



WYOMING

Wyoming 4-H Member Enrollment 2011

Last Name: _____ First: _____ MI: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Alternate Phone: () _____

SSN: _____ Birthdate: _____ Age: _____

E-mail address: _____ Gender: Male Female

Parent/Guardian name(s): _____

Years in 4-H: _____ Grade: _____ School Name: _____

Hispanic Ethnicity: (check one): Yes - Hispanic or Latino Ethnicity - OR - No - Not Hispanic or Latino Ethnicity

Racial groups: (check all that apply): White Black or African American
 American Indian or Alaskan Native Asian
 Native Hawaii or Other Pacific Islander

Residence (check one): Farm Rural non-farm or town less than 10,000
 Town/City 10,000 to 50,000 Suburb City over 50,000

Clubs [Code Name]

1: _____ 2: _____ 3: _____

Projects [Code Name (Year In Project)]

1: _____ 2: _____ 3: _____
4: _____ 5: _____ 6: _____
7: _____ 8: _____ 9: _____
10: _____ 11: _____ 12: _____

Statement of Assumed Risk

The University of Wyoming recognizes 4-H as a means of providing participants with educational experiences and activities that are designed to meet the needs and interests of young people and enable participants to learn skills, make friends, and develop self-confidence and self-reliance. Although the university provides assistance and support to the individual 4-H Clubs throughout the state, often volunteer supervisors from the local community are used to organize and coordinate 4-H activities designed to teach participants these skills. All new learning experiences involve some personal injury risks. It is the policy of the university that the parents or guardians of the participant understand the potential risks associated with their child's participation in 4-H and it's activities.

I, the parent/guardian of a 4-H participant, acknowledge that I understand the risks of my child's participation in 4-H and it's activities may include, but are not limited to, sprained muscles, broken bones, injury to other body parts or functions, and death or serious bodily injury. I understand that the dangers and risks of participation in 4-H, 4-H travel, and 4-H activities may result in serious injury, as well as serious impairment of my child's future abilities to earn a living, to engage in other business, participate in other social and recreational activities, and generally to enjoy life. I give permission for photos or videotapes of my child to be reproduced for 4-H promotional or educational purposes.

Parent/Guardian Signature

Date

Issued in furtherance of Cooperative Extension work, acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture. Glen Whipple, Director, Cooperative Extension Service, University of Wyoming, Laramie, Wyoming 82071.

Persons seeking admission, employment, or access to programs of the University of Wyoming shall be considered without regard to race, color, religion, sex, national origin, disability, age, political belief, veteran status, sexual orientation, and marital or familial status. Persons with disabilities who require alternative means for communication or program information (Braille, large print, audiotape, etc.) should contact their local UW CES Office. To file a complaint, write the UW Employment Practices/Affirmative Action Office, University of Wyoming, P.O. Box 3434, Laramie, Wyoming 82071-3434.