

## 2021 CARROLL COUNTY MINI 4-H ENROLLMENT FORM

### DUE DATE: JAN. 15, 2021

CARROLL COUNTY EXTENSION OFFICE, 102 N. 4™ ST., SUITE B, FLORA IN 46929	PHONE: 574-967-3538

		Please <i>print</i> clearly with red or blue ink pen. <b>No</b> gel pens.						
FAMILY NAME		FAMILY E-MAIL		YOUTH E-MAIL				
FIRST NAME			MIDDLE NAME		LAST NAME			
PREFERRED NAME		ADDRESS		TOWN		STATE	_ZIP	
BIRTHDAY: (MM/DD/YY	YY)		SEX(M/F)	COI	RRESPONDENCE	PREFERENCE	US MAIL	E-mail
PRIMARY PHONE (_		)		CELL PH	IONE () _			
TEXTING – If you wa	nt to	receive - My	/ Carrier is		(ex. ATT)	YEARS in Mini 4-	H(include this	
PARENT / GUARDIA	N 1	Name		_ CELL Phone	e	WORK Phone	e	
PARENT / GUARDIA	N 2	Name		_CELL Phone	e	WORK Phone	e	
ADDRESS (if different)			TOV	VN	ZIP	E-MA	\IL	
All 4-H mail will go to the FAMILY LAST NAME TOWN			STREE	с Т			MAIL PREF	
EMERGENCY CONTACT Ethnicity (circle one)	<sup>-</sup> NAME statis	tical purpos	PHONE e only: Hispanic	CE	LL PHONE			
RACE (circle all that White Black	apply	Nati	ourposes only: ve Indian or Alaska N ve Hawaiian or Pacif		Asian Prefer Not to	State		
RESIDENCE: (circle	e one	) Farm	Rural/Town (under 10,000 )	City (10,000 - 50,	.000)			
Military			in my family is serving in sibling serving in the m		🗆 l ha	ave a parent serving in	the military	
Branch			□ Army		DOD Civilian	Marir	ies	Navy
Component	□ A	ctive Duty	National Guard		Reserves			
SCHOOL NAME				GRADE_	(on 1-1	5-2021)		
CLUB: (circle 4-H Clu	ıb yoı		Burlington Carrollto Madison Monroe			ocrat Jackson	Jefferson	Liberty
Check the project ALL ABOUT ME ARTS, CRAFTS & I BEEF BICYCLE BUGS COLLECTIONS DINOSAURS DOGS Authorizations 4-H Youth Developm	MODE	LS	FLOWEF FOODS FOREST GOATS HORSE LAMAS POULTF RABBIT	RS / GARDEN IRY AND PONY	ank.	RECYCLING REMOTE T ROBOTICS SEWING SHEEP SPACE SWINE TREES WEATHER	RUCK	

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.

#### 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

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:

Adult Signature:

Date: