NC 4-H Camp Enrollment Form

NC STATE EXTENSION

Year: County:

Youth Information

Youth Name: _____
First Middle Last

Address: _____
Street Address City State Zip Code

Phone: _____ Email: _____

Date of Birth: _____ Grade: _____ School Attending: _____

Sex*: ☐ Male ☐ Female

If a 4-H participant, how many years have you been in 4-H:

Do you live*: (Choose only one)

- ☐ Farm
- ☐ Town under 10,000 people or rural non-farm
- ☐ City 10,000 - 50,000 people
- ☐ City over 50,000 people
- ☐ Suburbs of city over 50,000 people
- ☐ Military Installation: _____

Do you have parent/guardian(s) active in the military? ☐ Yes ☐ No

If yes, check all that apply: ☐ Army ☐ Air Force ☐ Navy ☐ Marines ☐ Coast Guard ☐ National Guard (Air & Army) ☐ Reserves

Are you of Hispanic or Latino Ethnicity?* ☐ Hispanic or Latino ☐ Non-hispanic or Latino ☐ Prefer not to state

Race*:

- ☐ White
- ☐ Black or African-American
- ☐ American Indian or Alaska Native
- ☐ Prefer not to state
- ☐ Asian
- ☐ Balance (other combinations)
- ☐ Native Hawaiian or other Pacific Islander

Parent/Guardian/Emergency Contact Information

Emergency Contact: _____ / _____
Full name Relationship to participant

Contact Phone: _____ Contact Email: _____

Parent/Guardian 1: _____ Phone: _____ Email: _____
First & Last Name

Address: _____
Street Address City State Zip Code

Parent/Guardian 2: _____ Phone: _____ Email: _____
First & Last Name

Address: _____
Street Address City State Zip Code

***This information is required for all federally assisted programs and is solely used to determine compliance with Federal civil rights laws; your responses will not affect the consideration of your application. By providing this information, you will assist us in assuring this program is administered in a nondiscriminatory manner.**

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NORTH CAROLINA 4-H YOUTH DEVELOPMENT PROGRAM

LIABILITY WAIVER, ASSUMPTION OF THE RISK, PHOTO & MEDIA RELEASE,
AND INDEMNIFICATION YOUTH AGREEMENT

In consideration of NC State University and/or NC A&T State University allowing my minor child to participate in the North Carolina 4-H Program, (hereinafter "Program"), I, for myself and/or on behalf of the minor child listed below ("Minor"), agree as follows:

I affirm and acknowledge that the Minor is participating in the Program for their own personal benefit. I understand that the Minor will participate in recreational and other activities as part of the Program and that such activities have inherent dangers and physical risks. I understand and acknowledge that the inherent dangers and physical risks involved in these activities are such that no amount of care, caution, instruction or expertise can completely eliminate them. These dangers and risks include, but are not limited to, loss of or damage to personal property, strains, sprains, bruises, heat exhaustion, and other personal injuries, or even death, that could result from tripping, falling, drowning, contact with other individuals, exposure to contagious viruses (including but not limited to COVID-19) and equipment failure, among other causes. I assume responsibility for all risks, known and unknown, involving the Minor's participation in the aforementioned activities, and I voluntarily authorize the Minor's participation in reliance upon my own judgment and knowledge of the Minor's experience and capabilities.

I represent that I am acting on my behalf or as the parent or legal guardian of the Minor and I have authority to enter this Agreement. I also represent that the Minor is in proper physical and other condition to participate in the Program. I understand that it is my sole responsibility to determine whether the Minor is sufficiently fit and healthy enough to participate in the Program, and if necessary, I will consult with the Minor's physician for appropriate guidance.

On behalf of myself and the Minor, I hereby release and agree to indemnify and hold harmless NC Cooperative Extension, NC State University, NC A&T State University, the NC 4-H Youth Development Program, and their trustees, officers, directors, employees and agents (the "Released Parties") from any liability, losses, costs, damages, claims or causes of action of any kind or nature whatsoever, and expenses, including attorneys' fees, arising from, resulting from, or relating in any way to the Minor's participation in the Program. I further agree that if, despite this Agreement, the Minor or anyone on the Minor's behalf makes a claim against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any liabilities which may be incurred as a result of such claim.

