South Dakota State University Extension

2026 - 2027
4-H Youth Enrollment Form

New Family Information:

Family Name* _____

Email* _____ Mobile Phone* _____

County* _____

Address* _____

City* _____ State* _____ Postal Code* _____

Youth Information:

First Name* _____ Middle Name _____ Last Name* _____

Preferred Name _____

Birthdate* _____ Youth Years in Program _____ Grade* _____

Gender*

- ❑ Female
- ❑ Male
- ❑ Gender Identity Not Listed
- ❑ Prefer Not to Respond

Residence*

- ❑ Farm
- ❑ Town Under 10,000 or Rural-Non-Farm
- ❑ Town, City, or Suburbs 10,000-50,000
- ❑ City or Suburb, More Than 50,000
- ❑ City – Central, More Than 50,000

Are you of Hispanic or Latino Ethnicity?*

- ❑ Hispanic
- ❑ Non-Hispanic
- ❑ Prefer Not to State

Race*

- ❑ White
- ❑ Black or African American
- ❑ American Indian or Alaskan Native
- ❑ Native Hawaiian or Pacific Islander
- ❑ Asian
- ❑ Balance (other combinations)
- ❑ Prefer No to State

Parent/Guardian 1*

First Name* _____ Last Name* _____

Phone Number* _____ Work Phone Number _____ Work Extension_____

Emergency Contact* Other than a parent

Full Name* _____ Relationship to Member* _____

Contact Phone* _____ Contact Email _____

School Name* _____

*Required fields

Family Member Military Service*

- ❑ I am serving in the Military
- ❑ I have a family member serving in the Military
- ❑ I have a parent serving in the Military
- ❑ I have a parent who retired from the Military
- ❑ I have a parent who served in the Military
- ❑ I have a sibling serving in the Military
- ❑ No one in my family is serving in the Military

Branch of Military Service*

- ❑ Air Force
- ❑ Army
- ❑ Coast Guard
- ❑ DOD Civilian
- ❑ Marines
- ❑ Navy
- ❑ Not Applicable

Branch of Military Component*

- ❑ Active Duty
- ❑ National Guard
- ❑ Not Applicable
- ❑ Reserves

T-Shirt Size*

- ❑ Youth XS
- ❑ Youth Small
- ❑ Youth Medium
- ❑ Youth Large
- ❑ Youth XL
- ❑ Adult Small
- ❑ Adult Medium
- ❑ Adult Large
- ❑ Adult XL
- ❑ Adult 2XL
- ❑ Adult 3XL

How did you hear about the 4-H Program?*

- ❑ Family/Friends
- ❑ Local Media (radio, newspaper, TV)
- ❑ Extension.sdstate.edu
- ❑ Community Event (parade, festival)
- ❑ Achievement Days/County Fair
- ❑ State Fair
- ❑ Other _____

*Required fields

Participation:

Write your club you would like to participate in: _____

Circle the project areas you would like to participate in:

General 4-H Event

Aerospace and Rocketry

Ag in the Classroom

Automotive, Small and Tractor Engines

Beef

Bicycle

Character Education

Child Development & Family Life

Citizenship

Clothing and Textiles

Communications

Communities for Child Safety

Community Service

Companion Animal

Computers and Technology

Conservation and Stewardship

Consumer Education

Cultural Education, International Study & Exchange Programs

Dairy Cattle

Dairy Goats

Dogs

Drama/Theater

Economics, Business and Marketing

Electricity

Embryology

Energy for Farm, Home and Transportation

Engineering

Entomology and Bees

Entrepreneurship

Exploring 4-H

Fashion Revue

First Aid & Health

Fitness and Sports

Food Preservation

Food Safety

Foods and Nutrition

Forestry

Geology and Minerals

Geospatial

Graphic Design

Health

Hobbies and Collections

Home Environment

Horse and Pony

Horticulture, Gardening and Landscaping

Leadership Skills Development

Leisure Education and Recreation

Meat Goats

Music/Dance

Outdoor Education/Recreation

Photography

Physics

Plant Science, Crops and Weeds

Poultry and Eggs

Rabbit/Cavies

Range Sciences and Pasture Management

Robotics

Rodeo

Safety

Service Learning

Sheep and Wool

Shooting Sports (Circle)

