

2010 Exploring 4-H Form

Enrollment form for Grades K-2 Enrollment fee \$7.00 (Please pay club leader)

You may give this form to a club leader or mail to: Gibson Count Extension Office, Courthouse Annex South, 800 S. Prince St. Room 35, Princeton, IN 47670

Name _____ Birthdate _____
(month/day/year)

Address _____ City _____ Zip _____

School _____ Current Grade in School _____ Phone _____

_____ Male _____ Female Where do you live? (circle one) 1. Farm 2. Rural/Non-Farm 3. Town

Township: (circle one) 1-Barton 2-Center 3-Columbia 4-Johnson 5-Montgomery 6-Patoka 7-Union 8-Wabash 9-Washington 10-White River

T-Shirt Size: (circle one) Youth Sizes: M L Adult Sizes: S M L XL Ethnicity (circle one) Hispanic Non Hispanic

Race: (Circle One) White (only) - White & Black - White & American Indian/Alaska Native - White & Asian -
Black/African American (only) - Black & American Indian/Alaska Native - American Indian (only) - Asian (only) -
Native Hawaiian/Pacific Island (only) - Balance (other combination)

Father's Name _____ Mother's Name _____

____ Exploring 4-H Club / List Club Name/Leader: _____ (or) ____ Individual 4-H Exploring Member (no club)

(check projects that you will participate in)

- _____ Aerospace / Aviation
- _____ Birds
- _____ Collections
- _____ Crafts
- _____ Dogs
- _____ Farm Animals
- _____ Foods
- _____ Forestry
- _____ Gardening
- _____ Geology
- _____ Health
- _____ Horses
- _____ Recycling
- _____ Self Care
- _____ Trees
- _____ Weather

4-H MEMBER STATEMENT (1 signature required)

I agree to follow the rules, policies and expectations of the 4-H program and will conduct myself in a courteous and respectful manner by exhibiting good sportsmanship and good behavior. I understand that failing to do so will result in sanctions, discipline, and/or dismissal from the program.

X _____
4-H Member Signature (REQUIRED)

PARENT / GUARDIAN SECTION/Liability Release Statement 2 Signatures Required and 2 Initials Required

X _____ (Initial here required) 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 Gibson County Commissioners, the Gibson 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.

Parent/Legal Guardian Statement:

X _____ (Initial here required) 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.

X _____
4-H Parent/Guardian Signature Required

I (we) grant permission to Purdue Extension 4-H to use videos or photographs of my (our) child for educational purposes or promotion of 4-H and/or Purdue Extension programs.

MUST Check YES / NO _____ YES _____ No

X _____
4-H Parent/Guardian Signature Required

