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<http://oregonstate.edu/dept/kbrec/>

## Klamath County 4-H Enrollment and Fee Policy

The 4-H year runs from October 1 through September 30 each year. Any deadlines that fall on a weekend, holiday, or other time when the Extension Office is closed shall be effective the next business day.

The 4-H program welcomes all members year-round to enroll and fully participate in all club activities. However, in order to participate in county fair, a member must meet the enrollment deadline.

### Complete enrollment consists of the following:

- Completed 4-H Enrollment Form
- Code of Conduct signed
- Health Form signed
- Liability Waiver signed
- Applicable fees paid to the Extension Office
- Livestock Exhibitor Agreement signed (if applicable)
- Animal Science Premise Statement signed (if applicable)

### Enrollment:

#### General Eligibility Policy

1. To enroll as a full 4-H member, youth **MUST be between the ages of 9 and 19 on September 1**. Members who are **5-8 years old on September 1 are encouraged to enroll as Cloverbuds**, but will be restricted to specific activities. Information on Cloverbuds is available at [http://www.csrees.usda.gov/nea/family/res/pdfs/Cloverbuds\\_2011.pdf](http://www.csrees.usda.gov/nea/family/res/pdfs/Cloverbuds_2011.pdf)
2. Youth must be a Klamath County resident with the 4-H project animal(s) housed within the county boundaries to be eligible for membership.
3. Members must be enrolled in a club. Exceptions for individual membership will be considered under special circumstances only.

*Additional information on these, and other, policies can be found in the Oregon 4-H Policy Manual at [http://oregon.4h.oregonstate.edu/sites/default/files/general\\_use\\_items/4-h\\_policy\\_manual\\_2014\\_edited.pdf](http://oregon.4h.oregonstate.edu/sites/default/files/general_use_items/4-h_policy_manual_2014_edited.pdf)*

#### Returning and New Members

1. For Klamath County Fair eligibility, all members must be enrolled no later than January 15 at 5:00p.m. Or the first business day following if the the 15th falls on a weekend or holiday.
2. Any members enrolling after January 15 are eligible to participate in club, county, state, and national level activities and programs, but will have to petition to the 4-H office to enroll in a livestock activity.

3. New members are any youth who have not been previously enrolled in a 4-H program.
4. Returning members are prohibited from participating in a club, or any other 4-H activities, without being officially re-enrolled.

Oct 1 – Jan. 15 ..... \$30/member with \$60/household maximum  
 After Jan. 15..... \$35/member with no household maximum

**Family Maximum:**

Please note that, if enrolled before the priority cutoff date, the fee structure has a household maximum of \$60 per family. This means that if you have more than two children in your family, you will only pay for two and the fees for the others are waived.

**Enrollment Scholarships:**

For both returning and new 4-H members there are funds available to help cover the cost of the enrollment fee. Scholarships up to \$15 per member are available through the Klamath County 4-H Leaders Association to those members with verifiable financial needs (i.e. qualify for free or reduced lunch) subject to the discretion of the Executive Council. All financial information will be kept confidential. To apply, contact the Klamath County Extension Office at 541-883-7131.

**Refunds:**

Once a member has enrolled in the 4-H program, no refunds of the enrollment fee can be issued.

**Fee Distribution:**

Enrollment fees cover state and county costs and member insurance. Oregon 4-H charges \$18 per member (\$23 after the priority deadline), insurance for 4-H activities costs \$1 per member, and \$11 is collected to cover expenses at the county level. These fees provide curriculum for each member, supplies and materials for fair and other 4-H activities, and help to offset other costs of participating in the program.

**Notes on Participation:**

Exhibiting at fair is important to many 4-H participants; however it does not define the 4-H program. A member that is ineligible to exhibit at the Klamath County Fair may still participate in countless 4-H programming opportunities throughout the year at various levels. If your child or club is seeking additional participation opportunities, please contact Traci Reed or Katy Baley at the 4-H office for more information.

# Klamath County 4-H Member Enrollment Form

4-H Club (s) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

New Enrollment.....  
 Re-enrollment.....  
 Youth Leader .....

