

Mini 4-H Enrollment Form

(Please Print)

County: Elkhart	Correspondence Preference	Postal MailEmail
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	MaleFemale
Primary Phone ()	Cell Phone ()	 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	Correspondence Preference	Postal MailEmail
Second Household Family Last Name	Primary Phone	
Address	City	
State	Zip Code	
Email		
Emergency Contact		
Name	Phone	
Cell Phone	Relationship	

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

Ethnicity	Are you of Hispanic ethnicity?	Solution Yes (please indicate both an ethnicity and a race)		
Race (check all that apply)	 White Black Native Indian or Alaskan Native 	 Native Hawaiian or Pacific Islander Asian Prefer Not to State 		
Residence	 Farm (rural area where agricultural products are sold Town under 10,000 and non-farm Town/City 10,000 – 50,000 and its suburbs Suburb of city more than 50,000 Central city more than 50,000 			
Military	 No one in my family is serving in the military I have a sibling serving in the military 			
Branch	Air Force Army	DOD Civilian DOD Civilian Navy		
Component	Active Duty National Guard	Reserves		
School County	School District			
School Name				
School Type	Public Homeschool/Alternative Private Magnet/Specialized Special School Education Charter School			
Grade in School as of October 1, 2024				

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:	