 **Wahkiakum County**

**2016-20174-H Enrollment Form Updated 1/13/2015 C1003E**

**YOUTH**

**Youth Member Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (First) (MI) (Last)

**Mailing Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State**: \_\_\_\_\_\_\_\_\_ **Zip**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Birth Date**: \_\_\_\_\_/\_\_­­\_\_/\_\_\_\_\_\_ **Gender: (**Check one**):** Female Male

**Primary Phone**: ( \_\_\_\_\_ )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Work Phone**: ( \_\_\_\_\_\_ )\_\_\_\_\_\_\_\_\_\_\_\_

Permission to receive Yes

text messages from 4-H No **Mobile Phone:**( \_\_\_\_\_ )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Wireless Carrier:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Other Email:\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Years in 4-H**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Correspondence Preference:** [ ] E-mail[ ] Postal Mail

**Parent/Guardian Name(s)** (Printed): **\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (First) (MI) (Last)

**Enrollment Demographics**

**Ethnicity: (**Check one**):** Yes – Hispanic or Latino Ethnicity No – Not Hispanic or Latino Ethnicity

**Racial Group**: (Check all that apply): [ ]  White [ ]  Black or African American [ ]  American Indian or Alaskan Native

 [ ]  Native Hawaiian/Pacific Islander [ ]  Asian [ ]  Prefer Not to State

**Residence: (**Check one**):** Farm Town under 10,000 and rural non-farm Town/City, 10,000-50,000

Suburb of city more than 50,000 City, more than 50,000

**Military**: [ ]  No one in my family is serving in the military [ ]  I have a parent serving in the military [ ]  I have a sibling in the military

 **Branch:** [ ]  Air Force [ ]  Army [ ] Coast Guard [ ] DOD Civilian [ ] Marines [ ]  Navy

 **Component:** [ ]  Active Duty [ ]  National Guard [ ]  Reserves

**School Information:**

 **School Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **School County** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **School Distric**t\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **School Type:** [ ]  Public School [ ]  Home School/Alternative [ ]  Private School [ ]  Special Education

 [ ] Magnet/Specialized School [ ]  Charter School

 **School Grade:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Youth 4-H Enrollment Form Continued:**

**Name of Primary 4-H Club** **#1:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Club #2** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Club #3** \_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **PROJECT NAME** | **Youth Leader**(mark one)  | **Year In Project** | **CLUB NAME** |
|  | [ ] Yes [ ]  No  |  |  |
|  | [ ] Yes [ ] No |  |  |
|  | [ ] Yes [ ]  No  |  |  |
|  | [ ] Yes [ ]  No  |  |  |
|  | [ ] Yes [ ]  No  |  |  |
|  | [ ] Yes [ ]  No  |  |  |
|  | [ ] Yes [ ]  No  |  |  |
|  | [ ] Yes [ ]  No  |  |  |
|  | [ ] Yes [ ]  No  |  |  |
|  | [ ] Yes [ ]  No  |  |  |
|  | [ ] Yes [ ]  No  |  |  |
|  | [ ] Yes [ ]  No  |  |  |
|  | [ ] Yes [ ] No |  |  |
|  | [ ] Yes [ ]  No  |  |  |
|  | [ ] Yes [ ]  No  |  |  |
|  | [ ] Yes [ ]  No  |  |  |
|  | [ ] Yes [ ]  No  |  |  |
|  | [ ] Yes [ ]  No  |  |  |
|  | [ ] Yes [ ]  No  |  |  |
|  | [ ] Yes [ ]  No  |  |  |
|  | [ ] Yes [ ]  No  |  |  |
|  | [ ] Yes [ ]  No  |  |  |
|  | [ ] Yes [ ]  No  |  |  |
|  | [ ] Yes [ ]  No  |  |  |
|  | [ ] Yes [ ]  No  |  |  |
|  | [ ] Yes [ ]  No  |  |  |

**Participant Signature (required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature (required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4-H Volunteer Leader Signature (required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**WAHKIAKUM COUNTY 4-H CODE OF CONDUCT**

 **The code of conduct shall be signed and dated by each youth member and parent/guardian and returned with the current year 4-H enrollment forms. A 4-H youth member is not eligible to participate in the Wahkiakum County 4-H Program unless his/her copy of this agreement is completed.**

As a 4-H youth participant/member you have the responsibility of representing all 4-H members to the public. Therefore, you are expected to conduct yourself in a manner that respects individual rights, safety and property of others, and reflects favorably on your state, county and club as well as yourself. You are expected to observe the following guidelines:

1. The possession and use of alcoholic beverages, marijuana, and/or drugs other than prescribed medication is prohibited. Use of tobacco products by youth members is prohibited.