**E-mail** \_\_\_\_\_ *Nearly all correspondence is sent via email. Please submit a working and regularly checked email.*

**Legal Name** (please print) \_\_\_\_\_ **Preferred Name** \_\_\_\_\_  
Last First Middle

**Address** \_\_\_\_\_  
Street/Mailing Address City Zip

**Birth Date** \_\_\_\_\_ **School** \_\_\_\_\_ **Year in 4-H** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Gender:**  Male  Female **Residence** (check one)  Farm  Rural/10,000  
 Town/10 - 50,000  Suburb/50,000  City/50,000

**Cell Phone** \_\_\_\_\_  **Is it okay to text this number?**

**List any special accommodation for a disability to participate in this program.** \_\_\_\_\_  
 \_\_\_\_\_

**Ethnicity** (check one)  Hispanic  Not Hispanic

**Race** (check one)  White  Black  Alaskan/Am Indian  Hawaiian/Pac. Island  Asian  Prefer Not to State

**Parent 1** \_\_\_\_\_  
Last, First

**Parent 2** \_\_\_\_\_  
Last, First

**Address** (if different) \_\_\_\_\_

**Address** (if different) \_\_\_\_\_

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

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

**Home** \_\_\_\_\_ **Work** \_\_\_\_\_

**Home** \_\_\_\_\_ **Work** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Occupation** \_\_\_\_\_

**Occupation** \_\_\_\_\_

**Legal Guardian**  **Send Mailing**

**Legal Guardian**  **Send Mailing**

**Member of Military?** Y N **Branch?** \_\_\_\_\_ **Reserve or Guard?** \_\_\_\_\_

Project Name	Year in Project	Club

**Club Leader Signature (Required)** \_\_\_\_\_

**2<sup>nd</sup> Club Leader Signature** \_\_\_\_\_  
 (Required if applicable)

**OREGON 4-H YOUTH DEVELOPMENT PROGRAM  
YOUTH CODE OF CONDUCT**

The well-being of all 4-H program participants is important. Everyone has responsibilities.

When I participate in 4-H programs, I agree to . . .

1. Engage fully with a positive attitude and creative energy.
2. Be courteous to others, even if they're different from me.
3. Be cooperative. Encourage individuals. Help others. Support teamwork.
4. Be willing to ask an adult for guidance to make good decisions and take appropriate actions.
5. Use language that is respectful to others. (Swearing, harassment, and bullying are not allowed.)
6. Take care of the property I use and assume responsibility for purposeful damage I may cause.
7. Wear appropriate clothing for program activity(s). Follow the specific dress code, if provided.
8. Be present and on time for all parts of the program. (I will notify the appropriate supervisor if I have a health or schedule problem.)
9. Use technology (ipods, mp3 players, game devices, cell phones, etc.) during free time, or in ways that contribute to the goals of the program.
10. Treat animals humanely and provide them appropriate care.
11. Not engage in Personal Displays of Affection (PDA). (It is distracting and inappropriate.)
12. Know and follow federal, state and local laws that apply to my age. (Not use tobacco, alcohol, illicit drugs, fireworks, or firearms.)
13. Know and follow safety policies of the Oregon State University Extension Service, and guidelines of the 4-H Youth Development Program. (Such as: not leave the program area at any time without permission from the program supervisor; be in assigned lodging and not trade rooms during overnight activities; abide by curfew hours; remain in gender specific areas [no boy in a girl's room/no girl in a boy's room]; handle firearms only in secured, designated areas under the direct supervision of a trained 4-H Shooting Sports volunteer.)

*I have read and agree to the above Code of Conduct. I understand that if I violate any part of this agreement, I may be sent home from a 4-H activity at the expense of my parent(s) or guardian(s). I also understand that if I cause personal or public safety concerns, I may lose my eligibility to participate in some future 4-H Youth Development events, and/or, lose my membership privileges.*

\_\_\_\_\_  
Youth Member Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Media Release

I give permission to use my child's image, in videotape, audiotape, film, photography, or in any other medium for educational, fundraising, or promotional purposes related to the Oregon 4-H program. I understand that such images may be published in a variety of ways, including, but not limited to, print and electronic formats. In addition, I give permission to release my child's name and hometown to news media for recognition purposes.

