

(Please Print)

County:	Correspondence Preference	<input type="checkbox"/> Postal Mail
		<input type="checkbox"/> Email
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	<input type="checkbox"/> Male
		<input type="checkbox"/> Female
Primary Phone ()	Cell Phone ()	<input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Correspondence Preference	<input type="checkbox"/> Postal Mail
		<input type="checkbox"/> Email
Second Household Family Last Name	Primary Phone	
Address	City	
State	Zip Code	
Email		
Emergency Contact		
Name	Phone	
Cell Phone	Relationship	

Ethnicity	Are you of Hispanic ethnicity? <input type="checkbox"/> No <input type="checkbox"/> Yes (please indicate both an ethnicity and a race)	
Race (check all that apply)	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Pacific Islander
	<input type="checkbox"/> Black	<input type="checkbox"/> Asian
	<input type="checkbox"/> Native Indian or Alaskan Native	<input type="checkbox"/> Prefer Not to State
Residence	<input type="checkbox"/> Farm (rural area where agricultural products are sold)	<input type="checkbox"/> Suburb of city more than 50,000
	<input type="checkbox"/> Town under 10,000 and non-farm	<input type="checkbox"/> Central city more than 50,000
	<input type="checkbox"/> Town/City 10,000 – 50,000 and its suburbs	
Military	<input type="checkbox"/> No one in my family is serving in the military <input type="checkbox"/> I have a parent serving in the military	
	<input type="checkbox"/> I have a sibling serving in the military	
Branch	<input type="checkbox"/> Air Force <input type="checkbox"/> Army	<input type="checkbox"/> DOD Civilian <input type="checkbox"/> Marines <input type="checkbox"/> Navy
Component	<input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard	<input type="checkbox"/> Reserves
School County	School District	
School Name		
School Type	<input type="checkbox"/> Public	<input type="checkbox"/> Homeschool/Alternative
	<input type="checkbox"/> Private	<input type="checkbox"/> Magnet/Specialized School
	<input type="checkbox"/> Special Education	<input type="checkbox"/> Charter School
	<input type="checkbox"/> Vocational	
Grade in School as of October 1, 2017		

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:** _____