

Get Your Garden Growing, Broward County 4-H Youth Planting Workshop

Presented by the Broward County 4-H Foundation

Note: This form must be completed by the participant and the parent/guardian in order to participate in Broward County 4-H programs. **All items must be completed.** If the response is not applicable, indicate by using N/A.

Participant Name: _____

Gender: _____ Race/Ethnicity: _____ DOB: ___ / ___ / _____

Parent/Guardian Name(s): _____

Address: _____

City: _____ Zip: _____ E-Mail: _____

Day Phone: _____ Evening Phone: _____

Please review the Get Your Garden Growing flyer for program description and date and for the ages of youth the program is planned for. Note that youth must be between the ages of 5 and 18 as of September, 1, 2009, to participate.

Make check payable to **Broward County 4-H Foundation**. Payment is due with registration form to reserve spot (first come, first served). **No refunds after close of registration on Friday, October 9.**

Allergies or anything else we should know, in terms of your child's Health History (This information will be kept confidential, and reporting conditions will not prevent a person from attending):

Medical Release: I understand participants will be supervised and that, if serious illness or injury develops, medical and/or hospital care will be given. I hereby give my permission to the attending physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child, or myself and affirm that the above information is true and correct to the best of my knowledge and belief.

Yes No **I understand & Agree to the Medical Release, considered a Parent/Guardian or Adult Participant Signature.**

General Release: I hereby release the Florida 4-H Foundation, local extension boards, the University of Florida, the State of Florida, and their agents, trustees, officers and employees, from all claims, demands and causes of actions of any kind, including the claims of negligence, which may arise from participation of myself or my minor child in any Florida 4-H sponsored activity, and this release is specifically granted in consideration of the services, programs and activities being provided by Florida 4-H.

Yes No **I understand and agree to the General Release—considered a Parent/Adult or Adult Participant Signature.**

Program Release: This authorization must be completed if someone other than the signing parent(s) may pick up a child from Get Your Garden Growing. Names of person(s) who are authorized to pick up my child apart from the below signed. Upon pick up, the named person(s) will be required to check out and show their license or other official picture ID as proof of identification:

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Florida 4-H Events—Youth/Adult Code of Conduct: As a participant in Florida 4-H Events, I have the responsibility of representing Florida 4-H programs to the public. I am expected to conduct myself in a manner that will bring honor to me, my family and 4-H. To do that I must: 1) Obey local, state and federal laws. Follow policies set for county, district, state or national 4-H youth programs. I am responsible to know the rules for the event. 2) Speak and act in a responsible, courteous and respectful way. 3) Act responsibly to maintain a safe environment for all participants. Report threats to the well being of a participant. 4) Know that the use or possession of tobacco, alcohol and illegal drugs is prohibited at all 4-H events. 5) Know that the possession or use of firearms is prohibited, except when part of an approved shooting sports educational program. 6) Respect all persons, facilities and vehicles. I will be responsible for any damage caused resulting from my behavior. Know that harassment of any type is illegal. 7) Help others have a pleasant experience by making every attempt to include all participants in activities. 8) Be in the assigned program areas (example—dorms, cabins, programs etc.) at all times. If I am unable to attend, I will tell the adult in charge. 9) Dress appropriately for each event. 10) Not use a cell phone during any scheduled events.

Participant: Yes No I have read the Florida 4-H Code of Conduct above and agree to live up to the expectations. I realize my failure to do so could result in a loss of privileges during the event and in the future. Further, I understand that my failure to do so could result in me being asked not to return to an event **(No refund will be given)**.

If you, or your child, may not participate in any of the below items you must check “No”.

Publicity Release: I authorize UF IFAS Extension and the Florida 4-H Foundation or their assignees to record and photograph my image and/or voice (or that of my child if under 18) for use in research, educational and promotional programs. I also recognize that these audio, video and image recordings are the property of UF IFAS Extension and the Florida 4-H Foundation.

No, I do not authorize use of my—or my child’s individual image or voice.

Survey & Evaluation Release: I hereby establish my willingness to participate as an adult (i.e. 4-H leader, other volunteer, parent/guardian, site manager, etc.) and give permission for my child (under 18 years of age) to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program. I understand that participation in surveys and evaluations is voluntary and that my child and I may choose not to participate and may withdraw from surveys and evaluations without impact on my or my child’s eligibility to participate in the 4-H program. I understand that my child or I may be asked for consent before completing a survey or an evaluation.

No, I am not willing to participate—or give permission for my child to participate—in any program evaluation.

Participant Signature: _____ Date ____ / ____ / ____

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

* If married, or divorced but having joint custody of the youth, both parents/guardians must sign. If divorced and having sole custody of the youth, only that parent/guardian with sole custody needs to sign.

Broward County Extension Education
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Phone: 954.370.3725 | Fax: 954.370.3737 | E-mail: 4-H@broward.org



4-H is open to all youth, ages 5 to 18, regardless of race, gender, ethnicity, creed, nationality, sexual orientation, or disability. Individuals with disabilities requiring accommodations in order to participate in Broward County programs, services, and activities must contact the Special Populations Section at 954.357.8170 or TTY 954.537.2844 at least ten (10) business days prior to the scheduled meeting or event to request an accommodation.