OHIO STATE UNIVERSITY EXTENSION

Ohio 4-H Member/Cloverbud Enrollment Form						New enrollment 🖵	
4-H Club Check here if this is your Primary Club				ears in 4-H			
E-mail Address	this is your Filmary Club					Member □ Cloverbud□	
Name (please print)							
Mairie (piease print)	(First)		(Middle Initial)		Last		
Mailing Address					County of Reside	ence	
	Street	City		Zip		·	
Primary Phone		Corresponde	ence Preference	□E-mail □	IMail T-Shirt Size	□Youth □Adult	
Birth Date /	/ 4-H Age (ag	e as of lan 1)	Gender □	Male □ Fem	ale Cell Phone		
☐ Check here to recei	ve text alerts to your m	obile device.	Name of Mobile	Service Pro	vider		
All 4-H mailings are direct different addresses if indic		egal guardian lisi	ted below. Addition	nal mailings n	nay be directed to other p	parental/legal guardian at	
Primary Parent/Guard	lian	Loot	Parent/0	uardian #2	First	Lost	
Address (if different)		Last	Address	(if different))	Lasi	
City		Z ip	City			Zip	
Cell	Work		Cell		Work _		
E-mail			E-mail _		75 "74 "74 "		
Occupation					🗖 E-mail 🔲 Mail 🖳 No Mailir		
Relationship to 4-Her Check here to list this p		ency contact			er s parent/guardian as eme	ergency contact	
Ethnicity (check one)	□Hispanic □Not	Hispanic					
Race (check all that apply) Residence (check one)	□White □Black □Farm □Town/F (Less than	Rural 🖵 Town		o □C	awaiian/Pacific Islande ity More than 50,000)	r □ Asian	
☐I have a parent serv Branch of Service Branch Component	□Air Force □Army	□Coast Gua	ling serving in t ard □Marines □	•			
•	•	Active Duty □National Guard □ReservesSchool Name			Grade		
Health Considerations							
Project #	Project # 4-H Project Name			Project # 4-H Project Name			
☐ I have read, unders	tand, and agree to abid	le by the OHIO	4-H CODE OF	CONDUCT	on the back of this forr	<mark>n.</mark>	
4-H Participant Signatu	ıre	 Date	4-H Vol	unteer/Lead	 Date		



 $\{00215711\text{--}2\} \text{Ver.} \text{10/14.1} \text{ - TGrody}$

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ACKNOWLEDGEMENT OF RESPONSIBILITY AND RELEASE

I understand and acknowledge that there are certain hazards and risks associated with my child's participation in 4-H educational activities. I understand and accept such risks, and thus waive all claims, demands and causes of action against the State of Ohio, The Ohio State University, the County and their respective trustees, members, officers, employees, agents and volunteers acting on their behalf. I understand that I am solely responsible for any costs arising out of any injury or property damage sustained through my child's participation in 4-H educational programs.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation. I voluntarily give my consent to my child's participation and agree to the terms contained in this Acknowledgement of Responsibility and Release. , am the parent or legal guardian of the 4-H participant. I, (printed name) have read and I understand the provisions of this document, I consent to the participant taking part in the activities described above, and I fully enter into and agree to the above Acknowledgement of Responsibility and Release. PERMISSION TO USE CHILD'S PHOTOGRAPHIC FORM FOR PROMOTION Ohio State University Extension would like to share the positive results of youth participation in Extension and 4-H Youth Development events. However, in some cases, parents or quardians may prefer not to permit such publicity. (Please select one) I GIVE I DO NOT GIVE the Ohio State University permission to publish in print, electronic, or video formats the likeness or image of my child. I release all claims against the University with respect to copyright ownership and publication including any claim for compensation related to use of the materials. If this section is not completed, publicity about this child's participation will not be used by Ohio State University Extension. **OHIO 4-H CODE OF CONDUCT** 4-H members, parents, and other adults participating in 4-H activities will: Adhere to program rules, curfews, dress codes, policies, and rules of the facility being used. Conduct themselves in a courteous, respectful manner, use appropriate language, exhibit good sportsmanship, and provide positive role models. Abstain from illegal behaviors, use of alcohol, illegal or illicit drugs, and tobacco during 4-H events and activities. Fully participate in scheduled activities. Respect other's property and privacy rights. Abstain from child abuse (physical and/or verbal) and harassment. Accept personal responsibility for behavior including any financial damage. Be responsible for any financial damage caused by inappropriate behavior. Adhere to rules of safety. 10. I will uphold and support the responsible and lawful use of social media. In so doing, I will not create or post social media content that is abusive, threatening, defamatory, obscene, harassing, or creates a hostile environment. Consequences for violating any part of this code of conduct may include, but are not limited to; removal from participation in the event in which the code of conduct has been violated (at the individual's expense); sanctions on participating in future 4-H events; forfeiture of financial support for the event; removal from offices held, etc. Behavior outside of 4-H activities can affect "member in good standing" or "volunteer in good standing" status. It is the responsibility of all program participants to reinforce the code of conduct and intervene when necessary to enforce the rules. I have read, understood and thus agree to the above ACKNOWLEDGEMENT OF RESPONSIBILITY AND RELEASE, PERMISSION TO USE CHILD'S PHOTOGRAPHIC FORM FOR PROMOTION, and 4-H CODE OF CONDUCT mentioned above on this DAY OF, 20 I hereby give permission for (printed name of 4-H participant) to participate in organized events and activities offered by Ohio 4-H Youth Development Program for the current 4-H enrollment year. It is my understanding that my child will learn, understand and follow established guidelines for safety in the activities in which he/she

CFAES provides research and related educational programs to clients on a nondiscriminatory basis. For more information: http://go.osu.edu/cfaesdiversity.



Printed Name (Parent/Legal Guardian)

participates.

Signature (Parent/Legal Guardian)