Oregon State University **OSU**

4-H Program Year 2018-2019
4-H Project: *522 – Fitness and sports, Soccer

MARION COUNTY 4-H SOCCER PLAYER Enrollment Form

Team NAME (REQUIRED) _____

PREVIOUS TEAM NAME _____
(OYSA ONLY)

Legal Name (please print) _____
Last First Middle Initial Preferred Name

Address _____
Street/Mailing Address City Zip

School _____ **Birth Date** _____ **Grade:** _____

Gender: ☐ **Male** ☐ **Female** **Residence** (check one) ☐ Farm ☐ Rural/10,000 ☐ Town/10 - 50,000 ☐ Suburb/50,000 ☐ City/50,000

E-mail _____ **Cell Phone** _____
PLEASE PRINT CLEARLY PLEASE PRINT CLEARLY

List any special accommodation for a disability to participate in this program. _____

Ethnicity (check one) ☐ Hispanic ☐ Not Hispanic

Race (check one) ☐ White ☐ Black ☐ Alaskan/Am Indian ☐ Hawaiian/Pac. Island ☐ Asian ☐ Prefer Not to State

Parent/Guardian _____
Last, First

☐ **Check if Same Address as above** _____
Street/Mailing Address City Zip

Home _____ **Work** _____ **Cell Phone** _____

E-mail _____ **Occupation** _____
PLEASE PRINT CLEARLY

1._____ _____ 2._____ _____
Parent's Signature Date **Coach's Signature** Date

*** Parents, and Coach need to sign this form***

Fee's..... (Make Checks payable to OSU Extension)

- ☐ 4-H Enrollment Fee $40.00
- ☐ OYSA membership fee-Competitive $23.00
- ☐ OYSA Membership fee- Recreational $13.00

Cash _____ Check # _____

Oregon State University Extension Service offers educational programs, activities, and materials without discrimination based on age, color, disability, familial or parental status, gender identity or expression, genetic information, marital status, national origin, political beliefs, race, religion, reprisal, sex, sexual orientation, veteran's status, or because all or a part of an individual's income is derived from any public assistance program. Oregon State University Extension Service is an AA/EOE/Veterans/Disabled.

Oregon 4-H Youth Development Program Youth Code of Conduct

The well-being of all 4-H program participants is important. Everyone has responsibilities.

4-H is a positive youth development program. Therefore, when I participate in 4-H programs and events, I agree to . . .

1. Engage fully with a positive attitude and creative energy.
2. Be courteous to others, even if they're different from me.
3. Be cooperative. Encourage individuals. Help others. Support teamwork.
4. Be willing to ask an adult for guidance to make good decisions and take appropriate actions.
5. Use language that is respectful to others. (Swearing, harassment, and bullying are not allowed.)
6. Take care of the property I interact with, and assume responsibility for purposeful damage I may cause.
7. Wear appropriate clothing for program activity(s). Follow the specific dress code, if provided.
8. Be present and on time for all parts of the program. (I will notify the appropriate supervisor if I have a health or schedule problem.)
9. Use technology (ipods, mp3 players, game devices, cell phones, etc.) during free time, or in ways that contribute to the goals of the program.
10. Treat animals humanely and provide them appropriate care.
11. Not engage in Personal Displays of Affection (PDA). (It is distracting and inappropriate.)
12. Refrain from use of tobacco, marijuana, alcohol, or illicit drugs, or be under their influence while participating.
13. Follow safety policies of the Oregon State University Extension Service, and guidelines of the 4-H Youth Development Program, (such as: not leave the program area without permission from the program supervisor; be in assigned lodging during overnight activities; abide by curfew hours; remain in gender specific areas [no boy in a girl's room / no girl in a boy's room]; handle firearms only in secured, designated areas under the direct supervision of a trained 4-H Shooting Sports volunteer; not use fireworks), as well as safety policies established for a specific event.

