

Mini 4-H Enrollment Form

(Please Print)

4-H Year 2025- 2026

County: Elkhart		Correspondence Preference	<input type="checkbox"/> Postal Mail
			<input type="checkbox"/> Email
Family Name		Family Email	
Email (If different than family email)		First Name	
Middle Name		Last Name	
Suffix		Preferred Name	
Mailing Address		Mailing Address 2 (if applicable, Apt #)	
City		State	
Zip Code			
Birth Date (mm/dd/yyyy)		Gender	<input type="checkbox"/> Male
			<input type="checkbox"/> Female
Primary Phone ()		Cell Phone ()	<input type="checkbox"/> I would like to receive text messages
Cell Phone Provider (if you want to receive text messages)		Years in 4-H:	
Parent/Guardian 1			
First Name		Last Name	
Cell Phone		Work Phone	
Parent/Guardian 2			
First Name		Last Name	
Cell Phone		Work Phone	
Address(if different than family address)		Address 2	
City		State	
Zip Code		Home Phone	
Email (If different than family email)			
Second Household (if applicable)			
Send Correspondence	<input type="checkbox"/> Yes <input type="checkbox"/> No	Correspondence Preference	<input type="checkbox"/> Postal Mail <input type="checkbox"/> Email
Second Household Family Last Name		Primary Phone	
Address		City	
State		Zip Code	
Email			
Emergency Contact			
Name		Phone	
Cell Phone		Relationship	

Ethnicity	Are you of Hispanic ethnicity? <input type="checkbox"/> No <input type="checkbox"/> Yes (please indicate both an ethnicity and a race)				
Race (check all that apply)	<input type="checkbox"/> White				<input type="checkbox"/> Native Hawaiian or Pacific Islander
	<input type="checkbox"/> Black				<input type="checkbox"/> Asian
	<input type="checkbox"/> Native Indian or Alaskan Native				<input type="checkbox"/> Prefer Not to State
Residence	<input type="checkbox"/> Farm (rural area where agricultural products are sold				<input type="checkbox"/> Suburb of city more than 50,000
	<input type="checkbox"/> Town under 10,000 and non-farm				<input type="checkbox"/> Central city more than 50,000
	<input type="checkbox"/> Town/City 10,000 – 50,000 and its suburbs				
Military	<input type="checkbox"/> No one in my family is serving in the military		<input type="checkbox"/> I have a parent serving in the military		
	<input type="checkbox"/> I have a sibling serving in the military				
Branch	<input type="checkbox"/> Air Force	<input type="checkbox"/> Army	<input type="checkbox"/> DOD Civilian	<input type="checkbox"/> Marines	<input type="checkbox"/> Navy
Component	<input type="checkbox"/> Active Duty	<input type="checkbox"/> National Guard	<input type="checkbox"/> Reserves		
School County			School District		
School Name					
School Type	<input type="checkbox"/> Public				
	<input type="checkbox"/> Private	<input type="checkbox"/> Homeschool/Alternative			
	<input type="checkbox"/> Special Education	<input type="checkbox"/> Magnet/Specialized School			
	<input type="checkbox"/> Vocational	<input type="checkbox"/> Charter School			
Grade in School as of October 1, 2025					

Authorizations

4-H Youth Development Liability Release

I understand that participating in 4-H activities can involve certain risks to my child. On behalf of my child I accept those risks. I hereby release and discharge Purdue University, The Trustees of Purdue University, the County Commissioners, the County Cooperative Extension Service, and each of their trustees, officers, appointees, agents, employees, and volunteers ("Released Parties") from all claims which my child or I might have for any injury or harm to my child, including death, arising out of my child's participation in any activity related to the 4-H youth development program, even if such injury or harm is caused by the negligence or fault of any of the Released Parties. I do not, however, release these individuals and entities from liability for intentional, willful or wanton acts and this release shall not be construed to include such acts.

☐ We have read and agree to the terms.

