

Fulton County Mini 4-H Enrollment for <u>20 --20</u> For Grades K-2

Purdue University Cooperative Extension service is an equal access/equal opportunity institution

Online enrollment is available at: https://v2.4honline.com



Please return forms to: Purdue Extension—Fulton County 1009 W. 3rd Street Rochester, IN 46975

*****	*****	*****	*****	*****	********		
Child Last Name	e		Middle InitialC	hild First Name			
Family Name			Count	<i>/</i>			
Family Email			Correspon	dence Preference: I	PostalEmail		
Mailing Address	3						
City			State_	Zip Code_			
Birthdate (mm/c	ld/yyyy)	I	Birth Gender:	Preferred Gende	r: Male Female		
Primary Phone_	(Cell Phone	Provider	Text Me	essages: yesno		
PARENT/GU	ARDIAN 1:						
First Name			Last Name_				
Cell Phone			Work Phone				
PARENT/GU	ARDIAN 2:						
First Name			Last Name_				
Cell Phone			Work Phone				
Address if differ	ent than family ad	dress					
Email if differer	nt than family emai	1					
SECOND HO	USEHOLD: Ye	es No	_ Correspondence Pr	eference: Postal	Email		
Second Househo	old Family Last Na	me		Primary Phon	e		
Address							
City			State	Zip Code_			
Email							
EMERGENC	Y CONTACT:						
Name		Relationship		Contact Ph	Contact Phone		
*****	*****	*****	******	*****	********		
ENROLLME Ethnicity: Are y Race (Check all	you of Hispanic or	Latino ethnicity? YWhiteBlackNative Indian of	Yes No or Alaskan Native		Native Hawaiian or Pacific Islander Asian Prefer not to state		
Residence:	 	FarmTown under 10,000 and non-farmTown/city 10,000-50,0000 and its sub			Suburb or city more than 50,000Central city more than 50,000 bs		
Military (Applie	•			e military	A parent is serving in the military		
Branch: Component:	Air Force Active Duty	Army National Guar	DOD Civilia d Reserves	nMarines	Navy		

School CountySchool	District				
School Name					
Grade in School—current school year Yea	rs in 4-H (including this year)				
or harm, including, but not limited to, bodily injury, d and death. During virtual 4-H activities, I understand the online program, and the Released Parties do not he other electronic data sources beyond that which is a p inherent risks associated with my child participating it this program with my express approval. I hereby rele University, the Fulton County Commissioners, the Fu trustees, officers, appointees, agents, employees, and might have for any injury or harm to my child, arising program, even if such injury or harm is caused by the release these individuals and entities from liability for construed to include such acts.	an involve certain risks to my child. Those risks may include injury isability, exposure to COVID-19 and other viruses and or illnesses, that program staff are not providing supervision for my child during ave control over the information available through the internet or art of the 4-H Activity. On behalf of my child, I fully assume the in 4-H activities and assert that my child has chosen to participate in ase and discharge Purdue University, The Trustees of Purdue Iton County Cooperative Extension Service, and each of their volunteers ("Released Parties") from all claims which my child or I gout of my child's participation in any activity related to the 4-H negligence or fault of any of the Release Parties. I do not, however, intentional, willful or wanton acts and this release shall not be				
I have read and agree to the terms. (pleas	e initial)				
PHOTO POLICY STATEMENT I (we) grant permission to the 4-H Youth Development educational purposes or promotion of 4-H and/or Puro I agree to the photo policy statement. I do not agree to the photo policy statement.					
PARENT/LEGAL GUARDIAN STATEMENT:					
I (we) understand, agree to abide by, follow, and com will conduct myself (ourselves) in a courteous and res	ply with the rules, policies and expectations of the 4-H program and spectful manner by exhibiting good sportsmanship and being a that failing to do so will constitute grounds for sanctions against the program.				
Parent/Guardian Signature (Required)					
	of the 4-H program and will conduct myself in a courteous and and good behavior. I understand that failing to do so will result in the sum.				

4-H Clubs:

Woodrow Peppers/Sodbusters

Mini 4-H is designed as a preparation activity for the 4-H program. Mini 4-H members are not required to attend meetings but they do need to be enrolled in a club. If they do not plan on attending, they should join the Cat's Meow Club. There are no fees except for Electric and Micro Mini Tractor Pull. Members work with an adult to prepare their projects for exhibit at the fair. If you are unsure of what club to choose, please contact our office at 574-223-3397.

4-H Clubs		Mini 4-H Projects			
Join	Club	Join	Project	Join	Project
	Aubbee Gamblers		Mini 4-H Arts & Crafts		Mini 4-H Horse & Pony
	Burton Busy Bees		Mini 4-H Beef		Mini 4-H Micro Mini Tractor Pull
	Cat's Meow—For those NOT attending meetings		Mini 4-H Cat		Mini 4-H Model Kits
	Fulton County Bullseyes		Mini 4-H Collections		Mini 4-H Photography
	Fulton County Horse & Pony		Mini 4-H Dairy Calf		Mini 4-H Plants
	Henry Hardy Farmers		Mini 4-H Do Your Own Thing		Mini 4-H Poultry
	Liberty Leaders		Mini 4-H Electric		Mini 4-H Rabbit
	Model Railroading		Mini 4-H Farm Animals		Mini 4-H Scarecrow
	Newcastle Nifties		Mini 4-H Farm Toy Scene		Mini 4-H Sheep
	Reiter Busy Workers		Mini 4-H Foods		Mini 4-H Swine
	Rochester Ag 4-H Club—for High School Ag		Mini 4-H Goats		Mini 4-H Wildlife
	Students ONLY				
	Wayne Trophy Finders/Wide Awake				

Health Questions

Allergies—Other Allergies (i.e. dust, pollen, animals)			
Yes			
No			
If yes, explain:			
List any food allergies or dietary restrictions			
Yes			
No			
If yes, explain:			
Authorized Medications			
Tylenol may be administered by 4-H Youth Development personnel.			
Yes			
No			
Benadryl may be administered by 4-H Youth Development personnel.			
Yes			
No			
Ibuprofen may be administered by 4-H Youth Development personnel.			
Yes			
No			
Conditions			
Diabetes			
Yes			
No			
Ear Infection			
Yes			
No			
Heart Condition			
Yes			
No			
Vaccinations			
Date of last Tetanus shot.			
PARENTAL AUTHORIZATION			
TARENTAL AUTHORIZATION			
Pursuant to Indiana Code paragraph 16-36-1-6 and subject to any limitations listed University Cooperative Extension Service employees and their authorized agents to a medical care, including transportation and hospitalization, for my child while in attex Youth Development events and activities.	arrange for all reasonably necessary		
I also understand that, as a result of my child's participation in this program, it will and other authorized personnel with the program to have access to relevant medical I authorize the use and disclosure of my child's medical information to promote a sa	information pertaining to my child, and		
Parent/Guardian SignatureDate			