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

\_\_\_\_\_  
Date

**Research and Evaluation statement**

*As part of your child's participation in this 4-H program, he or she may be asked to complete an evaluation related to what he or she learned and experienced in the program. These evaluations are part of 4-H's ongoing program monitoring and provide valuable information about the impact of the program on youth. Your child will always be asked if he or she wants to participate in the evaluation, and will not be required to do so if he or she does not want to. Should your child choose not to participate, his or her participation in this program will not be affected in anyway."*

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**OFFICIAL 4-H HEALTH FORM**

Rev. 9-09

County KlamathType of activity:  county/area  state  regional  national (check one)Name of event/activity Klamath County 4-H Program

Participant's Name: \_\_\_\_\_

Last

First

M.I.

Address: \_\_\_\_\_ - \_\_\_\_\_

Street Address

City

State

Zip Code

Participant is:  Adult  Youth  Male  Female

Grade

Birth Date

Home phone

Emergency Contact: \_\_\_\_\_

Name

Relationship

Daytime phone

Evening phone

Cell phone

Other

**Health Statement** (to be completed by parent, physician or adult participant)

Is the participant currently under medical treatment? (describe)	Yes	No	Does the participant have any history of respiratory illness? (describe)	Yes	No
Is the participant diabetic?	Yes	No	Is the participant subject to seizures of any kind?	Yes	No
Date of last tetanus shot?					
Is there any medical condition (heart condition, etc.) or malformation now existing that may require treatment or affect the participant's participation in this program?				Yes	No
Has the participant had recent surgical operations or accidents or been exposed to infectious disease within the last two weeks? (Please bring notification to the activity if this changes prior to the event)				Yes	No
Does the participant have any allergies or dietary restrictions? If yes, please describe:				Yes	No
Name of all medications:					
Name and phone number of physician:					

Accommodations\*: OSU and the 4-H Youth Development Program do not discriminate against otherwise qualified participants with disabilities on the basis of disability, Are there any accommodations that you are requesting for yourself or your child in order to participate in the 4-H Youth Development Program?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

\*Accommodations may include: speech, hearing or vision impairments that may effect participation, behavior disorders or emotional disturbances or abnormally severe moodiness, sleepwalking, and the ability to carry heavy objects, participate in strenuous travel or physical labor.

As parent or guardian, if my child needs medical attention, I understand every effort will be made to contact me. I hereby give permission to the medical personnel selected by the person in charge of the 4-H event to order x-rays, routine tests, treatment, release any records necessary, and to provide or arrange necessary related transportation for the person named on this form. I hereby give permission to the physician selected by the person in charge of the 4-H event to hospitalize, secure emergency treatment for, to order injection, anesthesia, and/or surgery for me or my child as named on this form. I will assume all financial obligations incurred if not covered by insurance.

\_\_\_\_\_  
Signature of Parent/Guardian or Adult participant\_\_\_\_\_  
Date



PLEASE PRINT

Group:			
Activity:		Date(s):	
Participant:	(Name)	Age:	Sex:
	(Street Address)		
	(City)	(State)	(Zip)
	(Home Phone)	(Work Phone)	(Cell Phone)

### ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY (With Participant Insurance)

*Read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document. Please read both sides of this page. Sign and return this form to (INSERT Department contact name \_\_\_\_\_ and Department address/phone \_\_\_\_\_ for contact). If you are under the age of 18, this form must be signed by you as the participant AND by your parent or legal guardian.*

I, the undersigned, am aware that participation in the Activity (hereafter referred to as **ACTIVITY**) describe above may include activities that may cause injury and dangerous. I acknowledge that participation in this **ACTIVITY** has the following non-exhaustive list of particular activities that bear risk and danger and from which bodily injury, up to and including death, may occur:

**With full knowledge of the facts and circumstances surrounding the ACTIVITY, I voluntarily participate in the ACTIVITY and assume the responsibilities and risks resulting from my participation, including all risk of property damage and injury to others and to myself.** I agree to comply with all of the rules and conditions of participating in the **ACTIVITY**. I understand there is limited medical coverage that covers me for injury or illness while participating in the **ACTIVITY**. This limited medical coverage will cover me as the primary insurance up to its limits. If the injury or illness exceeds the coverage limits, I have adequate applicable insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my participation in the **ACTIVITY**, or otherwise understand that I am solely responsible for any medical costs that may directly or indirectly result from my participation in the **ACTIVITY** in excess of the coverage limits. I will indemnify and hold the State of Oregon, acting by and through the State Board of Higher Education, on behalf of Oregon State University, its employees, directors, officers, and agents (hereafter referred to as **UNIVERSITY**) harmless with respect to any and all claims, injuries, and costs associated with my participation in this **ACTIVITY**.

