

Family Email:		First Name	
Middle Name		Last Name	
Mailing Address			
City	State	Zip Code	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Birth Date (mm/dd/yyyy)	Phone ()		
Parent/Guardian 1 Name:		Cell Phone:	
To receive text message reminders, please list the cellular provider of Parent 1:			
Parent/Guardian 2 Name:		Cell Phone:	
Emergency Contact Name:		Cell Phone:	
Are you of Hispanic ethnicity?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Race (check all that apply)	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native Indian or Alaskan Native	<input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Prefer Not to State	
Do you Live: (Check one)	<input type="checkbox"/> Farm (rural area where agricultural products are sold) <input type="checkbox"/> Town under 10,000 and non-farm	<input type="checkbox"/> Town/City 10,000 – 50,000 and its suburbs <input type="checkbox"/> Suburb of city > 50,000	<input type="checkbox"/> Central city > 50,000
Do you have a parent serving in the military?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
If yes, check all that apply	<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> DOD Civilian <input type="checkbox"/> Marines <input type="checkbox"/> Navy	<input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves	
School Name:		Grade in School:	

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 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 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

Member Signature: _____ **Date:** _____

Adult Signature: _____ **Date:** _____

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