Basic Arkansas Youth Application
For 4-H Activities

Name

County

Read Carefully. This application should be filled out in detail. Please print or type. Use black or blue ink.

Consult current Arkansas 4-H Events Packet in the county Extension office or at http://www.kidsarus.org/go4it/Activities_Events/event_packet/default.htm for program information and due dates.

Please check the 4-H activity for which you are making application.

A SEPARATE APPLICATION SHOULD BE SUBMITTED FOR EACH ACTIVITY FOR WHICH YOU ARE APPLYING.

This application must be filled out in its entirety including all required signatures. Incomplete applications will be returned to the county Extension office. All fees/deposits should be paid to the county Extension office. No individual checks will be accepted.

Please refer to the event description in the Events Packet for the criteria for the selection of participants. Additional information regarding application and selection procedures may be found in the Arkansas 4-H State Policy Handbook http://www.kidsarus.org/4hpolicy/default.htm.

Mail to State 4-H Youth Development Office

☐ Activity ____________________________________________
Office use only

☐ F&W
☐ Other

I. General Information

Name ____________________________  Last  First  Middle  County

Mailing Address ____________________________  Route, Box or Street  Town  Zip

E-mail address ____________________________

Name as desired to appear on name tag ____________________________  ☐ Female  ☐ Male

Have you attended this activity before? ☐ Yes  ☐ No  What Year(s) ____________________________

Check one

☐ American Indian or Alaska Native  ☐ Asian or Pacific Islander  ☐ Black  ☐ Hispanic

☐ White

Disabled ☐ Yes  ☐ No  List Disability ____________________________

Grade in school ____________________________  Date of Birth (Mo-Day-Yr) ____________________________

In emergency contact: (two required for in-state activities; three required for out-of-state)

1. Name ____________________________  ☐ Parent  ☐ Guardian Phone ____________________________  (H)

2. Name ____________________________  Relationship ____________________________  Phone ____________________________  (W)

3. Name ____________________________  Relationship ____________________________  Phone ____________________________  (H)

T-Shirt Size ☐ Small  ☐ Medium  ☐ Large  ☐ Extra Large  ☐ 2 XL  ☐ 3 XL

☐ Check if parent is in the military or retired from the military.

II. 4-H Accomplishments

A. Number of years enrolled as a 4-H member (counting current year) ____________________________

B. List major 4-H accomplishments including project work, leadership, and community service. Include any special skills or talents that you would be willing to share.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

1 This information is requested solely for the purpose of determining compliance with federal civil rights laws, and your response will not affect your eligibility to participate in Extension programs. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.
Arkansas 4-H Club Event
Health Statement and Parent’s Release
(This information will be kept confidential)

Check if special attention is required □

County
Name of Event

Member’s Name
Last First Initial Age Sex

Address
Street or Box City Zip Phone

In case of emergency notify:
Name Address Phone

Relationship to above member (check one) □ Parent □ Guardian □ Other

Alternate Contact in Emergency
Name Phone

Family Physician or Clinic

Address
Street or Box City Zip Phone

Parent Authorization
(Must be signed below by either Parent or Guardian.)

I understand that health services will be available and that adult supervision will be provided. If an illness or injury develops, medical and/or hospital care will be provided and I will be notified as soon as possible. I will not hold liable the University of Arkansas, the Arkansas 4-H Foundation, the Arkansas Cooperative Extension Service, or its employees for any injury or damage received by my child while he/she is being transported or is engaged in this activity.

I understand and accept the above statement and further authorize each of the following:

A. The health history listed below is correct and the above named member has my permission to engage in all program activities except as noted.

B. I grant permission to the attending physician and/or the attendant health service staff to employ such diagnostic procedures and medical treatment as deemed necessary.

C. I authorize medical care units to release medical record information to the health insurance carrier for the 4-H events and/or the Cooperative Extension Service in order to process claims.

D. I understand that I am financially responsible for charges not covered or paid by the 4-H event insurance and hereby guarantee fully payment to the attending physicians and/or health care units.

E. Water sports as specified below.

Signature of Parent or Guardian Date

The Arkansas Cooperative Extension Service offers its programs to all eligible persons regardless of race, color, national origin, sex, age, or disability, and is an Affirmative Action/Equal Opportunity Employer.
Health History

Member has or is subject to: (check if yes)

☐ Asthma  ☐ Bronchitis  ☐ Convulsions  ☐ Diabetes  ☐ Fainting Spells

☐ Heart Trouble  ☐ Other (List)  

Allergies or reactions to: (check those appropriate)

Drugs:  ☐ Penicillin  ☐ Aspirin  ☐ Other (list)  

Foods: (list)  

☐ Hay Fever  ☐ Insect bites or stings  ☐ Ivy, oak and/or sumac poisoning  

Date of last Tetanus Immunization:  ☐ Tetanus antitoxin  ☐ Tetanus Toxiod  Date

Member has difficulty with (check if yes)

☐ Eyes, ears, nose, throat  ☐ Digestion  ☐ Menstrual problems  ☐ Lungs  ☐ Bed wetting

☐ Sleep walking  ☐ Other (list)  

Member has a condition now requiring medication?  ☐ Yes  ☐ No

If yes, please indicate condition  

Is medication in possession of member  ☐ Yes  ☐ No

Name of medication  

List any specific activities to be restricted  

When water sports are part of the activity, my child may participate in:

Swimming:  ☐ Yes  ☐ No  Diving:  ☐ Yes  ☐ No  Canoeing or Boating:  ☐ Yes  ☐ No

When necessary, Extension personnel may give my child over-the-counter medication (examples: aspirin, Benadryl, Tylenol, etc)  ☐ Yes  ☐ No
☐ A completed Arkansas 4-H Code of Conduct form (FY4-H-686) which I have read and signed is on file in the County Extension Office

☐ The appropriate fees or deposits, if required, have been paid to the County Extension Office

Applicant Signature

_________________________________________  Date __________________________

Parent/Guardian Signature

_________________________________________  Date __________________________

To Be Certified by Extension Agent: By signing this application, you are certifying that applicant is a current 4-H member in good standing and qualified to attend the activity for which they have applied.

County Extension Agent
Signature

_________________________________________  Date __________________________

County  __________________________________________________________  Office Phone __________________________

Consider this application for any available scholarship for which I am qualified  ☐ Yes  ☐ No

Due dates will be enforced. Any applications received in the State 4-H Youth Development Office past due date will not be considered unless vacant slots exist.

The following Refund Policy will apply to all 4-H events except those which have specific refund guidelines listed in the information for that specific event:

- 100% refund  15 working days before the first day of the event
- 50% refund  7-14 working days before the event
- No refund  0-6 working days prior to the event

Exceptions to this refund policy will be based on personal or family illness or death in the immediate family. Notify county Extension office of cancellation (regardless of date) who will in turn notify the State 4-H Youth Development Office so that alternates can be considered.

The Arkansas Cooperative Extension Service offers its programs to all eligible persons regardless of race, color, national origin, religion, gender, age, disability, marital or veteran status, or any other legally protected status, and is an Affirmative Action/Equal Opportunity Employer.