

**4-H Youth Enrollment Form****4-H Year 2025 - 2026**

(Please Print)

County:

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"/> Gender Identity Not Listed <input type="checkbox"/> Non-binary <input type="checkbox"/> Female <input type="checkbox"/> Prefer Not To Respond
Primary Phone ()	Cell Phone ()
Years in 4-H:	Grade in School as of Oct. 1, 2025

Parent/Guardian 1

First Name	Last Name
Cell Phone	Work Phone

Parent/Guardian 2

First Name	Last Name
Cell Phone	Work Phone

Second Household (if applicable)

Second Household Family Name	Primary Phone
Address	City
State	Zip Code
Email	Phone

Emergency Contact

Name	Phone
Email	Relationship

Emergency Contact 2

Name	Phone
Email	Relationship

Purdue University Cooperative Extension Service is an equal access/equal opportunity institution.

Program Fee Payment Date: _____ Cash/Check # _____ Received Date: _____ 4HOnline Entry Date: _____ Entered By: _____

Enrollment

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 Component	<input type="checkbox"/> Air Force	<input type="checkbox"/> Army	<input type="checkbox"/> DOD Civilian	<input type="checkbox"/> Marines	<input type="checkbox"/> Navy
	<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"/> Homeschool/Alternative		
	<input type="checkbox"/> Private		<input type="checkbox"/> Magnet/Specialized		
	<input type="checkbox"/> Special Education		<input type="checkbox"/> School		
	<input type="checkbox"/> Vocational		<input type="checkbox"/> Charter School		

4-H Clubs

All youth must belong to at least **one** 4-H club. Please list each 4-H Club the youth is a member. If the youth has a youth volunteer role for that club in 2023-24, please list the role. Examples: 4-H Club President, 4-H Club Vice President, 4-H Club Officer etc. Note: All Volunteer roles are subject to County Office approval. If you have membership in more 4-H clubs than space allows, please attach an additional sheet as needed.

Enroll	Club Volunteer Role (if any)
<input type="checkbox"/> Club	
<input type="checkbox"/> Club	
<input type="checkbox"/> Club	
<input type="checkbox"/> Club	

Projects/Subject Matter

Please list each Project/Subject Matter area the youth wishes to enroll. List the club under which the member wants to enroll this project/subject matter and the number of years (including this year) the member has taken the project/subject matter area. Please contact your County Extension Office for a complete list of offered Projects. If you wish to enroll in more projects than space allows, please attach an additional sheet as needed.

[illegible]

Groups

Please list each Group/Committee in which you serve as a youth representative, excluding Club Volunteer. Examples include county 4-H fair board, county 4-H council, county livestock committee, etc. If you have not been assigned as a Youth Volunteer/Representative to a group or committee by your County 4-H Youth Extension Educator, please leave the spaces below blank.

Enroll	Group
<input type="checkbox"/> Group	
<input type="checkbox"/> Group	
<input type="checkbox"/> Group	
<input type="checkbox"/> Group	
<input type="checkbox"/> Group	

Authorizations

4-H Youth Development Liability Release

I understand that participating in 4-H activities can involve certain risks to my child. Those risks may include injury or harm, including, but not limited to, bodily injury, disability, exposure to COVID-19 and other viruses and or illnesses, and death. During virtual 4-H activities, I understand that program staff are not providing supervision for my child during the online program, and the Released Parties do not have control over the information available through the internet or other electronic data sources beyond that which is a part of the 4-H activity. On behalf of my child, I fully assume the inherent risks associated with my child participating in 4-H activities and assert that my child has chosen to participate in this program with my express approval. 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, arising out of my child's participation in any activity related to the 4-H 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.

Youth Behavioral Consent

Indiana 4-H has a set of behavioral criteria that we expect our participants to follow as outlined below. I have reviewed and agree to these expectations as a condition of my 4-H enrollment.

