



Name _____
Club _____

Birthdate _____ Age (as of 1/1/2012) _____

Phone _____



T-shirt size: _____

Email (it is your responsibility to update the 4-H office if you change your email address) _____

Text Alerts:

Get text messages on your mobile phone or wireless device with updates, cancelations and more from Hancock County 4-H. Please enter your cell phone & provider on the line below. All message rates apply.

Phone: _____ Provider: _____

School attending _____ Grade for 2012 _____ Years in 4-H, including this year _____

Photo/Media release:

I give The Ohio State University permission to publish in print, electronic, or video format the likeness or image of my child. I release all claims against the University with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

If you do not agree with this statement, please check the following box. I do not give permission

Military Family (check applicable box):

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Active Army | <input type="checkbox"/> Army Guard | <input type="checkbox"/> Army Reserve | <input type="checkbox"/> Active Air Force |
| <input type="checkbox"/> Air Guard | <input type="checkbox"/> Air Force Reserve | <input type="checkbox"/> Active Navy | <input type="checkbox"/> Naval Reserve |
| <input type="checkbox"/> Active Marine Corps | <input type="checkbox"/> Marine Corps Reserve | <input type="checkbox"/> Active Coast Guard | <input type="checkbox"/> Coast Guard Reserve |

Health considerations:

Accommodations needed for health concerns/disability

Address:

PO Box / Street _____

Street _____

City _____ State _____ Zip _____

County of Residence _____

Ethnic (check one): Hispanic Not Hispanic **Gender** (check one): Female Male

Residence (check one): Farm Rural non-farm or Town Under 10,000 Town 10,000-50,000

Race (check all that apply): Asian White Black or African American
 American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander

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Keith L. Smith, Director, Associate Vice President for Ag. Admin. and Director, OSU Extension. TDD # 1-800-58-8292 (Ohio only) or (614-292-1868)

THE OHIO STATE UNIVERSITY EXTENSION, HANCOCK COUNTY, THE UNITED STATES DEPARTMENT OF AGRICULTURE, AND HANCOCK COUNTY COMMISSIONERS COOPERATING

Member First Name: _____ MI: _____ Last Name: _____

Parent Info:

Parent Last Name: _____ First Name: _____ M.I. _____

Primary Phone: _____ Email: _____

Other Phone: _____ PO Box: _____

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Address: _____

City: _____ State: _____ Zip: _____

Legal Guardian: Yes No

Phone: _____ Occupation (optional): _____

Provider: _____

Parent Last Name: _____ First Name: _____ M.I. _____

Primary Phone: _____ Email: _____

Other Phone: _____ PO Box: _____

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Address: _____

City: _____ State: _____ Zip: _____

Legal Guardian: Yes No

Phone: _____ Occupation (optional): _____

Provider: _____

Club Membership: Are you involved in any other 4-H Clubs this year? *You MUST complete one form for each club membership.*

Club name	4-H Age	Years in 4-H	Primary?	Officer Position

Project

Project #	Project Name	Years in Project	Project #	Project Name	Years in Project

Dairy Feeder Registration:

Number of Dairy Feeders registering for fair _____

T-shirt size for Dairy Feeder Show _____

Member Signature _____ Date _____

Parent Signature _____ Leader Signature _____