I understand that the Minor and I are required to be familiar with and abide by the Program's rules and regulations, including the 4-H Code of Conduct and/or the NC 4-H Volunteer Standard of Behavior and any safety regulations established for the benefit of all participants. I accept sole responsibility for the conduct and actions of the Minor while they are participating in the Program.

I understand that this is a legal document which is binding on me and the Minor, my and the Minor's heirs and assigns and on those who may claim by or through the Minor or me. I am eighteen years of age or older, and have full capacity to enter into this agreement and do so voluntarily.

I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, AND I AGREE TO BE BOUND BY IT.

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Name of Minor: _____

North Carolina 4-H Photo & Media Release

I agree to allow NC Cooperative Extension, the 4-H Youth Development Program, NC State University, and/or NC A&T State University or their agents to photograph or record the Minor during the Program. I further agree that the Minor's image or likeness in photographs, videos, or audio may be used for educational or promotional purposes, including broadcasting or posting on the Internet. I agree that the use described herein may be without compensation to me or the Minor. On behalf of myself and the Minor, I waive any right to inspect or approve the finished electronic, photograph, or printed matter that may be used in conjunction with the printed matter now or in the future. I expressly release NC Cooperative Extension, North Carolina 4-H Youth Development, NC State University, NC A&T State University, their agents, employees, licensees and assigns from any and all claims which I or the Minor may have for invasion of privacy, right of publicity, defamation, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast or exhibition of such recordings.

Check one:

☐ I **AGREE** to photo/media use for any use described herein.

☐ I do **NOT AGREE** to photo/media use for any use described herein.

I understand that this is a legal document which is binding on me and the Minor, my and the Minor's heirs and assigns and on those who may claim by or through the Minor and me. I am eighteen years of age or older, and have full capacity to enter into this agreement and do so voluntarily. My electronic signature on this document shall carry the same force as a physical signature.

I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, AND I AGREE TO BE BOUND BY IT.

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Name of Minor: _____

TRANSPORTATION AUTHORIZATION & WAIVER FORM

I am the parent or legal guardian of the Minor Child being registered herein. I understand and acknowledge that, to participate in some local, district and state 4-H programs (e.g., retreats, judging contests, educational field trips, etc.), a Minor Child must be transported by motor vehicle to such programs and that, on many occasions, transportation will be provided by the North Carolina 4-H Youth Development Program ("4-H").

I authorize the Minor Child to be transported in government-owned and/or privately-owned vehicles driven by properly licensed and insured individuals authorized to drive by 4-H.

I understand and have discussed with the Minor Child that the Minor Child is expected to follow all applicable laws regarding riding in a motor vehicle (including but not limited to wearing a seat belt); is expected to follow the directions provided by the driver, staff, or volunteers related to transportation; is expected to respect the driver, staff, volunteers and other occupants of the motor vehicle; and will not be disruptive to the driver of the motor vehicle.

I am aware of the inherent risks and dangers (including but not limited to property damage, serious injury, and even death) involved with motor vehicle transportation. I hereby voluntarily assume such risks, and, to the fullest extent permitted by law, I hereby agree to indemnify and hold harmless NC Cooperative Extension, NC State University, NC A&T State University, the NC 4-H Youth Development Program, and their trustees, officers, directors, employees and agents (the "Released Parties") from any liability, losses, costs, damages, claims or causes of action of any kind or nature whatsoever, and expenses, including attorneys' fees, arising from, resulting from, or relating in any way to the Minor's transportation to or from locations of events associated with Minor's participation in 4-H. I further agree to indemnify and hold harmless the Releasees from liability for the injury or death of any person(s) and damage to property that may result from Minor Child's negligence or intentional act or omission.

I have read this entire Transportation Authorization and Waiver Form. I fully understand its terms and conditions, and I agree to be legally bound by its terms. In signing this Transportation Authorization and Waiver Form, I am not relying on any oral or written representations from any of the Releasees. My electronic signature on this document shall carry the same force as a physical signature.

Check one:

☐ I **AGREE** to transportation authorization and waiver as described herein.

☐ I do **NOT AGREE** to transportation authorization and waiver as described herein.

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Name of Minor: _____

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North Carolina 4-H Code of Conduct and Disciplinary Procedure

The NC 4-H Youth Development Program has established standards of conduct for all participants. It is the responsibility of the parent/legal guardian and the participant to review the Code of Conduct and Disciplinary Procedures.

