

# LAKERIDGE JR. HIGH 4-H Afterschool Registration Form

You may also register ONLINE at [ut.4honline.com](http://ut.4honline.com)

If you have questions please contact:

Krystal Pratt – Afterschool Coordinator (801) 610-8134

Dee Colbert – Afterschool Director [dcolbert@alpinedistrict.org](mailto:dcolbert@alpinedistrict.org)

Program Fees go to <https://www.xpressbillpay.com/portal/?refer=asdafterschool>



## Family Information Please Print Clearly:

Family Email \_\_\_\_\_ Last Name \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Primary Phone

Mailing Address \_\_\_\_\_ City, ST ZIP Code \_\_\_\_\_



## Youth Information Please Print Clearly:

Youth Name \_\_\_\_\_ Youth Birthdate MM/DD/YYYY \_\_\_\_\_ Gender: \_\_\_ MALE \_\_\_ FEMALE

(\_\_\_\_\_) \_\_\_\_\_  
Youth Cell Phone

Parent/Guardian Name \_\_\_\_\_ Cell Number \_\_\_\_\_ Work or Alternate Number \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Cell Number \_\_\_\_\_ Work or Alternate Number \_\_\_\_\_



## Emergency Contact: Relatives or friends to act in my behalf in case of an emergency. If I cannot be reached:

Emergency Contact Name \_\_\_\_\_ Phone number \_\_\_\_\_ Relationship \_\_\_\_\_



## Additional Information:

### Ethnicity/Race:

Are you of Hispanic or Latino ethnicity?  YES  NO

Mark all that apply:

- White
- Black or African American
- American Indian or Alaskan Native
- Native Hawaiian or Pacific Islander
- Asian
- Prefer Not to State

### Residence:

- Farm
- Town Under 10,000 & Rural non-farm
- Town/City 10,000-50,000 and its suburbs
- Suburb of city more than 50,000
- Central City more than 50,000

### Military Service of Family

- No one in my family is serving in the military
- I have a parent serving in the military
- I have a sibling serving in the military

Branch of Service: \_\_\_\_\_  
Branch Component: \_\_\_\_\_  
(Active Duty / National Guard / Reserves)

### School Information:

Name of School \_\_\_\_\_ Grade \_\_\_\_\_

## Child Release from Afterschool You must choose one of the following:

My child has my permission to walk out to my car or to the late bus. My child has my permission to walk home from school from 4-H Afterschool.

My child must wait for me inside the school to come to get them and sign them out of 4-H Afterschool. The following people may sign my child out of 4-H. I will notify them that they will need to walk in and sign for my child. Please include name and phone number. \_\_\_\_\_

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Child's Name: \_\_\_\_\_



## Code of Conduct/Waiver of Liability

The primary goal of the 4-H program is to build character while participating in 4-H. We expect all youth and adults to abide by the following:

- I will exhibit positive character and behavior including (but not limited to) trustworthiness, responsibility, respectfulness, caring, citizenship and fairness.
- I will attend all sessions as part of a planned program and be in the assigned area at all times.
- I will follow guidelines and rules established for the planned programs.
- I will be responsive to the reasonable requests of the 4-H staff/club leaders and respectful of the need for their personal safety and the safety of others.
- I will dress appropriately, use appropriate language and respect the rights of others.
- I will be respectful of public or private property and will be responsible for any damage, theft or misconduct.
- I will not possess or use alcohol, illegal drugs, or tobacco products.
- I will not behave recklessly, engage in sexual misconduct, assault, threaten or harm another person.
- I will promote the spirit of inclusion and comply with equal opportunity and anti-discrimination laws.



## Child Signature Checklist (please read and initial each section on line provided and sign below)

Initial here \_\_\_\_\_

**Photo Release:** Participants in USU events are sometimes photographed and videotaped for use in USU promotional and educational materials. I authorize Utah State University to record and photograph my image and/or voice for use by Utah State University or its assignees in research, educational and promotional programs; I understand and agree that these audio, video, film and/or print images may be edited, duplicated, distributed, reproduced, broadcast and/or reformatted in any form and manner without payment of fees, in perpetuity.

**Code of Conduct/Waiver of Liability:** I have read the 4-H code of conduct and agree to live up to these expectations. I am aware that all my actions and decisions affect others. I realize that my failure to act with good character could result in loss of privileges, consequences, and suspension from 4-H Afterschool clubs. I am willing to accept the appropriate and logical consequences of my actions. As a participant in a 4-H Afterschool, I release the County and State Extension programs and personnel, Utah State University, and those affiliated from liability should I accidentally be injured due in part to my own negligence.

\_\_\_\_\_  
Child's Signature

\_\_\_\_\_  
Date



## Parent Signature Checklist (please read and initial each section on line provided and sign below)

Initial here \_\_\_\_\_

**Medical/Emergency:** In the event of an emergency, I hereby give permission to the 4-H staff to request emergency services for my child, which may include transportation to a medical facility, and in the event that none of my child's emergency contacts can be reached, I also give permission to the physician to hospitalize and provide proper necessary treatment to my child.

**Photo Release:** Participants in USU events are sometimes photographed and videotaped for use in USU promotional and educational materials. I authorize Utah State University to record and photograph the image and/or voice of my child for use by Utah State University or its assignees in research, educational and promotional programs; I understand and agree that these audio, video, film and/or print images maybe edited, duplicated, distributed, reproduced, broadcast and/or reformatted in any form and manner without payment of fees, in perpetuity.

**Code of Conduct/Waiver of Liability:** I have read the 4-H Code of Conduct, and, like my child, agree to live up to the expectations while participating in 4-H Afterschool. I will support the individual in charge in maintaining appropriate behavior and in development of good character. I release the County and State Extension programs and personnel, Utah State University, and those affiliated from liability should my child accidentally be injured due in part to their own negligence.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## Health Form:

\_\_\_\_\_  
Second Emergency Contact Name

(\_\_\_\_\_) \_\_\_\_\_  
Cell Phone

(\_\_\_\_\_) \_\_\_\_\_  
Alternate Phone

\_\_\_\_\_  
Family Physician

\_\_\_\_\_  
Physician's Phone Number

My child has the following allergies, medical concerns or special needs (please include any food or drug allergies):  
\_\_\_\_\_  
\_\_\_\_\_

