

# 4-H NOVA SCOTIA REGISTRATION – CLOVER BUD/MEMBER FORM

REGISTRATION FORMS AND FEE MUST BE RETURNED TO THE 4-H NS OFFICE BY DECEMBER 1<sup>ST</sup>

CLUB NAME: \_\_\_\_\_ COUNTY: \_\_\_\_\_

I AM A:

NEW MEMBER

RETURNING MEMBER



MEMBER INFORMATION	PARENT/CAREGIVER INFORMATION	
FIRST NAME: _____	PARENT/CAREGIVER 1: _____ PARENTS/CAREGIVER 2: _____	
LAST NAME: _____	FIRST NAME: _____ FIRST NAME: _____	
BIRTH DATE (MM/DD/YYYY): ____/____/____ GENDER: _____	LAST NAME: _____ LAST NAME: _____	
CLOVER BUD (7, 8 YRS OLD) <input type="checkbox"/> MEMBER (9-21 YRS OLD) <input type="checkbox"/>	ADDRESS: _____ ADDRESS: _____	
HOW MANY YEARS HAVE YOU BEEN IN 4-H (CLOVER BUD YEARS INCLUDED)? _____	TOWN: _____ TOWN: _____	
STREET ADDRESS: _____	POSTAL CODE: _____ POSTAL CODE: _____	
TOWN/CITY: _____ POSTAL CODE: _____	PHONE #: _____ PHONE #: _____	
HOME PHONE NUMBER: _____	EMAIL: _____ EMAIL: _____	
CELL PHONE NUMBER: _____	PROJECT INFORMATION	
PRIMARY EMAIL ADDRESS: _____	<b>PLEASE LIST PROJECTS BELOW:</b>	
RESIDENCE: FARM <input type="checkbox"/> RURAL (NON-FARM) <input type="checkbox"/> URBAN (TOWN/CITY): <input type="checkbox"/>	_____	
PROVINCIAL HEALTH CARD #: _____	_____	
ARE THERE ANY MEDICAL CONDITIONS, ALLERGIES, FAMILY CIRCUMSTANCES, CULTURAL REQUIREMENTS, DIETARY RESTRICTIONS OR OTHER CONCERNS THAT 4-H SHOULD BE AWARE OF WHILE FACILITATING ACTIVITIES FOR YOU OR YOUR CHILD? IF SO, PLEASE EXPLAIN HERE: _____	_____	
_____	_____	
_____	_____	
_____	Tug of War: <input type="checkbox"/> Woodsmen: <input type="checkbox"/>	
_____	PLEASE LIST ANY OTHER 4-H MEMBERS THAT CURRENTLY RESIDE IN YOUR HOUSEHOLD: _____	
_____	_____	

Please note: when listing Light Horse you must specify English, Western or Horse Basics.

CLUBS AND COUNTIES RETURN COMPLETED REGISTRATION FORMS TO 4-H NS BY MAIL: ATTN: REGISTRATION, P.O. BOX 30066 ROBIE PO, TRURO, NS B2N 7J1, BY EMAIL: [CAROLYN.GIBSON@4HNOVASCOTIA.CA](mailto:CAROLYN.GIBSON@4HNOVASCOTIA.CA) OR BY FAX: 902-843-3980. IF YOU HAVE QUESTIONS PLEASE CALL 4-H NS AT 902-843-3980.

**BOTH SIDES OF THIS REGISTRATION FORM MUST BE FILLED OUT IN ORDER TO BE REGISTERED WITH 4-H NS.**

# 4-H NOVA SCOTIA REGISTRATION – CLOVER BUD/MEMBER FORM

<p><b>MEDIA RELEASE:</b></p> <p>Throughout the 4-H year members, leaders, parents, 4-H NS and those contracted by 4-H NS may take photos and/or video of youth participating in 4-H activities. 4-H NS and/or 4-H Canada may share your photo/video, name, 4-H club name, the name of the county and community you are from on their websites, social media platforms, in print and other media for the purposes of preserving memories and promoting 4-H. Please note that 4-H NS cannot be responsible for images or media that is shared on the internet or in publications beyond its control.</p> <p><input type="checkbox"/> <b>Yes</b> I consent to the use of images of myself/and or my child for the purposes as described above.</p> <p><input type="checkbox"/> <b>No</b> I do not consent to the use of images of myself/and or my child for the purposes as described above.</p>	<p><b>COMMUNICATION PREFERENCES</b></p> <p>4-H Nova Scotia distributes a monthly newsletter to its general membership regarding important dates, events, changes, opportunities and program information.</p> <p><input type="checkbox"/> YES, I WOULD LIKE TO RECEIVE THE 4-H NS UPDATES.</p> <p><input type="checkbox"/> PLEASE DO NOT SEND ME THE 4-H NS UPDATES.</p>
<p><b>4-H NOVA SCOTIA CODE OF CONDUCT</b></p> <ul style="list-style-type: none"> <li>Our motto is “Learn By Doing”. Parents are encouraged to coach or lend a hand, if necessary, but members are expected to do their own project work.</li> <li>All solely 4-H Nova Scotia events where minors are present will be alcohol free.</li> <li>Underage drinking, use of illicit drugs and public intoxication will not be tolerated at 4-H NS events.</li> <li>Please keep cell phone usage to a minimum when at 4-H meetings.</li> <li>4-H members, leaders, parents and caregivers will conduct themselves in a courteous and respectful manner. They will exhibit good sportsmanship and will be positive role models to others.</li> <li>Respect the judge’s opinions and knowledge. Learn from the experience of being judged.</li> <li>Abuse by physical and non-physical means, or through communication, real or perceived, is not acceptable behavior. Profane or offensive language will not be tolerated.</li> <li>Remember that leaders are volunteers. Please respect the time that they are giving. Always try to thank them.</li> <li>Non-observance towards any of these guidelines may result in disciplinary action as determined by 4-H Nova Scotia.</li> </ul> <p><b>I have read, understand and agree to the above Code of Conduct.</b> _____  <b>Member’s initials (or parent/caregiver if member is under 18 years old)</b></p>	<p><b>PARTICIPATION AGREEMENT</b></p> <p>I understand that participation in the 4-H NS program is voluntary and some activities may involve inherent risks. I am enrolling myself/my child in 4-H understanding the inherent risks in some activities and agree that I/my child will follow all safety rules and processes in place at 4-H activities and events that I/my child might attend.</p> <p><b>I have read and understand the above statement.</b> _____  <b>Member’s initials (or parent/caregiver if member is under 18 years old)</b></p> <p><b>INCLUSIVENESS AND DIVERSITY STATEMENT</b></p> <p>4-H Nova Scotia is committed to valuing the diversity of the communities and youth it serves and promoting inclusive principles throughout our organization. We will strive to accommodate all youth regardless of their gender, ethnicity, religion, sexual orientation, or potential challenges to participation.</p> <p><b>PRIVACY STATEMENT</b></p> <p>The 4-H Nova Scotia program protects your personal information by adhering to the “Freedom and Protection of Privacy Act” and other legislative requirements with respect to your privacy. We use, and when necessary may share, your information with 4-H program partners. This information is used to keep you informed and provide you with 4-H program activities and services, to satisfy government and regulatory obligations, and for statistical purposes. By completing and signing this document you understand and are consenting to the use of and sharing of necessary information as described above. For more information contact 4-H Nova Scotia by letter at P.O. Box 30066 Robie PO, Truro, NS B2N 7J1 or by email at robin.benedict@4hnovascotia.ca.</p>

\_\_\_\_\_  
**Member’s signature (or parent/caregiver if member is under 18 years old)      Date**