Furthermore, I acknowledge that I am solely responsible for any action that I participate in associated with this **ACTIVITY** or around this **ACTIVITY**, regardless if occurring before, during or after the period of the **ACTIVITY**. I will conduct myself in a manner that is considerate of other participants and in accordance with **UNIVERSITY** Rules and Regulations (*including Student Code of Conduct, when applicable*) and with any state and city laws or rules where the **ACTIVITY** is occurring. If this **ACTIVITY** is an off-campus **UNIVERSITY** sponsored event, such as field trips, conferences, research, experiential learning, extension of classroom learning, etc., I understand that conduct not acceptable in the classroom setting is not acceptable during this **ACTIVITY** and will be handled in accordance with the Student Conduct Regulations. In addition, I understand that if I travel to the **ACTIVITY** with a **UNIVERSITY** group and/or advisor, I will return with the group unless prior arrangements have been made with the **UNIVERSITY** faculty/staff who is supervising the **ACTIVITY**.

I recognize and acknowledge that **UNIVERSITY** may record my participation and appearance in **ACTIVITY** on any recorded medium (including, but not limited to video, audio, photos) for use in any form (including, but not limited to print, websites, blogs, internet). I authorize such recording and release **UNIVERSITY** to use my name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or part without restrictions or limitations for any educational or promotional purpose. I further release **UNIVERSITY** to use material from blogs associated with **ACTIVITY** without restrictions or limitations for any educational or promotional purpose. *\*For minor participants, parent/guardian may opt out of this on the reverse side of the form.*

I am aware that if I provide a vehicle not owned and operated by the **UNIVERSITY** for transportation to, at, or from the **ACTIVITY** site, or if I am a passenger in such a vehicle, the **UNIVERSITY** is not responsible for any damage caused by or arising from my use of such transportation. Furthermore, I acknowledge that I am solely responsible for any action that I take that is outside the scope of the scheduled **ACTIVITY**, regardless if occurring before, during or after the period of the **ACTIVITY**.

To the extent permitted by law, and in consideration for being allowed to participate in the **ACTIVITY**, I hereby save, hold harmless, discharge and release the **UNIVERSITY** from any and all liability, claims, causes of actions, damages or demands of any kind and nature whatsoever that may arise from or in connection with my participation in any activities related to the **ACTIVITY**, whether caused by the negligence or carelessness of the **UNIVERSITY** or otherwise.

**COMPLETE BOTH SIDES OF THIS FORM**

ORM-REV. 7.12

It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall bind my spouse, the members of my family and my estate, heirs, administrators, personal representatives and assigns. I further agree to save and hold harmless, indemnify and defend the UNIVERSITY from any claim by the aforementioned parties arising out of my participation in the ACTIVITY.

I recognize and acknowledge that the UNIVERSITY makes no guarantees, warranties, representations, or other promises relative to the ACTIVITY, and assumes no liability or responsibility for injury or property damage that I may sustain as a result of participation in the ACTIVITY.

I further understand and agree that this is a release of liability and indemnity agreement, and it is intended to be as broad and inclusive as permitted by law. If any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and legal effect.

MEDICAL INFORMATION

I hereby certify that, with or without accommodation,\* I have no health-related reasons or problems that preclude or restrict my participation in the ACTIVITY. I hereby consent to and understand myself to be solely responsible for the cost of first aid, emergency medical care, and, if necessary, admission to an accredited hospital for executing such care or treatment for injuries that I may sustain while participating in any activity associated with the ACTIVITY.

NAME OF CONTACT PERSON IN CASE OF EMERGENCY:

Name: \_\_\_\_\_ Complete Address: \_\_\_\_\_  
(street)

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_  
(city) (state) (zip)

\*If you have a disability requiring an accommodation please contact (INSERT Dept contact name and phone number) \_\_\_\_\_  
\_\_\_\_\_ at least one week (7 days) before the date of the ACTIVITY.