I. Purpose and Application:

A. The 4-H Code of Conduct is intended to foster safe face-to-face and online environments that are conducive to optimal learning and growth. Toward that end, youth participants are expected to behave in a way that respects the dignity, rights, and property of others, and that will not disrupt or interfere with 4-H program goals.

B. This 4-H Code of Conduct and Disciplinary Procedure is a condition of participation in any North Carolina 4-H activities or programs.

II. Behaviors Prohibited at 4-H Program Activities:

A. Possession, selling, and/or use of alcoholic beverages, tobacco products, and illegal drugs OR being present where individuals are using alcohol, tobacco products and/or any illegal substances

B. Discrimination and Harassment as set forth more specifically in POL 04.25.05 – Equal Opportunity, Non-Discrimination and Affirmative Action Policy

C. Any kind of sexually related physical contact

D. Bullying, harassing our using derogatory language towards another person or group of people is prohibited

E. Harassment, hazing, and/or cyberbullying

F. Recording, taking, or sharing screenshots or images unless directed to do so for Program purposes

G. Sharing links or passwords for Programs or content unless directed to do so for Program purposes

H. Possession of weapons or firearms (except while participating in a 4-H Shooting Sports Event)

I. Behavior that violates state or local laws

J. Damage to property of others

K. Theft, misuse or abuse of public or personal property

L. Conduct that jeopardizes the safety of self or others

M. Conduct that disrupts or interferes with 4-H programming

N. Using Program content, contacts, images or video for personal use outside the scope of the Program

O. Sharing personal information, email, or social media accounts with individuals outside the scope of the Program

P. Leaving a program or facility without permission of parents or 4-H staff (including authorized volunteers)

Q. Inappropriate dress, including but not limited to clothing that is disruptive to the operations or goals of 4-H. Examples may include, but are not limited to, clothing with negative or hateful language or symbols. All 4-H participants are held to the same standards of dress, regardless of gender identity and sexual orientation. Clothing and bathing suits should cover all reproductive anatomy (breasts and genitals) as well as buttocks. Any participant whose clothing reveals reproductive anatomy or buttocks will be asked to change into clothing that is not revealing.

III. Additional Basis for Disciplinary Action

County or State Extension personnel may impose discipline pursuant to Part IV below in cases of misconduct by current, former, or prospective 4-H participants if, in the judgment of 4-H personnel or their supervisors, the misconduct poses a potential risk to the 4-H program. This includes risks to the safety or well-being of others and risks to the effective functioning or integrity of 4-H. This applies regardless of whether the misconduct occurred during a 4-H activity or in a setting unrelated to 4-H activity.

IV. Disciplinary Procedures:

A. Discipline may be imposed by any 4-H staff or Cooperative Extension Service employee who has oversight responsibility for 4-H activities.

B. Unless immediate action is required, the following procedures should take place before imposing any adverse consequences:

1. The accused participant shall be told the charge (which of the prohibited behaviors listed above he or she is accused of violating), and
2. The accused participant is told what factual evidence supports the charge, and
3. The accused participant shall be given a chance to tell their side of the story.

C. The 4-H staff person must be satisfied that the participant engaged in the prohibited behavior before imposing a sanction.

D. Sanctions may include some or all of the following:

1. Verbal warning
2. Notification to parents
3. Immediate removal from the activity
4. Being placed on a behavior contract
5. Referral to local law enforcement and/or juvenile court
6. Program suspension
7. Expulsion from program
8. Other sanctions appropriate to the circumstances, as determined by 4-H.

Participants removed or expelled from an activity or program may not be entitled to a refund of fees or expenses.

E. Appeals

1. Disciplinary action for local or county-level events may be appealed to the County Director and or 4-H Agent. All appeals must in writing and must be received by the County Director and or 4-H Agent within 30 days of the disciplinary action. The County Director and or 4-H Agent or designee shall review the appeal statement, any written response from the decision maker, and may review other relevant information. The County Director and or 4-H Agent shall send a written decision to the appellant, the 4-H staff member who made the initial decision, and Head of the State 4-H Youth Development Program. The County Director and/or 4-H Agent's appeal decision shall constitute the final agency action unless the Head of the State 4-H Youth Development Program chooses to exercise further review.
2. Disciplinary action for regional or state-level events may be appealed to the Head of the State 4-H Youth Development Program, Cooperative Extension Service, Box 7655, NC State University, Raleigh NC 27695-7655; telephone (919) 513-3059. All appeals must in writing and must be received by the Head

within 30 days of the disciplinary action. The State 4-H Youth Development Program Head or designee shall review the appeal statement, any written response from the decision maker, and may review other relevant information. The Head shall send a written decision to the appellant and the 4-H staff member who made the initial decision, and the Head's appeal decision shall constitute the final agency action.

