

# 4-H Sports and Fitness Registration Form 2011



Sports/Fitness Program: 4-H Sailing School

Status: (Check One)  N~New Member  R~Returning Member

Name: \_\_\_\_\_  
LAST FIRST M.I.

Address: \_\_\_\_\_

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

School: \_\_\_\_\_ Years in 4-H: \_\_\_\_\_  
(If the school you attend is in Charlevoix County, then you get the Charlevoix Co. Reg. Rate of \$45) (Including this year)

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female Grade in School: \_\_\_\_\_  
(Month/Day/Year) (As of January 1, 2011) (2010-11 school year)

Parent Last Name: \_\_\_\_\_ Parent First Name: \_\_\_\_\_

Parent Last Name: \_\_\_\_\_ Parent First Name: \_\_\_\_\_

Parent Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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.

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

**Residence:**

- Farm
- Town ≤ 10,000
- Town 10,000 to 50,000
- Suburb ≥ 50,000
- City ≥ 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: \_\_\_\_\_

## 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, 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:** \_\_\_\_\_

Session #	Date	TIME (Pick One)	Registration	FEE
		AM	Charlevoix Co. Youth	\$45
		PM	<u>OR</u>	<u>OR</u>
			OUT of County Youth	\$90
<b>*Racing Class Fee-All Youth \$45.00*</b>  <u>T-Shirts - \$15.00 Each</u>  Youth Sizes: S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/>  Adult Sizes: S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/>  *Order Ahead of Time to Ensure Availability!			<b>4-H Program Fee</b>	
			*Annual*	<b>\$7.00*</b>
			T-Shirt (s)	
			Total Enclosed	

For Office Use Only:

Date: \_\_\_\_\_

Check # \_\_\_\_\_

Cash \$ \_\_\_\_\_

Scholarship \$ \_\_\_\_\_

Received By: \_\_\_\_\_