

Name _____

County _____

ACTIVITY AND EVENT ACCEPTANCE FORM FOR _____
(event or activity)

The above 4-H activity or event is planned, conducted and supervised by UT Extension. All 4-H'ers are responsible for their conduct to UT Extension personnel and/or 4-H leaders supervising the activity or event. Specific guidelines for conduct include:

- A. 4-H'ers shall be in their rooms and quiet at the time determined by UT Extension personnel and leaders. Boys are not to go into girls' rooms and girls are not to go into boys' rooms at any time unless accompanied by authorized UT Extension personnel or adult 4-H leaders.
- B. 4-H'ers shall participate fully in all programs outlined for the activity or event.
- C. 4-H'ers shall show respect for the property and facilities used during the activity or event and assume financial responsibility for any damages they cause.
- D. 4-H'ers conduct at all times shall be appropriate to the standards and image of the 4-H program. Tobacco products, drugs, alcohol, weapons, and fireworks will not be tolerated at any 4-H event or activity.

We understand and accept the responsibility for following the above guidelines, and that failure to do so may result in a 4-H'er being sent home from the activity or event at his or her own expense and/or made ineligible to participate in future 4-H events or activities.

4-H Member's Signature

Parent/Guardian Signature

Date

(Note: Failure to have the two bonafide signatures above shall be sufficient reason to disqualify a member from further 4-H participation.)

PUBLICITY RELEASE

Also, as indicated by the signatures below, 4-H'ers authorize the University of Tennessee to photograph, film, audio/video tape, record and/or televise their image and voice, and biographical material, in whole or in part in any medium now known or developed in the future, without any restrictions.

4-H Member's Signature

Parent/Guardian Signature

Date

IDENTIFICATION OF 4-H MEMBER

Name _____ Home Phone () _____
(Last) (First) (Middle)

Date of Birth _____ Sex Male Female

Parent or Guardian _____

Daytime Phone () _____ Nighttime Phone () _____

Work Place Address _____ Phone () _____
(Street/P. O. Box) (City) (State) (Zip)

Other Emergency Contact (if appropriate) _____
(Name)

(Address/City/State/Zip) () (Phone, if different than above)

PERSONAL HEALTH AND MEDICAL RECORD (Waiver of Medical Care)

MEDICAL INFORMATION *(Check all that apply)*

- Allergy to food, plants or insect stings. Explain _____
- Any condition that may require special care, diet or restriction of activities. Explain _____

- Asthma Convulsions Diabetes Fainting Spells Heart Trouble Nose Bleeds

Does this child wear : Contact Lens Dentures Other

Explain _____

Are you aware of any current health problems: Yes No

If yes, explain _____

Has your child ever had any of these diseases or injuries?

	No	Yes	Year
Serious Illness	<input type="checkbox"/>	<input type="checkbox"/>	_____
Serious Injury	<input type="checkbox"/>	<input type="checkbox"/>	_____
Surgery	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ears, Eyes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Teeth, Tonsils	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chest, Lungs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stomach	<input type="checkbox"/>	<input type="checkbox"/>	_____
Back, Joint, Limbs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

Give details on injuries or diseases listed: _____

WAIVER OF MEDICAL CARE

I understand that the University of Tennessee carries limited medical insurance on all campers and that medical attention would be provided in case of emergency. For religious reasons, I/we **DO NOT** want _____ (4-H'er's name) to be included in this part of the camp program.

DO NOT TAKE THIS CHILD TO SEE A MEDICAL DOCTOR

In case of accident or illness you are to (Please give complete instructions for camp administration to follow. Instructions should include both major emergencies and everyday cuts and bruises, first aid, etc.):

Signed _____ Date _____
Parent/Guardian Signature
Month, Day, Year