



4-H Challenging Pioneers Member Registration 2020

Please complete this form and return by email no later than Friday, October 9, 2020.

Member Details

Personal Information

Members First Name _____ Last Name _____

DOB (mm/dd/yyyy) _____ (must be 6 yrs. as of Dec. 31st, 2019)

Mailing Address

Address _____

City _____ Province _____ Postal Code _____

Contact Information

Guardian Email: _____

Member Email: _____

(please include if you would like the member to be added to the email distribution list)

Phone _____

Secondary Phone _____

Member Phone (if applicable) _____

Guardian Information

Name(s) _____



Consent to Release the Use of Images (Digital/Still Photographs), and/or Video and Audio Recordings

I, _____, a member of 4-H Challenging Pioneers

grant permission to reproduce in print or electronic/web format, for nonprofit educational purposes only, my image, which may appear in the attached or as a digital photograph, video or audio recording.

I understand the photography may be used for the purpose of promoting 4-H Challenging Pioneers and may be used in publications, videos, audio-visual presentations, books, promotional literature, advertising, editorial articles, internet based sites, calendars.

My identity or my child's identity:

___ **may be** revealed

___ **may not** be revealed

Parent/Guardian Signature
(required for all members under 18 years)

Parent Name (please print)

Date

Member's Signature

Address



Health Information Form

In order for 4-H leaders to ensure the wellbeing of all members, it is vital for leaders to know and understand any medical conditions that a member may have. This information is confidential and will be used only by 4-H Leaders for the purpose of ensuring the health and safety of our members. For members under the age of 18, the parent or guardian is assuming full responsibility for the participant's health, being such that the program activities will in no way aggravate any condition present.

Members Name _____

Date of Birth (mm/dd/yyyy) _____

Emergency Contact and Information (not for registration purposes)

In case of an injury or illness emergency, it is helpful for your child's leader to have the following information.

Emergency Contact

Name _____

Name _____

Phone _____

Phone _____

Relationship _____

Relationship _____

Physicians Name _____

Phone _____

MCP _____

Expiry Date _____

Personal Health Record

Please check any of the following conditions that the member is subject to. Please give details of usual treatment should condition occur.

Asthma

Skin Conditions

Frequent Colds

Rheumatism

Tonsillitis

(specify contagious or not)

Ear trouble

Hysteria

Sinus trouble

Epilepsy

Kidney trouble

Nightmares

Bronchitis

Eye trouble

Motion Sickness

Sleep Walking

Convulsions

Boils

Fainting

Other (please list any conditions not listed)

Please check any of the following illnesses that the participant has had:

Appendicitis

Jaundice

Pleurisy

Chicken Pox

Measles

Pneumonia

German Measles

Mumps

Pneumatic Fever

Any illness or disability not included on this list:

At time this program may include rigorous activities. Does the member suffer any physical or emotional disorders that would prevent full participation in the program?

Yes No

If yes, please describe: _____

Is the member currently taking medication? Yes No

Name of Drug: _____

Condition for which drug is prescribed: _____

Minimum expectations for 4-H Members:

- Members, together with their group, will participate in at least one outreach or volunteer event
- Participate in one of each, winter project & summer project and complete project requirements as outlined by project leader
- Members must attend 75% of each project, including general meetings, for their 4-H year to be counted as a qualifying 4-H year.

Why is this important?

Travel – Did you know when you apply for travel there are requirements for years experience as a 4-H member? If you are enrolled in 4-H for two years but have not completed 75% of those years, these years do not count when applying, thus, you have no prior years for travel and would not be considered.

Returning Members – If you do not complete 75% of the year, you will be considered a new member when registration starts. Returning members are given first opportunity for registration, however, in fairness to those attending and those looking for the opportunity to join, you will be required to attend 75% in order to qualify as a returning member.

- Members must participate in Club's achievement event for your 4-H year to be considered as a qualifying year. We have multiple opportunities for this to be completed. Each year we hold Local Achievement. Locals consist of presentation of a speech or demonstration at a special event held outside of 4-H regular meetings. Members also have the opportunity to present at each of our general meetings by talking about what they have been working on at a project level. Finally, each member is expected to participate in our year-end Club Achievement Day. This gives members the opportunity to display and discuss with guests the projects they have worked on throughout the 4-H year. Participation in any/all of these events would count towards Achievement.
- When applying for anything 4-H related, please remember that you are to notify the coordinator of your club via email, challengingpioneers@gmail.com, as well, complete all requirements of the application. Failure to complete all necessary steps will automatically default your application and therefore you will not be considered as an applicant.

We have read and understand the commitment required to be a member of 4-H Challenging Pioneers.

Member's Signature

Date signed

Parent/Guardian Signature

Date signed