F. Immediate action situations:

4-H or Extension staff may take immediate, interim action to remove a participant from an activity and other action as needed, where there is an emergency situation or significant risk of continuing misconduct. In those cases, the immediate action is temporary discipline and the 4-H or Extension staff must arrange for the procedures in parts B, C, D, and E above as soon as possible but in no event longer than seven days from the interim action.

Member Printed Name: _____ Signature of Member: _____

Printed Name of Parent/Guardian: _____ Signature of Parent/Guardian: _____

Date: _____

North Carolina 4-H Youth Development
Youth Health History & Authorization Paper Form

Member Name: _____
First Name Last Name Middle Initial Preferred Name (if needed)

Birth Date: ____/_____/_____

HEALTH HISTORY

The following information should be completed by the parent/guardian, or adult. The intent of this information is to provide NC 4-H the background to provide appropriate care and to assist health care personnel in the case of an emergency. Any changes to this form should be provided to NC 4-H. The 4-H Health History form is **required annually**. Provide complete information so that the NC 4-H can be aware of your needs.

Note: Youth who register to attend a "Residential 4-H Camp" must have a health exam completed by an approved licensed medical personnel within 24 months of camp participation and submit the completed "Health Care Recommendations by Licensed Medical Personnel for 4-H Camp Participants form."

EXPOSURE: Has the participant previously had:

Chicken Pox: ☐Yes ☐No **Measles:** ☐Yes ☐No **Tuberculosis:** ☐Yes ☐No
List Any Other Infectious Exposure (if yes, provide details): ☐Yes ☐No
_____

VACCINATIONS:

Date of last Flu Shot: _____ Date of last Tetanus Shot: _____

CARE:

Please complete this section with the participant's medical and dental physician information. *This information will only be utilized if there is a medical / dental emergency.

Primary Physician Name:_____ Primary Physician Phone: (__)_____

Clinic Address: _____

Dentist Name: _____ Dentist Phone: _____

Remarks:

List any adaptations needed due to a disability (explain "yes" answers). ☐Yes ☐No

_____

_____

History:

Does this participant's medical history include any of the following (explain "yes" answers):

Acute Chronic Illness: ☐Yes ☐No **Concussions:** ☐Yes ☐No **Activity Restrictions/Limitations:** ☐Yes ☐No
Had a recent injury, illness or infectious disease: ☐Yes ☐No **Ever been hospitalized or had surgery:** ☐Yes ☐No

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HEALTH INSURANCE:

The 4-H program purchases insurance for youth participants for many sponsored events. This coverage is not a substitute for personal health insurance, and may not cover all accident or medical expenses. Therefore, medical providers may find it necessary to bill the family or your insurance company for medical services rendered. Please provide the following information:

Company Name: _____ Policy / Group Number: _____

CONDITIONS:

Has or does the participant:

Have ADD-ADHD? ☐Yes ☐No

Have Arthritis? ☐Yes ☐No

Have Asthma? ☐Yes ☐No

Ever had back problems? ☐Yes ☐No

Ever had joint problems? ☐Yes ☐No

Have Diabetes? ☐Yes ☐No

Ever had frequent infections? ☐Yes ☐No

Have a history of bed wetting? ☐Yes ☐No

Have frequent headaches? ☐Yes ☐No

Ever been diagnosed with a Heart Murmur? ☐Yes ☐No

Have Hypertension? ☐Yes ☐No

Had Mumps? ☐Yes ☐No

Sleep walk? ☐Yes ☐No

Ever had a Mental Disorder? ☐Yes ☐No

Have skin problems? ☐Yes ☐No

Have Anxiety? ☐Yes ☐No

Have an Autism Spectrum Disorder? ☐Yes ☐No ☐Ever

Auto-Immune Disease? ☐Yes ☐No ☐Ever had

Chest Pain during or after exercise? ☐Yes ☐No ☐Ever

Convulsions or seizures? ☐Yes ☐No ☐Ever had

Dizziness during or after exercise? ☐Yes ☐No ☐Ever

Ever had an eating disorder? ☐Yes ☐No

Ever been dizzy/passed out during or after exercise? ☐Yes ☐No

Ever had a head injury? ☐Yes ☐No

Had Hepatitis A, B, or C? ☐Yes ☐No

Had Mononucleosis in the past 12 months? ☐Yes ☐No

Ever had a Nervous Disorder? ☐Yes ☐No

Have frequent nose bleeds? ☐Yes ☐No

Have Migraines? ☐Yes ☐No

Have stomach problems? ☐Yes ☐No

List any Program Activity Restrictions or Limitations (e.g. what cannot be done, what adaptions or limitations are necessary.