I have read and agree to the above Code of Conduct. I understand that if I violate any part of this agreement, I may be sent home from a 4-H activity at the expense of my parent(s) or guardian(s). I also understand that if I cause personal or public safety concerns, I may lose my eligibility to participate in some future 4-H Youth Development events, and/or, lose my membership privileges.

_____ Date _____ _____ Date _____

Member Signature *Parent/Guardian Signature*

Revised July 2015

Enterprise Risk Services
(541) 737-7252
risk.oregonstate.edu

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

PLEASE PRINT

Group: MARION COUNTY 4-H

Activity: 4-H Soccer Program Date(s): _____

Participant Information Name: _____ Age: _____ Sex: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document. Please read both sides of this page. Sign and return this form to: _____
(INSERT Department contact name, address and phone number)

If you are under the age of 18, this form must be signed by you as the participant AND by your parent or legal guardian.

I, the undersigned, am aware that participation in the Activity (hereafter referred to as ACTIVITY) described above may include activities that may cause injury and be dangerous. I acknowledge that participation in this ACTIVITY has the following non-exhaustive list of particular activities that bear risk and danger and from which bodily injury, up to and including death, may occur *(INSERT activities below)*:

With full knowledge of the facts and circumstances surrounding the ACTIVITY, I voluntarily participate in the ACTIVITY and assume the responsibilities and risks resulting from my participation, including all risk of property damage and injury to others and to myself. I agree to comply with all of the rules and conditions of participating in the ACTIVITY. I have adequate applicable insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my participation in the ACTIVITY, or otherwise understand that I am solely responsible for any medical costs that may directly or indirectly result from my participation in the ACTIVITY. I will indemnify Oregon State University, its officers, board members, agents, and employees (hereafter referred to as UNIVERSITY) harmless with respect to any and all claims, injuries, and costs associated with my participation in this ACTIVITY.

Furthermore, I acknowledge that I am solely responsible for any action that I participate in associated with this ACTIVITY or around this ACTIVITY, regardless if occurring before, during or after the period of the ACTIVITY. I will conduct myself in a manner that is considerate of other participants and in accordance with UNIVERSITY Rules and Regulations (*Including Student Code of Conduct, when applicable*) and with any state, city and applicable laws or rules where the ACTIVITY is occurring. If this ACTIVITY is an off-campus UNIVERSITY sponsored event, such as field trips, conferences, research, experiential learning, extension of classroom learning, etc., I understand that conduct not acceptable in the classroom setting is not acceptable during this ACTIVITY and will be handled in accordance with the Student Conduct Regulations. In addition, I understand that if I travel to the ACTIVITY with a UNIVERSITY group and/or advisor, I will return with the group unless prior arrangements have been made with the UNIVERSITY faculty/staff who is supervising the ACTIVITY.

I recognize and acknowledge that UNIVERSITY may record my participation and appearance in ACTIVITY on any recorded medium including, but not limited to video, audio, photos (collectively "recordings") for use in any form (including, but not limited to print, websites, blogs, internet). I authorize such recording and release UNIVERSITY to use my name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or part without restrictions or limitations for any educational or promotional purpose. I further release the UNIVERSITY to use material from blogs, internet or social media associated with ACTIVITY without restrictions or limitations for any educational or promotional purpose.

I am aware that if I provide a vehicle not owned and operated by the UNIVERSITY for transportation to, at, or from the ACTIVITY site, or if I am a passenger in such a vehicle, the UNIVERSITY is not responsible for any damage caused by or arising from my use of such transportation. Furthermore, I acknowledge that I am solely responsible for any action that I take that is outside the scope of the scheduled ACTIVITY, regardless if occurring before, during or after the period of the ACTIVITY.

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ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

To the extent permitted by law, and in consideration for being allowed to participate in the ACTIVITY, I hereby save, hold harmless, discharge and release the UNIVERSITY from any and all liability, claims, causes of actions, damages or demands of any kind and nature whatsoever that may arise from or in connection with my participation in any activities related to the ACTIVITY, whether caused by the negligence or carelessness of the UNIVERSITY or otherwise.

