

Club: _____

FOR OFFICE USE ONLY		
County Code: _____	Club Code: _____	Member Code: _____

Category (Circle One): 1) Member 2) Cloverbud/Mini 4-H 3) Organizational Leader 4) Activity Leader
5) Project Leader 6) Resource Leader 7) Special

Enrollment Type (Circle One): N-New Enrollment R-Re-Enrollment Drop From Club

Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ State _____ Zip _____

School: _____ Year In 4-H: _____

Youth Leader _____ Gender: _____ Birthday: ____/____/____ 4-H Age: _____ Grade: _____

Other 4-H Memberships: _____ Home County _____

Ethnic (circle one); 1) Hispanic 2) Not Hispanic

Race (circle all that apply): 1) White 2) Black 3) Alaskan/Am. Ind. 4) Asian 5) Hawaiian/Pac. Island

Residence (circle one): 1) Farm 2) Rural/10,000 3) Town/10-50,000 4) Suburb/50,000 5) City/50,000

Project Name	Project Code	Project Name	Project Code
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ State _____ Zip _____

Home Phone: (____) _____ Work Phone: (____) _____

Occupation (optional): _____

Parent Type (circle one): Primary Parent Additional Parent Other

Legal Guardian: Yes / No Send Mailing: Yes / No

Member Signature _____

Leader Signature _____

Parent Guardian Signature _____

Date _____

PRIMARY CUSTODIAL PARENT/LEGAL GUARDIAN INFORMATION

Parent Last Name: _____ First Name: _____ M.I.: _____

Address: _____ City: _____ Zip+4: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ Beeper: (_____) _____

E-mail: _____ Occupation (optional): _____

Relationship to 4-H Member/Cloverbud: ___ Father ___ Mother ___ Legal Guardian
___ Stepfather ___ Stepmother ___ Grandparent Other, please explain: _____

Note: All 4-H mailings are directed to the primary parent/legal guardian listed above. Additional mailings may be directed to other parental/legal guardian at different addresses if indicated below. Please list one parent per section.

ADDITIONAL PARENT/LEGAL GUARDIAN INFORMATION

Parent/Legal Guardian 2

Parent Last Name: _____ First Name: _____ M.I.: _____

Address: _____ City: _____ Zip+4: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ Beeper: (_____) _____

E-mail: _____ Occupation (optional): _____

Relationship to 4-H Member/Cloverbud: ___ Father ___ Mother ___ Legal Guardian
___ Stepfather ___ Stepmother ___ Grandparent Other, please explain: _____

Send 4-H Mailings (check one): YES NO

Parent/Guardian Release

_____ has my permission to participate in the Ottawa County 4-H Program and activities (with the exception of those restricted activities listed on the reverse side of this form). I understand participants will be supervised. I give permission to The Ohio State University, OSU Extension, and the Ohio 4-H program to use photographs, voice and video images of the participant named above, and photographs, voice and video images of any activities in which the participant is involved in any and all public awareness programs of The Ohio State University, OSU Extension and the Ohio 4-H Program. I understand the 4-H staff and volunteers; Ohio State University Extension and The Ohio State University are not responsible in the event of accidental injury or illness, nor for the compounded injury or illness to the participant's present medical conditions listed. I further understand in case of serious injury or illness I will be notified. If I cannot be contacted, I give my permission to transport participant to a local medical facility and the attending physician to hospitalize, secure proper treatment, and to order injection, anesthesia, or surgery for the participant as named above.

Parent Signature _____

Date _____