When attending, participating in, or acting on behalf of the 4-H program, all persons are expected to conduct themselves in accordance with accepted standards of social behavior, to respect rights of others, and to refrain from any conduct which may be injurious to the 4-H program to persons and the 4-H program.

As a participant in the Indiana 4-H Youth Development Program, I will:

- Respect, follow, and enforce the rules, policies, and guidelines established by the Purdue University Cooperative Extension Service, including all laws related to child abuse and substance abuse.
- Conduct myself in a courteous, respectful manner, exhibit good sportsmanship, and demonstrate reasonable conflict management skills. I will avoid any action that would obstruct or disrupt any 4-H activity, or that threatens or interferes with maintenance of appropriate order and discipline, and will also discourage others from any of those actions.
- Be truthful and forthright when representing the 4-H Youth Development Program. At no time, will I cheat or knowingly furnish false information.
- Present accurate, unaltered 4-H records.
- Follow the specific terms and conditions of a given project, contest, or activity. I will also encourage others to follow these terms and conditions.
- Under no circumstances possess, distribute, consume, or be under the influence of alcohol, tobacco or tobacco-like products, electronic smoking devices (including, but not limited to, e-cigs, vapes, juuls), illegal drugs, or other dangerous substances at 4-H Youth Development Program events or activities.
- Under no circumstances distribute, misuse, or abuse over-the-counter, homeopathic (including supplements and vitamins), or prescription medications.

- Under no circumstances possess or use weapons, fire crackers, chemicals, or other materials that can be used to create an explosive mixture. Note: firearms and archery equipment utilized under the direct supervision of an approved and certified 4-H Shooting Sports Instructor at an approved 4-H Shooting Sports activity are acceptable.
- Recognize that verbal, physical, or emotional abuse, or any conduct which threatens or endangers the health or safety of any person will not be tolerated. Avoid any reckless or inappropriate behavior.
- Respect physical property of others. Theft of, or malicious damage to, property is not tolerated, nor is any unauthorized entry, use, or occupancy of any facility.
- Understand that failure to comply with equal opportunity and anti-discrimination laws, or committing criminal acts are not acceptable practices in 4-H Youth Development Programs.
- Embrace diversity among all youth and adult participants, helping each person to feel welcome and included in the 4-H Youth Development Program.
- Accept my responsibility to represent 4-H Youth Development Programs with dignity and pride by being a positive role model for others.
- Avoid inappropriate interactions with, and inappropriate displays of affection toward, other persons. I will not have unapproved guests in sleeping quarters at overnight 4-H events, nor will I engage in sexual behavior.
- Wear clothing that is appropriate for the event or activity.
- Avoid using any lewd, indecent, or obscene conduct or language.
- Accept supervision and support from Extension staff or designated volunteers.
- Be mindful of and follow Purdue, Centers for Disease Control and Prevention (CDC), and other state and local health authority safety guidelines and procedures related to any epidemic or pandemic illness.
- Participate in appropriate orientation and training, including youth protection standards, sponsored by the Purdue Cooperative Extension Service.
- Operate machinery, vehicles, and other equipment in a safe and responsible manner.
- Not misuse fire equipment or sound a false fire alarm.
- Treat animals in a humane manner and teach program participants appropriate animal care and management.
- Use technology in an appropriate manner that reflects the best practices in youth development. During virtual 4-H activities, I will follow acceptable University practices being mindful of the virtual learning environment.
- Accept my responsibility to promote and support the 4-H Youth Development Program in order to develop an effective county, state, and national program.

☐ 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 against and/or dismissal of me (us) and/or the member from the program.

☐ We have read and agree to the terms.

Photo Policy Statement

By participating in Indiana 4-H, I grant permission to the Indiana 4-H Youth Development Program to use videos or photographs of me (my child) for educational purposes or promotion of 4-H and/or Purdue Extension programs. For questions, or to decline this condition, please contact the County Extension Office.

☐ I agree to the photo policy statement

We have read and completed all required authorization sections above.

Print 4-H Member Name

Date

4-H Member Signature (required if 18 years of age or over)

Date

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian 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