2. Obscene and discriminatory language, rough housing and insubordination will not be tolerated.

3. Members and leaders must demonstrate respect for each other and the public.

4. Display of overly affectionate attention between individuals is prohibited.

5. Damage to or destruction of property belonging to others is prohibited.

6. Animal abuse of any kind is prohibited.

7. Display of unsportsmanlike conduct is prohibited.

8. Be an example of how to accept what life has to offer – good and bad – and how to live with the outcome of exhibiting your project.

9. Wear neat, clean and appropriate attire including shoes, boots, or appropriate footwear at all times.

**Report any infractions to the superintendent/club leader/event coordinator**

**Penalties for infraction(s) may include any or all of the following:**

\* Placing the member on probation for involvement in further 4-H events and/or termination of 4-H membership.

\* Assessing the member the cost of damages and repairs in the event of damage or destruction of property.

\* Releasing the member to the nearest law enforcement agency and/or the proper authorities.

\* Withholding premiums and/or sending the member home from 4-H activities or events.

**Parents/Guardians will be notified if penalties are necessary.**

**For members and parents/guardians:**

We understand the reason for this agreement is to ensure the safety of the 4-H member and to ensure conduct and behavior that will result in each participant receiving the full benefit of enjoyment and educational experience from this event. It is not intended to place undue restrictions upon participants.

**For youth members:**

I have read the Code of Conduct and agree to abide by its rules. I understand that infractions of this code will result in any or all of the penalties listed above.

**For parents/guardians:**

I have read the code of conduct and understand that I am responsible for my child or ward’s behavior. I give permission to the staff in charge to administer the code.

**We have read the Code of Conduct and agree to abide by its rules. We understand that infractions of this code will result in any or all of the penalties listed above.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Member Signature (required) Date Parent/Guardian Signature (required) Date**

**PRINTED NAME OF PARTICIPANT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ASSUMPTION OF RISK - September 1, 2016 – August 31, 2017**

I understand that there are risks in participating in 4-H Youth Development events and activities associated with Washington State University (WSU).

**In consideration for and as a condition of being allowed to participate in this voluntary activity, I agree to take full responsibility for any and all risks that exist, including the risk of death or injury to my child or self or loss or damage to my property. I understand that there may be risks that WSU cannot predict or foresee, and I also assume full responsibility for those risks.**

Membership in the 4-H Youth Development Program may involve participation in a wide variety of activities such as, but not limited to: club meetings (mounted or unmounted), shows, clinics, working with animals, physical education activities, water-sports, food preparation, woodworking, crafts, and travel. Risks in participating include, but are not limited to: temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, orthopedic damage, head, neck or spinal injuries, loss or use of arms and/or legs, eye damage, disfigurement, burns, drowning or death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of traveling to or from the 4-H Youth Development Program activities that cannot be specifically listed. Further, I recognize that the actions of other participants in the activity may cause harm or loss to my child, self or property.

**PARENT OR GUARDIAN’S RELEASE OF CLAIMS AND LIABILITY INDEMNITY AGREEMENT**

I, my heirs and assigns, hereby release the state of Washington, the Regents of WSU, WSU, any subdivision or unit of WSU, its officers, employees/volunteers, and agents, from any and all liability, claims, costs, expenses, injuries and/or losses to person or property, which I may sustain and/or sustain as a result of death or injury of my child, as a result of or connected with participation in this program and/or event. My child’s participation includes, but is not limited to, travel to and from the event in a private or public vehicle, any activity connected with the event itself, and use of state equipment or facilities for the event whether on or off WSU property. If any part or portion of this Release of Liability is determined to be invalid or unenforceable, the remaining parts or portions shall be enforceable. This release and all matters related to your activities involving Washington State University shall be governed by and interpreted in accordance with Washington law.

**I have carefully read this document, understand its contents and am fully informed about this program and circumstances. I am aware that this document is a contract with WSU and the program sponsors. I enter this contract freely and voluntarily.**

**WRITTEN NOTICE OF PASSIVE CONSENT**

As a participant in the 4-H Program you or your child may be asked to help with the evaluation of the program to tell us how well the program is working. You or your child may be asked to complete a written survey about what you/they learned from participating in the program. We estimate that it will take participants approximately 10 minutes to complete the survey.

Participation in the evaluation is not required. If you or your child decide not to participate, it will not affect participation in this or future WSU Extension programs. If you or your child do not want to answer some questions on the survey, that is okay. The survey responses will be anonymous, and participant responses will not be identified in any way.

