

# 2023 4-H Sports and Fitness Registration Form



Sports/Fitness Program: **EAST JORDAN 4-H FALL SOCCER 2023**

Status: (Check One) ☐ New Member ☐ Returning Member

Years in 4-H: \_\_\_\_\_  
(Including this year)

Childs Name: \_\_\_\_\_  
First Middle Last

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
(Month/Day/Year) (As of Jan. 1, 2024) (2023-24 school year)

Home Ph.: \_\_\_\_\_ Cell Ph.: \_\_\_\_\_ Work Ph.: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

School County: \_\_\_\_\_

School District: \_\_\_\_\_

School Name: \_\_\_\_\_

Parent(s) First & Last Names: \_\_\_\_\_

Residence: (✓ one)

- ☐ Farm ☐ Suburb ≥ 50,000  
☐ Town ≤ 10,000 ☐ City ≥ 50,000  
☐ Town 10,000 to 50,000

Ethnicity: (✓ one)

- ☐ Hispanic  
☐ Not Hispanic  
☐ Prefer not to state

Gender: (✓ one)

- ☐ Female  
☐ Male  
☐ Gender Identity not listed  
☐ Prefer not to state

Racial Groups: (✓ all that apply)

- ☐ White  
☐ Black  
☐ American Indian/Alaskan Native  
☐ Asian  
☐ Hawaiian/Pacific Islander  
☐ Other Combinations  
☐ Prefer not to state

Are you from a Military Family:

☐ Yes ☐ No

\*Military Family: A family which has an immediate family member (parent/guardian; step-parent; or sibling) regardless of branch is a military family

Branch: \_\_\_\_\_

☐ Active ☐ Reserve ☐ Retired

Registration Fee: \$35.00

Late Fee after August 1st: \$10.00

*\*If Coaching, registration fee is FREE.*

Total: \$ \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_

Youth Small, Youth Medium, Youth Large, Adult Small, Adult Medium, Adult Large, Adult X-Large

**Make Checks Payable to:**

**East Jordan 4-H Soccer**

(cash or check only)

We currently do not accept credit cards.

**Would you like to be a coach?**

Yes Maybe No

Registration fee is FREE for coaches

**East Jordan 4-H Soccer**

Date: \_\_\_\_\_

☐ Check # \_\_\_\_\_

☐ Cash \$ \_\_\_\_\_

☐ Scholarship \$ \_\_\_\_\_

Received By: \_\_\_\_\_

**(Office Use Only)**

# Michigan 4-H Youth Authorization and Acknowledgment Form



**Participant Name:** \_\_\_\_\_

**County of 4-H Participation:** \_\_\_\_\_ **Program Year:** 20\_\_\_\_ - 20\_\_\_\_

**Instructions:** This two-page form is required for participation in Michigan State University Extension 4-H youth programs. Each section requires a separate authorization.

## **Section 1 - Required**

### **Michigan 4-H Youth Code of Conduct**

The opportunity to participate in or attend 4-H activities is a privilege. All 4-H participants – youth, families, volunteers, and Extension staff – who participate in or attend any activity or event sponsored by the Michigan State University Extension 4-H Youth Development Program are expected to uphold the values of the Michigan 4-H program.

All 4-H youth participants must conduct themselves according to the following standards that apply to all Michigan 4-H programs, including virtual programs, and interactions such as social media and internet engagement.:

1. **Create a Welcoming Environment for All.** Encourage everyone to fully participate in 4-H. Recognize that all people have skills and talents that can help others and improve the community. Though we will not always agree, we must disagree respectfully. When we disagree, try to understand why. Our first priority is to create a safe, inclusive space for learning, sharing and collaboration that is welcoming to people from diverse backgrounds, cultures, and perspectives. Diversity includes, but is not limited to race, color, national origin, gender, gender identity, religion, age, height, weight, disability, political beliefs, sexual orientation, marital status, family status or veteran status.
2. **Bring Your Best Self.** Conduct yourself in a manner that reflects honesty, integrity, self-control, and self-direction. Accept the results and outcomes of 4-H activities and programs with grace and empathy for other participants. Accept the final opinions of judges and evaluators. Be open to new ideas, suggestions, and opinions of others.
3. **Obey the Law.** Obey the laws of the locality, state and nation and Michigan State University and Extension policies and guidelines. Commit no illegal acts. Do not possess, offer to others, or use alcohol, illegal drugs, marijuana, or tobacco products, which include e-pens, e-pipes, e-hookah, e-cigars, JUULs, vapes, vape pens or other electronic nicotine delivery systems. Do not attend 4-H activities under the influence of alcohol or illegal substances. Do not possess or use weapons or firearms except as expressly permitted as part of supervised 4-H shooting sports programming. This includes dangerous or unauthorized materials such as explosives or similar items.
4. **Honor Diversity – Yours and Others’.** Respect and uphold the rights and dignity of all persons with whom you interact as part of Michigan 4-H.
5. **Create a Safe Environment.** Be kind and compassionate toward others. Be considerate and courteous of all persons and their property. Do not carelessly or intentionally harm or intimidate anyone in any way (verbally, mentally, physically, or emotionally). Do not insult, harass, or bully others or engage in other hostile behaviors, including sexual harassment, sexual assault or sexual abuse. Abstain from sexual behavior and intimate physical/sexual contact in either public or private situations at an MSU Extension youth 4-H activity or event.
6. **Be a Team Player.** Work cooperatively with all individuals involved in 4-H programs and activities. Be responsive to the reasonable requests of the person in charge such as volunteers and staff. Respect the integrity of the group and the group’s decisions.
7. **Humane Treatment of Animals.** Treat animals humanely and provide appropriate animal care.
8. **Participate Fully.** Participate in and contribute to planned programs, be on time and follow through on assigned tasks/responsibilities in a manner that fosters the safety, well-being, and quality of the educational experience for self and others. Have fun!

