



BENZIE 4-H SOCCER REGISTRATION



PLEASE COMPLETE ALL SECTIONS – Incomplete forms will not be accepted

Use Green Drop Box outside the Benzie Courthouse (Lower Level) or Mail to: 4-H Soccer, 448 Court Pl., Beulah, MI 49617

FEE PAYMENT HERE:

\$20 Soccer Fee. 4-H Participation Fees have been eliminated.

Coach's Child (Soccer fee is waived.)

Add late fee of \$10 if submitted after 8/31. New players exempt.

Enclose correct payment in envelope. Check boxes that apply.

☐ I am enclosing cash. Amount: _____

☐ I am enclosing a check. Amount: _____ Check # _____

----- Office Use ONLY -----

Extension Office Receipt # _____ - Office use only

Date Received _____ - Office use only

MAKE SOCCER FEE (and any LATE fees) PAYABLE TO "BENZIE 4-H"

REQUEST A FEE WAIVER HERE:

There is NO waiver for the \$10 late fee.

You must submit waiver form if the reason is Financial Hardship. Waiver Form is very last page of this form.

Check the Reason Below that you qualify:

☐ Financial Hardship or eligible for free/reduced lunch, etc.

☐ Coach's Child (Soccer fee is waived.)

☐ Teen Coach/Referee (exempt from all fees)

Late fee applies ONLY to RETURNING PLAYERS for registrations received AFTER August 31. There is no late fee for brand-new players.

E-mail Address (One is required – you may list up to 2) _____

Soccer Player's 1st Name: _____ T-Shirt Size: _____

Soccer Player's Last Name: _____ Years in Soccer Program: _____

Family Address: _____

House number and Street

P.O. Box #

City

State

Zip

Player's Birthdate: _____ (Must be 5 years old on or by this coming January 1st) GENDER: M _____ F _____

Family Home Phone (include area code): _____ Cell Phone: _____

Parent #1 First and Last Name: _____ May we text you? (Y) (N)

Parent #2 First and Last Name: _____ Cell Phone: _____

Are you enrolled in another county? (Y or N) Name of 2nd 4-H County _____

Race/Ethnicity: Check all that apply

☐ Hispanic ☐ White ☐ Black or African American ☐ American Indian ☐ Asian ☐ Native Hawaiian or Pacific Islander ☐ Two or More Races

Residence: Check one that applies:

☐ Farm ☐ Rural Town under 10,000 ☐ Town/City of 10-50,000 ☐ City, more than 50,000 ☐ Suburb, more than 50,000

Family Member Military Service

☐ No one in family is serving ☐ Parent serving ☐ Sibling serving ☐ Son/Daughter serving ☐ Self or Spouse serving

BRANCH OF SERVICE _____ BRANCH COMPONENT _____

School Name: _____ Grade: _____

- Enclose payments/forms in the correct envelopes.
- Print player name(s) on check memo line or attach a note to payment.

Playing Field (Circle One): BENZONIA

LAKE ANN

(OVER)

MICHIGAN 4-H CODE OF CONDUCT - REQUIRED

Show respect for, and cooperate with, fellow members, volunteers and staff.	Under no circumstances, attend or participate in an MSU Extension 4-H youth activity or event under the influence of alcohol and/or controlled substances including tobacco, electronic cigarettes, etc.
Follow 4-H policies and procedures when participating in any 4-H sponsored event.	
Under no circumstances, commit or threaten violence toward any individual, group or the program.	Under no circumstances, bring dangerous or unauthorized materials (such as explosives, weapons or similar items) to an MSU Extension 4-H youth activity or event.
Under no circumstances, possess, sell or consume alcohol or possess, sell or use controlled substances at an MSU Extension 4-H youth activity or event.	Abstain from harassment or bullying of another participant, volunteer or staff member (either in face to face interactions, through social media or other communication venues), particularly when the behavior is disrespectful as regards a person's gender, race, age, sexual orientation, religion, national origin, disability or appearance.
Not cheat or falsely represent efforts related to 4-H project activities.	

I have read and I understand the Michigan 4-H Youth Code of Conduct. I agree to abide by the rules stated above. I understand I may be removed as a participant from the activity or program, if I fail to follow these rules.

SIGNATURES: (Required)

Participant Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

(Required)

MSU Extension, 4-H Youth Development Consent, Acknowledgement of Risk, Waiver & Release Form

I grant permission for my child to participate in all 4-H clubs, groups, education, social activities, and projects and ("Experiences") they are enrolled for in 4-HOnline and for which I otherwise seek participation.