If you or your child does not want to participate in the evaluation of the 4-H Program or you have questions about the evaluation, please contact your WSU County Extension Office at 360-795-3278 or e-mail: carrie.backman@wsu.edu.

**IMAGE AND VOICE RECORDINGS CONSENT**

Participant, and his/her parent or guardian (as appropriate), hereby grant permission to Washington State University (WSU) to be photographed or otherwise have images or voice recordings made (including but not limited to digital photographs, video or digital moving images, and/or voice recordings), for WSU publication or promotional purposes in any medium (including but not limited to print media, newspaper, television, video, motion picture, or Web site on the Internet). We additionally consent to the use of the student (or adult) participant’s name and/or interview comments in connection with WSU publication or promotional purposes in print media, newspaper, television, video, motion picture, or Web site on the Internet. We understand that consent to use of the student participant’s likeness or voice recordings is not a condition of participating in the activity and that consent can be refused without any impact in the ability to fully participate in the program. No inducements or promises beyond our acceptance of an opportunity to promote WSU and its programs have been given to us. Any other use of images and/or recordings, my name, and/or interview comments requires advance permission. We understand that we can revoke this consent at any time upon notice to WSU, at which time either, or both of us will sign a copy of the denial (below) for use of images or voice recordings.

**Please check one of the following:**

[ ]  **We agree to the use of digital images or voice recording as set forth above**

[ ]  **We do not agree to use of digital images or voice recordings as set forth above**

**I have read, understand and consent to the above foregoing statements. I am the parent or guardian of the child (minor under the age of eighteen, or other person legally incompetent to contract), whose name is set forth on this form or I am an enrolled member or volunteer over the age of eighteen.**

**Parent/Guardian Signature (required):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRINTED NAME OF PARTICIPANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HEALTH INFORMATION**

**Please be accurate yet concise. In the event of an emergency this may be the only immediate source of information.**

**\*Required**

**GENERAL HEALTH**

**\***Does this participant have any health diagnosis that is important for program staff to know in order to maximize participation and ensure safety and well-being?

[ ]  None [ ]  Yes, a physical or learning disability, behavioral disorder, and/or mental diagnosis. If yes, please list health diagnosis details/explanations & suggested accommodations:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DIETARY NEEDS**

**\***Does this participant have any specific dietary needs?

[ ] None [ ] Yes, food allergies or restrictions (e.g. peanuts, gluten-free) or food preferences (e.g. vegetarian)

If yes, please list dietary needs details/explanations:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALLERGIES/REACTIONS**

**\***Does this participant have any allergies or reactions to drugs or things in nature?

[ ] None [ ] Yes Please describe any allergies and/or reactions:

**MEDICATIONS**

**\***Does this participant have any conditions requiring medication?

[ ] None [ ]  Yes, assistance is needed with medications

 [ ]  Yes, this participant is capable of self-administering medications

Please list medication details/explanation:

**\*IMMUNIZATIONS**

[ ] My child is up-to-date on his/her immunizations and tetanus shots as required by Washington State law.

[ ] I understand and accept the risks to my child from not being fully immunized.

**PRINTED NAME OF PARTICIPANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMERGENCY MEDICAL CONSENT – September 1, 2016- August 31, 2017**

**Washington State University –Wahkiakum County 4-H Youth Development Program**

In an emergency requiring medical attention or a situation reasonably believed by Washington State University (WSU) authorized agents including 4-H staff to be an emergency; I authorize WSU and its authorized agents to obtain emergency medical care for myself (as an enrolled member or volunteer over 18) or my enrolled child. I will be responsible for any expenses incurred in so doing including but not limited to care by health care professionals, hospital care, and ambulance or other services. In addition, the health care provider has permission to obtain a copy of my child’s health record from providers who treat my child and these providers may talk with the program’s staff about my child’s health status.

**Health-Care Providers:**

Name of participant’s primary doctor(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of dentist(s)/orthodontist(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Alerts: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Insurance Information:**

This participant is covered by family medical and/or hospital insurance [ ] Yes [ ] No

Primary Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscriber \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance Company Phone Number (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscriber \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance Company Phone Number (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of another person to contact in case of emergency if you are not available:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE: Minors may consent to certain services in Washington. I hold harmless and agree to indemnify Washington State University, its authorized agents and employees and the event staff from decisions to seek emergency treatment. I voluntarily sign this authorization in consideration for permission for my child to participate in the 4-H Youth Development Program. I have read it, and I understand its content and significance.**

**Parent/Guardian Signature (required):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2016-2017 4-H Project List – Alphabetical**

