2020-2021 Anybody Can Art

4-H MEMBER REGISTRATION FORM

**Please Return Form and Payment to**:

Purdue Extension Floyd County 3000 Technology Ave., L2110, New Albany, IN 47150

**Checks Made Payable to:** “Purdue CES Ed Fund”

\*You may mail or hand in your payment to the office **(DO NOT MAIL CASH)**\*

# extension.purdue.edu/ﬂoyd

**Name**

Grade Boy or Girl (circle one) Birthdate

Address City Zip

Primary Phone Second Phone #

School E‐mail

Parent/Guardian Name Work #

Emergency Contact Phone #

Ethnicity: Hispanic yes no  White  Black  Native Indian or Alaskan Native

* **Paciﬁc Islander**  **Asian**  **Prefer not to state Residence:**  **Town under 10,000**  **Town/City 10,000‐50,000**  **Central City more than 50,000**
* **Farm**  **Suburb of city more than 50,000**

Military:  No one in my family is serving in the military

* **I have a parent serving in the military**  **I have a sibling serving in the military**

Branch:  Air Force  Army  DOD Civilian  Marines  Navy  Active Duty

* + **National Guard**  **Reserves**

 **Are there any allergies or health concerns the staﬀ should be aware of? \_\_\_\_\_\_\_\_\_\_\_\_**

 **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. Parent/Legal Guardian and Member 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Adult Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

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

Please let us know if you need a reasonable accommodation to participate in this program.