (N/A, no one ☐ (Check all that apply)

If yes, please provide additional information:

You are not required to provide the following information to participate. This information is used for statistical purposes.

Gender: ☐ Female
☐ Male
☐ Nonbinary
☐ Not listed
☐ I prefer not to respond

Residence: ☐ Farm
☐ Rural Non-Farm or Town Less than 10,000
☐ Town/City 10,000 – 50,000
☐ Suburb of City Over 50,000
☐ City Over 50,000
☐ I prefer not to respond

Ethnicity: ☐ I identify as Chicano/Chicana/Chicanx, Hispanic, or Latino/Latina/Latinx
☐ I do not identify as Chicano/Chicana/Chicanx, Hispanic, or Latino/Latina/Latinx
☐ I prefer not to respond

Race (Check all that apply): ☐ Alaskan Native, American Indian, Indigenous, or Native American
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ One or more races that are not listed above
☐ I prefer not to respond

An EEO/AA employer, University of Wisconsin-Madison Division of Extension provides equal opportunities in employment and programming, including Title VI, Title IX, the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act requirements.



PHOTO RELEASE PERMISSION FORM

___ I grant permission to the University of Wisconsin-Madison Division of Extension to use my photo and comments in Extension reports, articles, and publications designed for educational, informational, and promotional purposes. I understand some of these materials may be posted on the World Wide Web for a period of time.

___ I grant permission to the University of Wisconsin-Madison Division of Extension to use the photo and comments of my minor child, (name) _____, in Extension reports, articles, and publications designed for educational, informational, and promotional purposes. I understand some of these materials may be posted on the World Wide Web for a period of time.

Print Name: _____ Date _____

Address: _____

Phone: _____

Signature: _____

Please sign and return this form to:

Project name:



UW-MADISON EXTENSION

Wisconsin 4-H Youth Development Code of Conduct

As a 4-H participant, I will:

- Be curious to learn
- Be respectful to self and others
- Work to positively resolve problems or differences
- Accept guidance from Extension volunteers and staff
- Follow program rules, curfews, dress codes, policies, and rules of the facility being used.
- Use appropriate language, exhibit good sportsmanship, and be a positive role model.
- Comply with local, state and federal laws.
- Abstain from use of alcohol, illicit drugs, and tobacco during any 4-H program, activity or educational experience.
- Fully participate in scheduled activities and orientations.
- Respect others' property and privacy rights.
- Abstain from child abuse (physical, sexual, emotional and neglect), harassment, hazing and bullying.
- Refrain from all sexual activity/contact during any 4-H program, activity or educational experience.
- Accept personal responsibility for behavior including any financial damage.
- Follow safety rules.

Consequences for violating any part of this Code of Conduct may include, but are not limited to:

- Removal from leadership positions held.
- Removal from participation in the event in which the Code of Conduct has been violated (at the individual's expense).
- Forfeiture or repayment of financial support for the event.
- Sanctions on participation in future 4-H events.
- Suspension of membership.
- Dismissal from 4-H.

It is the responsibility of all program participants to reinforce the code of conduct and intervene when necessary to enforce the rules.

I have shared the code of conduct with my son, daughter or ward. We have read, understand, and agree to the above.

Member Name (printed) _____

Member Signature _____ Date _____

Parent (Guardian) Name (printed) _____

Parent (Guardian) Signature _____ Date _____