SIGNATURES

In signing this Acknowledgement of Risk and Waiver of Liability I hereby acknowledge and represent: (a) that I have read this document in its entirety, understand it, and sign it voluntarily; and (b) that this Acknowledgement of Risk and Waiver of Liability is the entire agreement between the parties hereto and its terms are contractual and not a mere recital.

DATE \_\_\_\_\_ PARTICIPANT OR PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

**\*Participants who are not 18 years of age or older must sign above and also must obtain the signature of a parent or legal guardian below\***

I certify that I am the parent or legal guardian of the above-named participant in the ACTIVITY. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the participant as a dependent, I have read the above agreement, I understand the contents of this Acknowledgement of Risk and Waiver of Liability, assent to its terms and conditions, and sign this Acknowledgement of Risk and Waiver of Liability of my own free act. I acknowledge that my dependent and I have agreed to the terms and conditions of my dependent's participation in the ACTIVITY, and I hereby give my consent to participation by my dependent in the ACTIVITY, and to receive medical treatment determined to be necessary. I further agree to hold harmless, indemnify and defend the UNIVERSITY from and against all claims, demands or suits that my dependent has or may have.

DATE \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

**MEDIA OPT OUT:** As the Parent/Guardian for the Participant named on the front of this form I choose to exclude my minor child from participation that may be captured on any recorded medium (including, but not limited to video, audio, photos) for use in any form (including, but not limited to print, websites, blogs, internet).

DATE \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE \_\_\_\_\_



## Oregon 4-H Livestock Exhibitor Agreement

This agreement applies to all 4-H members currently enrolled in animal science projects. I recognize that it is a privilege to exhibit my projects and will abide by the following guidelines:

1. I am an officially enrolled member of a 4-H Club in the state of Oregon.
2. I have owned/leased my project animal(s) prior to the required County ownership deadline. *They are as follows: Beef- January 1, 2018; Swine- June 1, 2018; Sheep & Goats June 1, 2018.*  
  
The official ownership date is the date shown on the bill of sale or receipt of sale, unless the animal was bred and owned, in which case, calving or birth records will be utilized. (Individual show rules may determine ownership requirements for non-market animals.) Registered breeding livestock must show the exhibitor or their immediate family as the sole owner of the animal on the breed association papers or certificates. In the case of leased animals, leases must be on file at the County Extension Office by the county ownership deadline of (see dates above: Horses deadline is May 1).
3. I will continuously own my project(s). If I sell my animal, I understand I may not repurchase the animal and continue to show it in the current project year. I may not show a market animal which has been previously sold at a county, regional, or major livestock show auction or sale in which the ownership of the animal has changed hands after the county ownership date. Showing an animal for another individual by claiming ownership in order to show in a specific livestock class or event is prohibited.
4. I will do my own work and be responsible for the feeding and care of my animal(s).
5. My project is a reflection of my efforts. I will accept the results of judging with grace and demonstrate good sportsmanship at all times.
6. I will represent my animal(s) honestly and will abide by all county, state and show rules. I understand that treating an animal internally or externally in any way to misrepresent the true nature of the animal is prohibited.
7. I understand all medications administered during a fair must be under the guidance of a licensed veterinarian.
8. I agree to participate in drug testing if requested by show officials. Animals with residues of illegal drugs will be disqualified and I will be subject to repayment of any money received from the sale of that animal.
9. I will treat my animal(s) humanely and with respect and provide for their continuous well-being through proper feeding, handling, disease prevention, sanitation and attention to their safety. I know that animals showing any evidence of prolapse or mechanical repair will not be allowed in exhibition.
10. The Oregon 4-H Program reserves the final and absolute right to interpret these guidelines and to settle all matters, questions, and differences related to this agreement.

A breach of this agreement or violation of specific rules as designated by individual fairs and livestock shows may result in forfeiture of premiums and awards, disqualification, and may result in probationary status and/or loss of eligibility for future participation in organized livestock competition.

I am verifying that I have read and understand the above terms and the consequences of and penalties involved for illegal, unethical, inhumane, and unfair practices in livestock competition.

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Print 4-H Youth Member Name	Signature	Date
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Print Parent/Guardian Name	Signature	Date
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