MICHIGAN STATE UNIVERSITY | Extension

4-H Sports and Fitness Registration Form

2012

Sports/Fitness Program: 4-H Swim School

4-H Status: (Check One) □ N~New Member □ R~Returning Member **Years in 4-H:** _____
(Including this year)

Childs Name:_____
First M.I. Last

Birth Date: _____ **Age:** _____ **Grade:** _____
(Month/Day/Year) (As of Jan. 1, 2012) (2011-12 school year)

E-mail Address:_____

Home Ph.: _____**Cell Ph.:** _____**Work Ph.:** _____

Address:_____

City:_____ ***State:***_____ ***Zip Code:***_____

Childs School: _____**Gender:** ❑ Male ❑ Female

Parent(s) First & Last Names:_____

As a participant in the 4-H program your child may be asked to help with the evaluation of the program. Your child may be asked to complete a short survey about what he/she learned or did as a result of the program. Surveys could be given before the program begins and/ or after the program has ended. Surveys take no more than 10 minutes to complete. All surveys are confidential. Youth are not required to participate in the evaluation. If you or your child does not wish to participate it will not affect involvement in any programs of Michigan State University. If you do not want your child to participate in program evaluations or have questions about the evaluation, contact Leah Herrick, Charlevoix County 4-H Coordinator at 231-582-6232.

The following information is used to gather statistics and to determine compliance with civil rights laws.

Are you from a Military Family*? ❑ Yes ❑ No **If Yes, specify Branch**:_____
*Military Family: A family which has an immediate family member (parent/guardian; step-parent; or sibling) regardless of branch is a military family. This includes MI National Guard; Reserves; Air Force; Navy; Marines; Army; Coast Guard, etc.

Residence: (√ one)
❑ Farm ❑ Suburb ≥ 50,000
❑ Town ≤ 10,000 ❑ City ≥ 50,000
❑ Town 10,000 to 50,000

Ethnicity: (√ one)
❑ Hispanic ❑ Not Hispanic

Racial Groups: (√ all that apply)
❑ White
❑ Black
❑ American Indian
❑ Asian
❑ Hawaiian or Pacific Islander

Media Release

Participants are sometimes photographed and videotaped for use in MSU promotional and educational materials. I authorize Michigan State University to record the image and voice of the subject named below and give MSU and all persons or entities acting pursuant to MSU's permission or authority, all rights to use of these recorded images and voice. I understand that said images and/or voice will be used for educational, advertising and promotional purposes in all conventional and electronic media, including but not limited to the Internet, and any future media. I also authorize the use of any printed material in connection therewith. I understand and agree that these images and recordings may be duplicated, distributed with or without future or further compensation or liability, in perpetuity.

Child's Name:_____

Parent or Guardian Signature:_____ **Date:**_____

MSU is an affirmative-action opportunity employer. Michigan State University Extension programs and materials are open to all without regard to race, color, national origin, gender, gender identity, religion, age, height, weight, disability, political beliefs, sexual orientation, marital status, family status or veteran status.

Medical Release

MEDICAL TREATMENT AUTHORIZATION:

This section must be completed and signed by a parent or guardian for all youth participants before they can participate in this program. If this form is not completed, youth participants will not be allowed to participate. Please complete this form to give a medical facility permission to treat the participant for minor injuries or medical problems. In the event of serious injury or illness, the parent or person designated will be contacted. Treatment will proceed before contacting the parent or person designated **only if the situation is urgent and does not permit delay.**

Date Of Last Tetanus Shot: _____

Allergies (list): _____

Asthma: _____ Diabetes: _____ Epilepsy: _____ Insect Bite Reactions:_____

Medication Requirements (types/dosage): _____

Physician's Name:_____ Phone:_____

Address:_____

City: _____ State: _____ Zip:_____

Insurance Company's Name:_____

Policy Holders Name: _____

Policy Number:_____

OFFICIAL AUTHORIZATION FOLLOWS:

I (parent or legal guardian), _____, recognize that while attending this program, medical treatment on an emergency basis may be necessary for my child, _____, and I further recognize that MSU 4-H staff may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the circumstances and to assume the expenses of such care. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Parent or Guardian Signature:_____ Date:_____

PERMISSION TO PARTICIPATE:

In consideration of accepting my child's entry, I hereby, for my child waive and release any and all rights and claims for damages my child may have against the county of Charlevoix, the Charlevoix county 4-H program, MSU, and all representatives of the above, for any and all injuries suffered by my child at any activity sponsored by these groups. I also grant permission for medical treatment to be administered to my Child in the event of an emergency and I assume responsibility for the expense incurred for medical attention throughout the duration of the Program.

Parent or Guardian Signature:_____ Date:_____

Registration:

Level Last Year	Level	TIME (Pick One) A.M. Or P.M.	DAY (Pick One) Monday & Wednesday Or Tuesday & Thursday	FEE $73.00
Instructor_____ Time _____ Day_____			4-H Program Fee *Annual*	$7.00*
			Total Enclosed	

For Office Use Only:

Date:_____

☐ Check #_____

☐ Cash $_____

☐ Scholarship $_____

Received By:_____