

# Kenosha Nia: Pathways and Purpose for the Future Youth Enrollment Form



A 4-H Affiliated Program

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **E-mail (or Guardian Email):** \_\_\_\_\_

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

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

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Parent/Guardian Names (First and Last):** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Phone Number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Gender:** \_\_\_\_\_ Prefer Not to Say

**Ethnicity:** ☐ Hispanic or Latino ☐ Not Hispanic or Latino

**Race (Check All That Apply):** ☐ American Indian or Alaskan Native ☐ Asian

☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander

☐ White ☐ Prefer Not to Say

**Do you have any dietary restrictions?**      Yes      No

**If Yes, Please Explain** \_\_\_\_\_

**Please Check This Box if You Qualify for Free or Reduced Lunch**

**Events Signing up for:**

**Black History in Kenosha: March 16**

**Trip to Chicago: March 25**

**After School Program: May 18**

**Summer Program**

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

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

**I grant UW - Madison Division of Extension, it's local affiliates, and the University Board of Regents the right to publish and copyright my image (including audio, moving image, or photography) for educational programs, websites, and promotion of its programs.**

☐ Yes      No

**I require an accommodation for a disability to participate in this program:** ☐ Yes      ☐ No

**If Yes, Please Provide Additional Information:**

### **Agreement for Assumption of Risk, Indemnification, Release, and Consent for Emergency Treatment**

I, \_\_\_\_\_ (print name), age \_\_\_\_\_, desire to participate voluntarily in the \_\_\_\_\_ County Youth Development programs conducted by the \_\_\_\_\_ County UW Extension and the Board of Regents of the University of Wisconsin System, doing business as the University of Wisconsin – Extension.

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT THE \_\_\_\_\_ COUNTY YOUTH DEVELOPMENT \_\_\_\_\_ OF THE UW-EXTENSION AT TELEPHONE NUMBER \_\_\_\_\_.

#### **Assumption of Risks:**

I understand that not all risks can be foreseen and there are some risks which are unpredictable. I understand that certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I am aware of the risks of participation, which include, but are not limited to, the possibility of physical injury, fatigue, bruises, contusions, broken bones, concussion, paralysis, and even death. I understand that the county and university have advised me to seek the advice of my physician before participating in the \_\_\_\_\_ County Youth Development program. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for my by the \_\_\_\_\_ County Extension or the Board of Regents of the University of Wisconsin System. **I know, understand, and appreciate the risks that are inherent in the above-listed programs and activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent or Guardian must sign if participant is under 18\*)

#### **Hold Harmless, Indemnity and Release:**

In consideration of my participation in these activities, I, for myself, spouse, heirs, personal representatives, estate or assigns, agree to defend, hold harmless, indemnify and release, the \_\_\_\_\_ County UW

Extension, the Board of Regents of the University of Wisconsin System and their officers, employees, agents and volunteers who are involved, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the above-listed program. This release includes claims based on the negligence of the \_\_\_\_\_ County UW Extension, the Board of Regents of the University of Wisconsin System and their officers, employees, agents and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. **I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent or Guardian must sign if participant is under 18\*)

#### **Consent for Emergency Treatment:**

I authorize the \_\_\_\_\_ County UW Extension or the Board of Regents of the University of Wisconsin System and their designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent or Guardian must sign if participant is under 18\*)

\*If the youth signing up is under 18 while participating in the \_\_\_\_\_ County Youth Development program at UW Madison Division of Extension it is our policy to request a guardians agreement to the above terms.

**To complete sign up, please email this completed form to [erica.ness@wisc.edu](mailto:erica.ness@wisc.edu) or mail/drop off the form at Extension Kenosha County, Kenosha County Center, 19600 – 75th Street, Suite 2 Bristol, WI 53104. For questions, please call Youth Development Educator, Erica Ness at 262-857-1934.**

## Wisconsin Youth Development & 4-H Code of Conduct

### As a Wisconsin Youth Development participant, I will:

- Be curious to learn
- Be respectful to self and others
- Work to positively resolve problems or differences
- Accept guidance from Extension volunteers and staff
- Follow program rules, curfews, dress codes, policies, and rules of the facility being used.
- Use appropriate language, exhibit good sportsmanship, and be a positive role model.
- Comply with local, state and federal laws.
- Abstain from use of alcohol, illicit drugs, and tobacco during any 4-H program, activity or educational experience.
- Fully participate in scheduled activities and orientations.
- Respect others' property and privacy rights.
- Abstain from child abuse (physical, sexual, emotional and neglect), harassment, hazing and bullying.
- Refrain from all sexual activity/contact during any 4-H program, activity or educational experience.
- Accept personal responsibility for behavior including any financial damage.
- Follow safety rules.

### Consequences for violating any part of this Code of Conduct may include, but are not limited to:

- Removal from leadership positions held.
- Removal from participation in the event in which the Code of Conduct has been violated (at the individual's expense).
- Forfeiture or repayment of financial support for the event.
- Sanctions on participation in future events.
- Suspension of membership.
- Dismissal from program

It is the responsibility of all program participants to reinforce the code of conduct and intervene when necessary to enforce the rules.

I have shared the code of conduct with my child or ward. We have read, understand, and agree to the above.

Member Name (printed) \_\_\_\_\_

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent(Guardian) Name (printed) \_\_\_\_\_

Parent(Guardian) Signature \_\_\_\_\_ Date \_\_\_\_\_