Archery - BB Gun - Air Pistol/Air Rifle - Shotgun - CMP/22 Pistol

Social Recreation Skills

Soils and Soil Conservation

Swine

Veterinary Science

Videography

Visual Arts

Water and Water Conservation

Welding Science

Wildlife and Fisheries

Wood Science

Workforce Preparation (Career Exploration)

Writing/Public Speaking

Health Information:

1. List any significant health conditions (diabetes, asthma, etc.)

2. List any significant allergies.

3. List any significant allergies to drugs.

4. Any special notes related to health information.

Authorizations*

Medical Release:

As part of 4-H's commitment to safety, youth are supervised by volunteers and/or staff at all 4-H events/programs. On occasion, illness or injury still occurs. I understand that if an illness or injury occurs at a 4-H event/program, medical and/or hospital care will be given, and the staff and/or volunteers will not be held responsible for outcomes. In cases of serious illness or injury, parents/guardians and/or emergency contacts will be notified. If it is impossible to make contact, I give permission for emergency medical treatment or surgery as recommended by the attending medical physician. I further understand that health and accident insurance is the responsibility of the 4-H member's family according to the 4-H policies and procedures of SDSU Extension. My signature below indicates that I have read this Medical Release and agree to its terms.

- ❑ By checking this box, I give permission for this 4-H member to receive emergency medical treatment or surgery, as recommended by an attending medical physician, if a serious illness or injury occurs during any 4-H activity or event.

My signature below indicates that I have read this Medical Release and agree to its terms.

_____ _____

Guardian Signature Date

Member Behavior Expectations

The South Dakota 4-H Program expects youth members and participants to behave in an acceptable manner at all events and activities in accordance with the South Dakota 4-H Behavioral Expectations and the Code of Conduct Policy.

Behavioral Expectations

The South Dakota (SD) 4-H Program is designed to provide youth of all ages with a positive environment in which to learn and grow. It also provides opportunities for children and youth to build positive traits of character. The SD 4-H Program supports the six pillars of character: Trustworthiness, Respect, Responsibility, Fairness, Caring and Citizenship. To ensure that all youth have equal access to positive learning environments, SD 4-H members, staff, and volunteers agree to abide by these expectations of behavior:

I will be trustworthy

I will be worthy of trust, honor, and confidence. I will be a good role model by doing the right thing at all times. I will be honest in all of my activities. I will be on time for all scheduled events and will attend all of the planned activities. If I am not feeling well or have a schedule conflict, I will inform my chaperone or a person in charge of the event before the activity starts. I will be in the assigned area (club meeting room, building, dorm, etc.) at all times. The SD 4-H Program will not permit dishonesty such as lying or cheating.

I will be respectful

I will show respect, courtesy, and consideration to everyone, including myself, other participants, and those in authority. I will act and speak respectfully. I will treat meeting rooms, lodging areas, personal property, and transportation vehicles with respect. I will follow all published dress code guidelines for the event and/or activity. I will respect the personal space and choices of other participants and will not participate in inappropriate displays of affection or physical contact. I will not use vulgar or abusive language, cause physical or emotional harm, or create a feeling of fear amongst other participants.

I will be responsible

I will be responsible and accountable for my choices and my actions towards myself and other people. I will follow all rules and guidelines established for the activity or event. I will follow the verbal instructions issued by SDSU Extension staff, chaperones, and/or adult volunteers. I will abide by the established program curfew. I will be responsible for any damage, theft, or misconduct that I am involved in or cause.

I will be fair

I will participate in events fairly by following the rules, not taking advantage of others, and not asking for special help or favors.