I understand that 4-H Experiences may entail field trips and visits to various locations. I also understand that participation in 4-H Experiences carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one Experience to another, but the risks range from (1) minor injuries such as scratches, bruises, and sprains, to (2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions, to (3) catastrophic injuries including paralysis and death.

I further understand that offered 4-H Experiences include those which may pose greater risks. These Experiences include, but are not limited to: shooting sports, equestrian activities, other activities which involve large animals, ATV/UTV activities, outdoor adventure challenges, snowmobiling, boating, motor vehicles and activities involving tractors and other farm implements.

Shooting Sports: I understand that some Experiences include the use of firearms, live ammunition, and/or archery equipment. I understand that shooting sports are potentially hazardous activities and entail the risk of serious injury; including, but not limited to, gun shot or archery wounds that could result in blindness, paralysis, loss of limb or life.

Equestrian/Large Animals: I understand that some Experiences involve the riding and/or husbandry of large animals. I understand that all animals, even trained animals, can exhibit unpredictable and potentially dangerous behavior. I recognize the riding and or care of large animals entails the risk of serious injury; including, but not limited to, fall, crush and blunt force wounds that could result in paralysis, loss of limb or life.

I have reviewed or will review all of the Experiences that my youth has selected or will select. I understand that by selecting Experiences I am accepting any risks associated with those Experiences.

I understand that my child has a role to play as regards to his or her safety and security. I will speak with my child about the need to listen to instructions, honor safety rules, and to behave responsibly.

If I am a participant who is 18 years of age or older: I have read the risks above, and, in consideration for being permitted to participate in chosen 4-H Experiences, I release, waive, discharge, and covenant not to sue 4-H volunteers/leaders, County 4-H Extension Councils/Committees, Michigan State University (collectively, "Releasees"), and all officers, directors, employees, agents, volunteers, and contractors of Releasees, from any claim, demand, loss, liability, damages, and attorney fees and costs whatsoever arising from, related to, or resulting from the above risks, including those caused by the negligent acts or omissions of any or all of the Releasees.

(OVER)

I have read and understand this Consent, Acknowledgement of Risk, Release and Waiver.

SIGNATURES: (Required)

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

STAFF ONLY-Document Received ☐ Document Received Date: _____

EVALUATION ACKNOWLEDGEMENT- (Required) Parent understands that there may be program evaluations conducted. You and/or your child may decline from the actual evaluation participation.

Parent/Guardian Signature: _____ Date: _____

STAFF ONLY-Document Received ☐ Document Received Date: _____

Media Release- (Required) I authorize Michigan State University Extension/4-H to record my image and/or voice for use by Michigan State University Extension or its assignees in research, education, and promotional programs. I understand and agree that these audio, video, film, and/or print images may be edited, duplicated, distributed.

Parent/Guardian Signature: _____ Decline Media Participation _____

Medical Information: (Required)

Primary care Physician's Name: _____ PHONE: (_____) _____

Physician's Address: _____

If no information applies below, please print "NO" in that space -

Chronic Health Problems:	Policy Holder Name:
Acute Illnesses:	Insurance Name:
Recent Health Problem:	Insurance Phone Number:
Medications:	Policy Number:
Allergies to Medications:	HMO Phone Authorization:
Allergies:	Date of Last Tetanus Shot:

Official Medical Treatment Authorization: (Required)

I recognize that while attending this program, medical treatment on an emergency basis may be necessary for my child, and I further recognize that volunteers or staff overseeing the program may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the circumstances and to assume the expenses of such care. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Parent/Guardian Signature: _____ Date: _____



**4-H Soccer Program Fee Waiver Form
for
Benzie 4-H Soccer Members**

- Submit this form with your Benzie Soccer enrollment form.
- Soccer enrollments without fee paid or waiver form submitted will be cancelled. This may cause you to become **ineligible** for certain 4-H events and activities.

Please check the box below

☐

Due to financial hardship, I am requesting a waiver from the Soccer Enrollment Fee.

4-H Member Name: _____ Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

E-Mail or Text Number if we have questions: _____

Benzie MSUE 448 Court Place Beulah, MI 49617-9518 Or hand deliver... Or submit to outside big green drop box with the MSU logo on front.	Date Office Received:
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