☐Yes ☐No Explain “yes” answers below.

DEVICES:

Wear Contact Lenses? ☐Yes ☐No **Epi-Pen (provide details)?** ☐Yes ☐No

Wear Glasses or Protective Eye-Wear? ☐Yes ☐No **Hearing Aid?** ☐Yes ☐No

Inhaler (provide details)? ☐Yes ☐No

List Any Other Devices (provide details)? ☐Yes ☐No

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ALLERGIES:

Please list known allergies here: _____

Aspirin ☐Yes ☐No **Insect Stings** ☐Yes ☐No **Dairy** ☐Yes ☐No **Eggs** ☐Yes ☐No
Gluten ☐Yes ☐No **Nuts** ☐Yes ☐No **Peanuts** ☐Yes ☐No **Penicillin** ☐Yes ☐No
Shellfish ☐Yes ☐No **Soy** ☐Yes ☐No **Sulfa** ☐Yes ☐No **Sunscreen** ☐Yes ☐No
Tetanus Vaccine ☐Yes ☐No **Wheat** ☐Yes ☐No

List any additional allergies here: _____

_____

List any other Dietary Considerations here: _____

_____

AUTHORIZED MEDICATIONS:

The following over-the-counter, non-prescription, medications can be administered to my child, without contacting me.

Acetaminophen ☐Yes ☐No **Antacid** ☐Yes ☐No **Antibiotic Ointment** ☐Yes ☐No
Antihistamine ☐Yes ☐No **Aspirin** ☐Yes ☐No **Ibuprofen** ☐Yes ☐No **Imodium** ☐Yes ☐No
Insect Bite /Sting Medication ☐Yes ☐No **Insect Repellant** ☐Yes ☐No **Pepto Bismol** ☐Yes ☐No
Sunscreen ☐Yes ☐No

MEDICAL RELEASE

This health history is correct and complete as far as I know. I hereby consent to the North Carolina 4-H Youth Development Program administering authorized/prescribed medications to the Participant, providing basic first aid treatment to the Participant, and seeking emergency medical treatment for the Participant. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to the North Carolina 4-H Youth Development Program to arrange necessary related transportation for the Participant.

This completed form may be photocopied for trips out of county or state.

An individual who is interested in requesting a religious accommodation should submit the Request for Religious Accommodations form to provide information about the type of accommodation being requested and information about the belief, practice or observance. For additional assistance or for information about other accommodations, please contact the Office of Equal Opportunity at equalopportunity@ncsu.edu or 919.513.0574.

My electronic consent/signature on this document shall carry the same force as a physical signature.

Member Name: _____

Parent / Guardian Name: _____

☐ Yes, I consent

☐ No, I DO NOT consent

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MEDICATIONS

Please list ALL medications, even over-the-counter or nonprescription drugs, including Tylenol, Pepto-Bismol, Benadryl, etc. that may be taken. If attending out of county events, bring enough medication to last the entire time you are away. Keep it in the original packaging/bottle that identifies the prescribing physician (if prescription drug), the name of medication, the dosage, and the frequency of administration.

☐ This person takes NO medications on a routine basis

☐ This person takes medications as follows:

Medicine	Reason	Dosage	Time Taken

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Health Care Recommendations by Licensed Medical Personnel for 4-H Camp Participants Only

I examined this individual on _____. BP _____ Wt _____ Ht _____

In my opinion, the above applicant ☐ is ☐ is not able to participate in an active camp program.