# Michigan 4-H Youth Authorization and Acknowledgment Form



**Participant Name:** \_\_\_\_\_

**County of 4-H Participation:** \_\_\_\_\_ **Program Year:** 20\_\_\_\_ - 20\_\_\_\_

## **Section 1 – Required**

### **Michigan 4-H Youth Code of Conduct - *Continued***

**9. Watch What You Wear.** Use good judgment. Wear clothing suited for the activity in which you will participate. Dress in a manner that is respectful to yourself and others. Clothing that displays or promotes violence, obscenity, illegal activities, or discrimination, is prohibited. Do not wear clothing that excessively exposes the body or shows undergarments.

**10. Be a Positive Role Model.** Act in a mature, responsible manner, recognizing you are role models for others and that you are representing both yourself and the Michigan State University Extension 4-H Youth Development Program. Be responsible for your behavior, use positive language, and uphold the highest standards of conduct at all 4-H activities.

### **CONSEQUENCES**

If I do not follow the Michigan 4-H Code of Conduct, I know that consequences may include any or all of the following:

- Having a discussion with 4-H adults regarding my behavior and deciding what I can do to make up for any harm done
- Notification to my parents/guardians and appropriate staff members
- Dismissal from the 4-H event at my own expense and without any refund
- Not being allowed to participate in future 4-H events
- Paying for the financial cost of damages and repairs for damage or destruction of property
- Suspension or termination of my participation in the Michigan 4-H Youth Development Program
- Being released to the nearest law enforcement agency and/or proper authorities

I have read, understand, and agree to abide by the Michigan 4-H Youth Code of Conduct.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Parent/Guardian must sign if participant is under 18.

## **SECTION 2 – Required**

### **Evaluation Acknowledgement**

As a participant in the Michigan State University Extension/ 4-H program, your child may be asked to help with the evaluation of the program. Your child may be asked to complete a short survey about what he/she learned or did as a result of the program. Surveys could be given before the program begins and/or after the program has ended. Surveys typically take no more than 10 minutes to complete. All surveys are confidential. Youth are not required to participate in a survey. If you or your child does not wish to participate, it will not affect involvement in any programs of Michigan State University. If you do not want your child to participate in program evaluations or have questions about the evaluation, contact your local 4-H coordinator at the MSU Extension Office. By signing below I acknowledge that my child may be asked to participate in a short program evaluation. I understand that program evaluations are completely voluntary.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Participant must sign if over 18.

# Michigan 4-H Youth Authorization and Acknowledgment Form



**Participant Name:** \_\_\_\_\_

**County of 4-H Participation:** \_\_\_\_\_ **Program Year:** 20\_\_\_\_ - 20\_\_\_\_

## SECTION 3

### Media Release

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, reproduced, broadcasted, and/or reformatted in any form and manner without payment of fees in perpetuity.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Participant must sign if over 18.

## SECTION 4

### Medical Information

Participant's full legal name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent phone home: (\_\_\_\_\_) \_\_\_\_\_ Parent phone work: (\_\_\_\_\_) \_\_\_\_\_

Parent phone cell: (\_\_\_\_\_) \_\_\_\_\_

Mailing address: \_\_\_\_\_

Primary care physician's name: \_\_\_\_\_ Physician's phone: (\_\_\_\_\_) \_\_\_\_\_

Physician's address: \_\_\_\_\_

### INFORMATION NEEDED ABOUT PARTICIPANT (Required):

**Yes No If yes, please list/explain below. Attach additional sheets if needed.**

☐ ☐ Does the participant have any chronic health problems or illness?

☐ ☐ Does the participant have any acute illness now?

☐ ☐ Has the participant been treated recently for some medical problem?

☐ ☐ Is the participant taking any medications for treatment of a medical problem?

☐ ☐ Does the participant have any allergies to medication or local anesthetics?

☐ ☐ Does the participant have any allergies?

Please disclose any other disabilities or special needs your child has that could affect their ability to have a positive experience.

Date of child's last tetanus shot: \_\_\_\_\_

### HEALTH INSURANCE INFORMATION (REQUIRED):

**Does the participant have health insurance coverage?** \_\_\_\_ Yes \_\_\_\_ No

**Enter N/A below if no coverage.**

Policy holder's name and relationship to participant: \_\_\_\_\_

Policy holder's address: \_\_\_\_\_

Please attach a photocopy of both sides of your insurance card (preferred) OR complete the information requested here: Insurance company phone number: (\_\_\_\_\_) \_\_\_\_\_

All policy numbers (please identify): \_\_\_\_\_

If you have HMO insurance, please list emergency treatment authorization phone number: (\_\_\_\_\_) \_\_\_\_\_

Employer's name and address: \_\_\_\_\_

## SECTION 5- Required

### Official Medical Treatment Authorization

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:** \_\_\_\_\_

Participant must sign if over 18



Participant Name: \_\_\_\_\_

County of 4-H Participation: \_\_\_\_\_ Program Year: 20\_\_\_\_ - 20\_\_\_\_

**SECTION 6 - 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 their 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.

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

\_\_\_\_\_  
Parent/Guardian/Participants 18 years of age or older signature\_\_\_\_\_  
Date