I will be caring

I will be caring in my relationship with others. I will be kind and show compassion for others. I will treat others the way I want to be treated. I will show appreciation for the efforts of others. I will include all participants in activities and will try to help everyone be involved in the scheduled activities.

I will be a good citizen

I will be a contributing and law-abiding citizen. I will be respectful to the environment. I will not use illegal substances such as tobacco, alcohol, or drugs or be involved in the use or possession of weapons or fireworks. If I am found to have any of these items with me or if I have taken any illegal substances, adult staff/volunteers will notify law enforcement.

Member Code of Conduct Policy

If I do not abide by the items in the Behavioral Expectations above, I will experience the following consequences in the order listed:

1. The loss of rights and/or privileges at the event or activity.
2. Being dismissed from the activity or event with an adult staff member or chaperone/volunteer notifying my parents/guardians and that I must go home at my family's expense before the activity or event ends.
3. The possible forfeiture of future participation in statewide and out-of-state events and activities as well as the forfeiture of future awards and premiums at the County level for a period of time up to one year. If this step is considered necessary, event staff, county staff, state staff will make the decision with input from the parents/guardians of the involved 4-H member(s).

❑ By checking this box, we certify that we have read the South Dakota 4-H Code of Conduct and Behavioral Expectations. We promise to support the individuals at all 4-H activities and events who are in charge of maintaining appropriate behavior. We also agree to accept the appropriate and logical consequences of this 4-H member's actions according to this policy as determined by the South Dakota 4-H Program.

Youth Signature	Date
Guardian Signature	Date

Media Release

I hereby authorize South Dakota 4-H and its successors and legal representatives to use images or recordings of me and/or my property or use my submitted media, and authorize and assign the absolute right and unrestricted permission to copyright, publish and/or use such images or recordings in whole or part, or composite form made for art, advertising, trade or any other lawful purpose.

I hereby waive any right that I may have to inspect and approve the finished product or the advertising copy that may be used in connection therewith, or the use to which it is applied. I hereby waive any intellectual or proprietary rights to the images, recordings, finished products, or advertising copies. I understand no payment or compensation will be provided to use my image or recordings.

I hereby release, discharge and agree to hold harmless South Dakota 4-H and its successors and legal representatives from any liability by virtue of any use whatsoever, whether intentional or otherwise, that may occur or be produced in the taking of said picture, or in any processing needed to complete the finished product.

❑ I agree to the terms of the Media Release above and permit South Dakota 4-H and its successors and legal representatives to use images or recordings of this 4-H member for the purposes stated above.

_____	_____
Youth Signature	Date
_____	_____
Guardian Signature	Date

Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement and Consent to Medical Treatment

By our signatures below, we acknowledge that we are aware of, appreciate the character of, and voluntarily assume the risks involved in participating in 4-H activities, programs and events.

By our signatures below, on behalf of ourselves, our heirs, next of kin, successors in interest, assigns, personal representatives, and agents, we hereby:

1. Waive any claim or cause of action against and release from liability South Dakota 4-H and its successors and legal representatives, its officers, employees, and agents for any and all liability for participant's death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to participant and his/her estate, resulting from participation in 4-H activities, programs and events.

2. Agree to indemnify and hold harmless South Dakota 4-H and its successors and legal representatives, its officers, employees, and agents for any claims, causes of action, or liability to any other person arising from participation in 4-H activities, programs and events.

3. Consent to receive any medical treatment deemed advisable during participation in 4-H activities, programs and events.

❑ As the guardian of this 4-H member, I have read this Release and Waiver of Liability, Assumption of the Risk and Indemnity Agreement and Consent to Medical Treatment, and fully understand its terms, understand that I have given up substantial rights by signing it, and signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

_____	_____
Youth Signature	Date
_____	_____
Guardian Signature	Date

SDSU Extension is an equal opportunity provider and employer in accordance with the nondiscrimination policies of South Dakota State University, the South Dakota Board of Regents and the United States Department of Agriculture.

Learn more at extension.sdstate.edu.

MC-02870