



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):

- Active Army                       Army Guard                       Army Reserve                       Active Air Force
- Air Guard                               Air Force Reserve                       Active Navy                               Naval Reserve
- Active Marine Corps                       Marine Corps Reserve                       Active Coast Guard                       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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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?

**Project**

Project	Project name	Years in Project
710	Cloverbud	

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Leader Signature \_\_\_\_\_