Ohio 4-H Member/Cloverbud Enrollment Form

4-H Club ____________________________________________  Years in 4-H (Including this year) ____________

- Check here if this is your Primary Club

E-mail Address _______________________________________

Name (please print) ____________________________________  First  Middle Initial  Last

Mailing Address ______________________________________

Street  City  Zip  County of Residence ______________

Primary Phone _____ - _____ - ______

Correspondence Preference  E-mail  Mail  T-Shirt Size ________  Youth  Adult

Birth Date _____ / _____ / _____  4-H Age (age as of Jan. 1) _____

- Check here to receive text alerts to your mobile device. Name of Mobile Service Provider __________________________

(There is no fee for this service. However, standard text message rates may apply. Please contact your mobile service provider for more details.)

All 4-H mailings are directed to the primary parent/legal guardian listed below. Additional mailings may be directed to other parental/legal guardian at different addresses if indicated below.

Primary Parent/Guardian ____________________________  Parent/Guardian #2 ____________________________

Address (if different) ____________________________

City (if different)  Zip  City  Zip ______________

Cell _____ - _____ - ______  Work _____ - _____ - ______

E-mail __________________________________________

Occupation ______________________________________

Relationship to 4-H  Relationship to 4-H

- Check here to list this parent/guardian as emergency contact  - Check here to list this parent/guardian as emergency contact

- Hispanic  - Not Hispanic  - White  - Black  - American Indian/Alaskan Native  - Hawaiian/Pacific Islander  - Asian

- Farm  - Town/Rural  - Town (Less than 10,000)  - Suburb  - City (10,000 to 50,000)  - City (More than 50,000)  - City (More than 50,000)

- I have a parent serving in the Military  - I have a sibling serving in the Military

- Air Force  - Army  - Coast Guard  - Marines  - Navy

- Active Duty  - National Guard  - Reserves

School District ____________________________  School Name ____________________  Grade _________

Health Considerations/Notes (i.e. food allergy, diabetes, etc.) __________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Project #  4-H Project Name  Project #  4-H Project Name

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

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__________________________________________________________________________________________

- I have read, understand, and agree to abide by the OHIO 4-H CODE OF CONDUCT on the back of this form.

4-H Participant Signature ______________  Date ______________  4-H Volunteer/Leader Signature ______________  Date ______________

Note to Parents/Guardians: Please review & complete the back of this form
ACKNOWLEDGEMENT OF RESPONSIBILITY AND RELEASE

I understand and acknowledge that there are certain hazards and risks associated with my child’s participation in 4-H educational activities. I understand and accept such risks, and thus waive all claims, demands and causes of action against the State of Ohio, The Ohio State University, the County and their respective trustees, members, officers, employees, agents and volunteers acting on their behalf. I understand that I am solely responsible for any costs arising out of any injury or property damage sustained through my child’s participation in 4-H educational programs.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent to my child’s participation and agree to the terms contained in this Acknowledgement of Responsibility and Release.

I, (printed name) __________________________, am the parent or legal guardian of the 4-H participant. I have read and I understand the provisions of this document, I consent to the participant taking part in the activities described above, and I fully enter into and agree to the above Acknowledgement of Responsibility and Release.

PERMISSION TO USE CHILD’S PHOTOGRAPHIC FORM FOR PROMOTION

Ohio State University Extension would like to share the positive results of youth participation in Extension and 4-H Youth Development events. However, in some cases, parents or guardians may prefer not to permit such publicity.

(Please select one) ❑ I GIVE ❑ I DO NOT GIVE the Ohio State University permission to publish in print, electronic, or video formats the likeness or image of my child. I release all claims against the University with respect to copyright ownership and publication including any claim for compensation related to use of the materials. If this section is not completed, publicity about this child’s participation will not be used by Ohio State University Extension.

OHIO 4-H CODE OF CONDUCT

4-H members, parents, and other adults participating in 4-H activities will:

1. Adhere to program rules, curfews, dress codes, policies, and rules of the facility being used.
2. Conduct themselves in a courteous, respectful manner, use appropriate language, exhibit good sportsmanship, and provide positive role models.
3. Abstain from illegal behaviors, use of alcohol, illegal or illicit drugs, and tobacco during 4-H events and activities.
4. Fully participate in scheduled activities.
5. Respect other’s property and privacy rights.
6. Abstain from child abuse (physical and/or verbal) and harassment.
7. Accept personal responsibility for behavior including any financial damage.
8. Be responsible for any financial damage caused by inappropriate behavior.
9. Adhere to rules of safety.
10. I will uphold and support the responsible and lawful use of social media. In so doing, I will not create or post social media content that is abusive, threatening, defamatory, obscene, harassing, or creates a hostile environment.

Consequences for violating any part of this code of conduct may include, but are not limited to: removal from participation in the event in which the code of conduct has been violated (at the individual’s expense); sanctions on participating in future 4-H events; forfeiture of financial support for the event; removal from offices held, etc.

Behavior outside of 4-H activities can affect “member in good standing” or “volunteer in good standing” status.

It is the responsibility of all program participants to reinforce the code of conduct and intervene when necessary to enforce the rules.

I have read, understood and thus agree to the above ACKNOWLEDGEMENT OF RESPONSIBILITY AND RELEASE, PERMISSION TO USE CHILD’S PHOTOGRAPHIC FORM FOR PROMOTION, and 4-H CODE OF CONDUCT mentioned above on this ______DAY OF: ________20______.

I hereby give permission for (printed name of 4-H participant) __________________________ to participate in organized events and activities offered by Ohio 4-H Youth Development Program for the current 4-H enrollment year. It is my understanding that my child will learn, understand and follow established guidelines for safety in the activities in which he/she participates.

Printed Name (Parent/Legal Guardian) ____________________________________________
Signature (Parent/Legal Guardian) ____________________________________________

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