**Note: Youth must be in 3rd Grade and Age 8 before January 1, 2017 to enroll in these projects marked with \***

|  |  |  |
| --- | --- | --- |
| **Adventures in Family Living****Aerospace****Ag in the Classroom****Amphibians****And My World****Archery \*****Backyards & Beyond****Beef \*****Bicycle****Black Powder/Muzzle Loading \*****Build Your Future****Butterfly WINGS****Cat****Cavy****Challenge\*****Citizenship****Clothing & Textiles****Communication****Computers****Consumer Savvy** **Creative Arts** **Dairy Cattle \*****Dairy Goat \*****Dog****EFNEP Youth Project****Electricity****Entomology****Entrepreneurship****Equine Science \*** **Explore the World of Small Animals****Exploring 4-H****Exploring Your Environment** | **Financial Champions****Food $ense****Food & Nutrition****Food Preservation \*****Foods & Culture****Forestry****Garden****Geospatial Science****Health** **Health Rocks****Horseless Horse****Horsemanship \*****Hunting****Just Outside the Door****Kids on the Grow!****Know Your Government****Latino Cultural Arts****Leadership****Llama \*****Meat Goat \*** **MG-led Gardening****Microwave Magic****Native Foods****Needle Arts****Novelty Goats \*****Outdoor Adventure****Performing Arts****Pets** **Photography****Pistol \*** | **Plant Science****Portable Challenge \*****Poultry****Pygmy Goat****Rabbit****Reading/Financial Literacy****Riflery \*****Robotics****Self-Determined Animal Science****Self-Determined Engineering & Technology****Self-Determined Environmental Stewardship****Self-Determined Expressive Arts****Self-Determined Family & Consumer Science****Self-Determined Plant Science****Service Dog****Service Learning****Sheep \*****Shotgun \*****Small Engines****Sports Fishing****STEPS to a Healthy Teen****Swine \*****Theatre Arts****There’s No New Water****Utility Goat \*****Veterinary Science****Visual Arts****What’s on Your Plate? Exploring Food Science****Wind Energy****Woodworking****YA-4-H**  |

**2016-2017 4-H Project List – By Category**

**Note: Youth must be in 3rd Grade and Age 8 before January 1, 2017 to enroll in these projects marked with \***

|  |  |  |
| --- | --- | --- |
| **Animal Sciences** Amphibians Beef **\*** Cat Cavy Dairy Cattle **\***Dog Dog Care & Training Service DogEquine  Equine Science **\*** Horseless Horse Horsemanship **\***Explore the World of Small AnimalsGoat Dairy Goat **\*** Meat Goat **\*** Novelty Goat **\*** Pygmy Goat Utility Goat **\***Llama \*PetsPoultryRabbit Sheep **\*** Swine **\***Veterinary ScienceSelf-Determined Animal Science **Engineering & Technology**AerospaceBicycleComputerElectricityGeospatial ScienceRoboticsSmall EnginesWoodworking Self-Determined Engineering & Technology**Environmental Stewardship**Environmental Education Backyards & Beyond Exploring Your Environment Forestry Outdoor Adventure Sport Fishing  | There’s No New Water Wind EnergyShooting Sports Archery **\*** Black Powder/Muzzle Loading **\*** Hunting **\*** Pistol **\*** Riflery **\*** Shotgun **\***Self-Det. Environmental Stewardship**Expressive Arts**CommunicationsPerforming Arts Performing Arts Theatre Arts PhotographyVisual Arts Creative Arts Latino Cultural Arts Visual ArtsSelf-Determined Expressive Arts**Family & Consumer Sciences Continued:**Clothing & TextilesConsumer Education  Consumer Savvy Financial Champions Reading/Financial LiteracyFamily Living Adventures In Family Living Child Development Kids on the Grow!Food & Nutrition  Foods & Cultures Food & Nutrition  Food Preservation **\*** Microwave Magic Native Foods STEPS to a Healthy Teen What’s on Your Plate? EFNEP Youth Project Food $enseNeedle ArtsSelf-Determined Family & Consumer Science | **Interdisciplinary**Adventure Education Challenge Portable Challenge Outdoor AdventureAg in the Classroom Build Your Future**Plant Science**Butterfly WINGSEntomologyGardenMG-led GardeningPlant ScienceSelf-Determined Plant Science**Social Sciences**Citizenship Citizenship  Global Citizenship Service Learning Entrepreneurship Health Health  Health Rocks YA 4-H!Introduction to 4-H Exploring 4-H Just Outside the DoorLeadership Self-Determined Social Science |