It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall bind my spouse, the members of my family and my estate, heirs, administrators, personal representatives and assigns. I further agree to save and hold harmless, indemnify and defend the UNIVERSITY from any claim by the aforementioned parties arising out of my participation in the ACTIVITY.

I recognize and acknowledge that the UNIVERSITY makes no guarantees, warranties, representations, or other promises relative to the ACTIVITY, and assumes no liability or responsibility for injury or property damage that I may sustain as a result of participation in the ACTIVITY.

I further understand and agree that this is a release of liability and indemnity agreement, and it is intended to be as broad and inclusive as permitted by law. If any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and legal effect.

I hereby certify that, with or without accommodation,* I have no health-related reasons or problems that preclude or restrict my participation in the ACTIVITY. I hereby consent to and understand myself to be solely responsible for the cost of first aid, emergency medical care, and, if necessary, admission to an accredited hospital for executing such care or treatment for injuries that I may sustain while participating in any activity associated with the ACTIVITY.

*If your participation requires an accommodation, please contact Cristian Curiel 503-373-3754 at least one week (7 days) before the date of the ACTIVITY. *(INSERT Department contact name and phone number)*

EMERGENCY CONTACT NAME AND PHONE NUMBER: _____

In signing this Acknowledgement of Risk and Waiver of Liability I hereby acknowledge and represent: (a) that I have read this document in its entirety, understand it, and sign it voluntarily; and (b) that this Acknowledgement of Risk and Waiver of Liability is the entire agreement between the parties hereto and its terms are contractual and not a mere recital.

Participant Signature _____ Date _____

REQUIRED FOR ALL PARTICIPANTS UNDER 18 YEARS OF AGE:
PARENT OR GUARDIAN'S AUTHORIZATION FOR MEDICAL CARE AND CONSENT TO AGREEMENT

I certify that I am the parent or legal guardian of the above-named participant in the ACTIVITY. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the participant as a dependent, I have read the above agreement, I understand the contents of this Acknowledgement of Risk and Waiver of Liability, assent to its terms and conditions, and sign this Acknowledgement of Risk and Waiver of Liability of my own free act. I acknowledge that my dependent and I have agreed to the terms and conditions of my dependent's participation in the ACTIVITY, and I hereby give my consent to participation by my dependent in the ACTIVITY, and to receive medical treatment determined to be necessary. I further agree to hold harmless, indemnify and defend the UNIVERSITY from and against all claims, demands or suits that my dependent has or may have.

Parent or Guardian Signature _____ Date _____

COMPLETE BOTH SIDES OF THIS FORM

OFFICIAL 4-H HEALTH FORM Rev. 1-2016

County MARION

Type of activity: ☒county/area

Name of event/activity 4-H Soccer

Participant's Name: _____ (Last) _____ (First) _____ (M.I.)

Address: _____ (Street Address)

_____ (City) _____ (State) _____ (Zip Code)

Participant is: ☐ Adult ☐ Youth ☐ Male ☐ Female _____ (Grade) _____ (Birth Date) _____ (Home phone)

Emergency Contact: _____ (Name) _____ (Relationship)

_____ (Daytime phone) _____ (Evening phone)

_____ (Cell phone) _____ (Other)

Health Statement (to be completed by parent, physician or adult participant)

Does the participant have any dietary restrictions? If yes, please describe:	Yes	No
Does the participant have any allergies? If yes, please describe:	Yes	No
Name of all medications:		
Name and phone number of physician:		

As parent or guardian, if my child needs medical attention, I understand every effort will be made to contact me. I hereby give permission to the medical personnel selected by the person in charge of the 4-H event to order x-rays, routine tests, treatment, release any records necessary, and to provide or arrange necessary related transportation for the person named on this form. I hereby give permission to the physician selected by the person in charge of the 4-H event to hospitalize, secure emergency treatment for, to order injection, anesthesia, and/or surgery for me or my child as named on this form. I will assume all financial obligations incurred if not covered by insurance.

_____ Signature of Parent/Guardian or Adult participant Date