

## **GEORGIA 4-H CODE OF CONDUCT**

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Year: \_\_\_\_\_

## BEHAVIOR STANDARDS

The Georgia 4-H Code of Conduct is valid for one year and applies to all activities coordinated through Georgia 4-

- x 4-, [ OE • OE AE %o š š } š š v o o • •• ] } v • • %ong positive character and behavior) PCE leading (beEnot limited to) trustworthiness, responsibility, respectfulness, caring, citizenship and fairness.
  - x 4-, [ OE • OE AE %o š š } OE •%o } v • ] Å š } š Z OE • } v o OE ( μ oršhei personal safety and the safety of others.) ( š Z v
  - x 4-, [ OE • •Z } μ o OE • • %o %o OE } %o OE ] š o Ç U μ • %o %o OE } %o OE ] š o v P μ P v OE •%o š š Z OE ] P Z š • } ( ) š Z OE
  - x 4-, [ OE • u Ç v } š Z Å OE lo ••o Ç } OE ] v u v v OE Å Z ] Z %o OE } Z ] ] the inappropriateness of u %o OE š ] %o š ] v P ] v š Z
  - x 4-, [ OE • u Ç Z Å technology at UGA/CES offices and facilities. Technology use is for educational purposeSE 4- ut access inappropriate websites or materials.
  - x Z o ] i-H participation. These behaviors may

and the review and consequences related to the behavior •

misbehaving will have the opportunity to explain their actions to leaders in charge of the activity and may request a review board. The person coordinating the event may also convene a review board for the purposes of determining what has occurred and what disciplinary action should be taken. A review board will consist of one Extension faculty or staff member, two volunteers and three 4-H members. The Extension faculty member coordinating the event will serve as chairperson. In some cases, incidents are deemed serious and may be referred to law enforcement or other legal authorities.

If the 4-, [ ] or \_\_\_\_\_ For the \_\_\_\_\_ m for damages arising or growing  
Z o [• %] or \$% or \$% or BX] V p Z C E • % % \$ \$ Z Z Z Z o • U t it, and Covenant not to sue the Board of Regents of the University System of Georgia shall not constitute a

waiver,  
in whole or part, of sovereign immunity by said Board, its members, officers, agents, and employees that my child is participating in 4-H with my knowledge and consent. I have read and understand all of the above policies. Z OE C ~~RECEIVED BY~~ v u C Z |o [ \* ] u P + U o ]OEv > OE V]vA\Y\Q \S ] mu OE]vP \S Z|P% OE]PZOE huv ]A OE }]S C } ( ' ) OE P ] v ' ) P E ] OE } ] OE rZ]R v S Z \P ( ) ( S Z h v ]A OE } S C Ongiaq svu yC % mu o l ]S v) vU u ]U oe ]S Z v)o P C v) A l v) A v } ( ) OE Z OE C A o % ]v S Z ( mu s m OE ( ) OE v C o A ( mu % mu OE % ) • A Z ) u % v o S ( mu OE S Z ( ) OE mu \* ) ( S Z + OE ) OE ]vP o X

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**Parent/Guardian Signature**

Date

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## Phone

VALID FOR ONE YEAR FROM DATE OF SIGNING



Revisedò lììíò