



DUE DATE: JAN. 15, 2020

2020 CARROLL COUNTY MINI 4-H ENROLLMENT FORM
CARROLL COUNTY EXTENSION OFFICE, 102 N. 4TH ST., SUITE B, FLORA IN 46929 PHONE: 574-967-3538

Please **print** clearly with red or blue ink pen. **No 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/YYYY) _____ SEX (M/F) _____ CORRESPONDENCE PREFERENCE _____ US MAIL _____ E-mail _____

PRIMARY PHONE (_____) _____ CELL PHONE (_____) _____

TEXTING – If you want to receive - My Carrier is _____ (ex. ATT) YEARS in Mini 4-H _____
(include this year)

PARENT / GUARDIAN 1 Name _____ CELL Phone _____ WORK Phone _____

PARENT / GUARDIAN 2 Name _____ CELL Phone _____ WORK Phone _____

ADDRESS (if different) _____ TOWN _____ ZIP _____ E-MAIL _____

All 4-H mail will go to the address listed above. If you need 4-H mail to go to a second address, please complete the following:

FAMILY LAST NAME _____ STREET _____ MAIL PREFERENCE _____
TOWN _____ ZIP _____ E-MAIL (if different) _____ US MAIL _____ E-mail _____

EMERGENCY CONTACT NAME _____ PHONE _____ CELL PHONE _____ Relationship to 4-H'er _____

Ethnicity (circle one) statistical purpose only: Hispanic Not Hispanic

RACE (circle all that apply) statistical purposes only:

- White Native Indian or Alaska Native Asian
- Black Native Hawaiian or Pacific Island Prefer Not to State

RESIDENCE: (circle one) Farm Rural/Town City
(under 10,000) (10,000 - 50,000)

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 NAME _____ GRADE _____ (on 1-15-2020)

CLUB: (circle 4-H Club you are in) Burlington Carrollton Clay Deer Creek Democrat Jackson Jefferson Liberty
Madison Monroe Rock Creek Tippecanoe

Check the projects you wish to take by placing a (✓) in the blank.

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> ALL ABOUT ME | <input type="checkbox"/> FLOWERS / GARDEN | <input type="checkbox"/> RECYCLING |
| <input type="checkbox"/> ARTS, CRAFTS & MODELS | <input type="checkbox"/> FOODS | <input type="checkbox"/> REMOTE TRUCK |
| <input type="checkbox"/> BEEF | <input type="checkbox"/> FORESTRY | <input type="checkbox"/> ROBOTICS |
| <input type="checkbox"/> BICYCLE | <input type="checkbox"/> GOAT | <input type="checkbox"/> SEWING |
| <input type="checkbox"/> BUGS & MORE BUGS | <input type="checkbox"/> HORSE AND PONY | <input type="checkbox"/> SHEEP |
| <input type="checkbox"/> COLLECTIONS | <input type="checkbox"/> LLAMAS | <input type="checkbox"/> SPACE |
| <input type="checkbox"/> DINOSAURS | <input type="checkbox"/> POULTRY | <input type="checkbox"/> SWINE |
| <input type="checkbox"/> DOGS | <input type="checkbox"/> RABBIT | <input type="checkbox"/> TREES |
| | | <input type="checkbox"/> WEATHER |

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: _____

ENROLL ON-LINE @ <https://in.4honline.com> OR RETURN A SIGNED COPY TO THE EXTENSION OFFICE BY – JAN. 15, 2020