Parent/Legal Guardian Statement

I (we) understand, agree to abide by, follow, and comply with the rules, policies and expectations of the 4-H program and will conduct myself (ourselves) in a courteous and respectful manner by exhibiting good sportsmanship and being a positive role model for youth. I (we) also understand that failing to do so will constitute grounds for sanctions and/or dismissal of the member from the program.

☐ We have read and agree to the terms.

Photo Policy Statement

I (we) grant permission to the 4-H Youth Development program to use videos or photographs of my (our) child for educational purposes or promotion of 4-H and/or Purdue Extension programs.

- ☐ I agree to the photo policy statement
☐ I do not agree to the photo policy statement

We have read and completed all required authorization sections above.

Member Signature: _____ **Date:** _____

Adult Signature: _____ **Date:** _____

**HEALTH FORM
(Youth)**

**Attach current photo here.
Photo will not be returned.**

Event/Activity/Trip

County

Dorm and/or Room Number

Name

Birthdate

Street Address

City

State

ZIP code

(_____) _____
Day Phone Number

Evening Phone Number

Youth Cell Number (if applicable)

List any activities the participant should avoid (i.e., swimming):

Physical Record of Participant

Yes

No

Heart Condition _____

Diabetes _____

Ear Infections _____

Bedwetting _____

Allergy to any medication _____

List medicines allergic to: _____

Food allergy or dietary restrictions _____

List allergies/restrictions _____

Other allergies (i.e., dust, pollen, animals) _____

List other allergies _____

Date of last tetanus shot: _____

Please list any current medication being taken on reverse side of this form.

Please describe any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations that would be beneficial during 4-H participation:

PARENTAL AUTHORIZATION

Pursuant to Indiana Code Paragraph 16-36-1-6 and subject to any limitations listed below, I request and authorize Purdue University Cooperative Extension Service employees and their authorized agents to arrange for all reasonably necessary medical care, including transportation and hospitalization, for my child while in attendance at and participating in 4-H Youth Development events and activities.

I also understand that, as a result of my child's participation in this program, it will be necessary for Purdue CES employees and other authorized personnel with the program to have access to relevant medical information pertaining to my child, and I authorize the use and disclosure of my child's medical information to promote a safe and healthy experience for my child.

Parent/Legal Guardian Signature

Date

Witness to Parent/Legal Guardian

Date

Parent/Guardian Telephone: (_____) _____
Home

(_____) _____
Work

Both above signatures required for acceptance to participate

In case we cannot reach you, please list the name and phone number of a second party to contact:

Name _____

Address _____

Telephone: (_____) _____ (_____) _____
Home Work

Please complete the addendum on reverse side

Risk Management Forms

Reviewed and approved by OLC April 2020

ADDENDUM TO THE 4-H YOUTH HEALTH FORM

Complete this form if **prescription medications** are being taken by the student at the time of the event or if **over-the-counter medication** is to be administered by an Extension staff member or other authorized personnel.

Medications must be carried in their original containers.

County: _____

4-H member's Name: _____

Name of Medication: _____

What Illness/Condition is this medication intended for: _____

Check all of the following that apply:

_____ Tylenol/Ibuprofen may be administered by 4-H Youth Development event personnel

_____ Benadryl may be administered by 4-H Youth Development event personnel

_____ Medication is to be self administered by student

_____ Medication is to be administered by 4-H Youth Development event personnel

Youth's weight: _____ lbs.

Dosage: _____ Refrigeration? Yes _____ No _____

Special Instructions: _____

Other information (if applicable): _____

Date(s) to Administer: From _____ To _____

Prescribing Doctor's Name: _____ Phone: () _____

Note: This form is to be used as a reference for 4-H participants who require any medication (prescription or "over-the-counter"). Administering of the medication is the responsibility of the participant. If health facilities and/or personnel are available at the facility and you prefer the trained personnel to administer the medication, you may request this prior to the event.

Event: _____ Date (s): _____

Signature of Parent/Legal Guardian Date

Signature of Parent/Legal Guardian Date