Restrictions/Recommendations: _____

_____

_____

Treatment to be continued at camp or medications to be administered at camp (name, dosage, frequency)

_____

_____

Additional information for health care staff at camp:

_____

_____

Signature of Licensed Medical Personnel: _____ Date: _____

Printed: _____ Title: _____

Address: _____ Phone: ( ) _____

Street City State Zip Code

Please give dates of immunizations for:

(Immunization records may be attached to this form)

Vaccine	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP				
TD (tetanus/diphtheria)				
Tetanus				
Polio				
MMR				
Or Measles				
Or Mumps				
Or Rubella				
Haemophilus influenzae				
Hepatitis B				
Varicella (Chicken Pox)				

Screening Record: For camp use only Date _____ Time _____

Meds received _____

Updates/additions to Health History _____

Current Health needs identified _____

Screened by _____

Custody Release: You may be asked to produce photo ID at check-out. This is for your child's safety. Please be aware of this policy before picking up your child. I hereby give permission for my child, _____ , to be allowed to leave the 4-H program after the activity. My child will be released into the custody of:

_____

(Names of Individuals authorized to pick up your child)

If it is necessary for my child to leave before the end of the program due to illness, injury, or behavioral issues, and I cannot be reached, I hearby give permission for my child to be released into the custody of:

_____

(Emergency contact or other individual authorized to pick up your child)

For 4-H Use Only: 4-H'er picked up by:_____ Staff Signature: _____

PARENTAL INFORMED CONSENT FORM

Identification of Project: 4-H Common Measures

Purpose of the Research:
The goals of this assessment include: (1) To obtain data on 4-H youths' outcomes related to Positive Youth Development, 4-H Science, Citizenship, Healthy Living and College/Career Readiness; and (2) To assess youth's experience as described by the Essential Elements. This data should be used both to report impact to stakeholders and to make data-driven programming decisions.

Procedures:
Your child will complete the Common Measures survey following or during their participation in 4-H Camp. Youth will take a written survey of approximate 10-15 minutes in length. The youth will complete paper copies which the on-site facilitator will supply. The on-site facilitator will send paper copies to the Investigator for entry. Copies will be stored in a secure location until the study is complete and then destroyed.

Risks and/or Discomforts:
There are no known risks or discomforts associated with this research.

Benefits:
The information gained in this study will help improve future Science programs and provide 4-H with insight to the trainings/procedures necessary to improve future programs.

Confidentiality:
No information obtained in this study will identify an individual child. The data will be stored in a secure location at the offices of the investigating teams and on a secure server and will only be seen by the investigators and the managers of the online site during the study. The information obtained in this study will be analyzed and reported as aggregated data.

Compensation:
There will be no compensation for participating in this study.

Opportunity to Ask Questions:
You may ask any questions concerning this research and have those questions answered before agreeing to participate in or during the study. Or you may email the investigator at aebrisso@ncsu.edu.

Freedom to Withdraw:
You are free to decide not to participate in this study or to withdraw at any time without adversely affecting your relationship with the investigators, NC State University or 4-H Youth Development. Your decision will not result in any loss or benefits to which you are otherwise entitled.

Angela Brisson
Signature of Investigator

Date: Oct. 20, 2026

INVESTIGATOR
Angela Brisson, Extension Assistant NC 4-H Camps

Consent, Right to Receive a Copy:

YOU ARE VOLUNTARILY MAKING A DECISION WHETHER OR NOT TO ALLOW YOUR CHILD TO PARTICIPATE IN THE RESEARCH STUDY. YOUR SIGNATURE CERTIFIES THAT YOU HAVE DECIDED TO ALLOW YOUR CHILD TO PARTICIPATE HAVING READ AND UNDERSTOOD THE INFORMATION PRESENTED.

_____
Child's Name

_____ _____
Signature of Parent Date

YOUTH ASSENT FORM

National 4-H Common Measures Survey

We would like to invite you to take part in this study. We are asking you because you are participating in a 4-H program.

In this study, we will try to learn what you are gaining from your 4-H program experience. You are being asked to fill out a survey with a pen and paper.

Your parents will also be asked to give their permission for you to take part in this study. You do not have to be in this study if you do not want to. If you decide to participate in the survey, you can stop at any time.

If you have any questions at any time, please ask one of the leaders.

YOUR COMPLETION OF THE SURVEY MEANS THAT YOU HAVE DECIDED TO PARTICIPATE AND HAVE READ EVERYTHING THAT IS ON THIS FORM. YOU AND YOUR PARENTS WILL BE GIVEN A COPY OF THIS FORM TO KEEP.

_____ _____

Signature of Participant Date