

Ohio 4-H Member Enrollment

First Name: _____ Middle Name: _____

Last Name: _____

Preferred Name: _____ Birthdate (mm/dd/yyyy) _____

Mailing Address: _____

City/State/Zip: _____

Email: _____

Mobile Phone: _____ Home Phone: _____

Please circle the appropriate response in each line

Gender	Male	Female	Gender Identity Not Listed	Prefer not to state	
Grade					
Residence	Farm	Town/Rural (<10,000)	Town/City (10,000-50,000)	Suburb (< 50,000)	City (> 50,000)
Ethnicity:	Hispanic	Non-Hispanic	Prefer not to state		
Race:	White	Black/African American	American Indian Alaskan Native	Hawaiian Pacific Islander	Balance (other combinations)
				Asian	Prefer not to state

EMERGENCY CONTACT

Full Name: _____ Relationship to Applicant: _____

Contact Phone: _____ Contact Email: _____

PARTICIPATION

Please check appropriate response.

	I want to join 4-H as a new or returning youth member.
	I want to participate in a 4-H activity, but I do not want to join 4-H at this time.

List the 4-H Club you wish to join.



List your 4-H Projects:

Project #	4-H Project Name	Project #	4-H Project Name

Parent/Guardian 1

Name:		Relationship:	
Mailing Address:		City/State/Zip:	
Email:		Phone:	

Parent/Guardian 2

Name:		Relationship:	
Mailing Address:		City/State/Zip:	
Email:		Phone:	

Second Family

Name:		Relationship:	
Mailing Address:		City/State/Zip:	
Email:		Phone:	

GENERAL INFORMATION

School County: _____ **District:** _____

School Name: _____

Military Service: I am serving in the Military No one in my family is currently serving
 I have family member(s) serving in the Military

Branch of Service (circle)	Air Force	Army	Coast Guard	Marines	Navy	DOD Civilian	Not applicable
Branch Component (circle)	Active	Guard	Reserves	Not applicable			

Resident County: _____

Health Considerations/Notes (food allergy, diabetes, food allergies, special accommodations needed, etc....)

T-Shirt Size (circle) **YXS YS YM YL YXL AS AM AL AXL A2X A3X**

FFA: Are you a participating FFA member in addition to being in 4-H? ___ Yes ___ NO

Information Sharing Acknowledgement

I hereby give permission for the youth mentioned above to participate in organized events and activities offered by Ohio 4-H Youth Development Program for the current 4-H enrollment year. Further, I understand and agree that my child's 4-H enrollment information (including but not limited to name, address, age, projects) may be shared with organizations providing oversight of county and independent fairs and elected officials.

Member Name: _____ Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

OHIO 4-H CODE OF CONDUCT

4-H members, parents, and other adults participating in 4-H activities will:

1. Adhere to program rules, curfews, dress codes, policies, and rules of the facility being used.
2. Conduct themselves in a courteous, ethical, respectful manner, use appropriate language (including not using profanity), exhibit good sportsmanship, and provide positive role models.
3. Abstain from illegal behaviors, use of alcohol, illegal or illicit drugs, tobacco in any form, and/or any vaping products during 4-H events and activities.
4. Fully participate in scheduled activities.
5. Respect other's property and privacy rights.
6. Abstain from child abuse (physical and/or verbal) harassment, and actions that bully, ridicule, dominate, or display inappropriate behavior toward others.
7. Accept personal responsibility for behavior, destruction or theft of property including any financial damage.
8. Be responsible for any financial damage caused by inappropriate behavior.
9. Adhere to rules of safety.
10. Follow Ohio and county laws and regulations related to the care, handling, and possession of animals and living creatures.
11. Operate machinery, vehicles, and any other required equipment in a responsible manner in accordance with the directives of OSU Extension personnel and Ohio and county laws and regulations.
12. I will uphold and support the responsible and lawful use of social media. In so doing, I will not create or post social media content that is abusive, threatening, defamatory, obscene, harassing, or creates a hostile environment.
13. Follow the Ohio State University Standards of Behavior for Minor Participants Participating in Activities and Programs with Minor Participants.

As a program participant in OSU Extension, 4-H participants must not engage in discriminatory behavior, which includes harassment, discrimination, sexual misconduct, and retaliation. This means you should not exclude anyone from participating in any program or activity or discriminate against them because of their identity. Identity includes: age, ancestry, color, disability, ethnicity, gender, gender identity or expression, genetic information, HIV/AIDS status, military status, national origin, pregnancy, race, religion, sex, sexual orientation, or protected veteran status. A full definition of harassment and discrimination can be found in the [Affirmative Action, Equal Employment Opportunity, and Non-Harassment/Discrimination policy](#).

Consequences for violating any part of this code of conduct may include, but are not limited to: removal from the 4-H program; removal from participation in the event in which the code of conduct has been violated (at the individual's expense); forfeiture of financial support; sanctions on or being banned from participating in future 4-H events; removal from leadership positions and/or offices held, etc. When warranted (e.g., violation of law) the situation may be turned over to the appropriate law enforcement authority.

By signing below, I affirm that I have read and understand the above statement.

Ohio Revised Code Livestock Standards Acknowledgment

I have read and agree to abide by the county rules along with all state rules. The State Livestock Rules are available at <http://codes.ohio.gov/oac/901-19>. I understand that my project may require that I complete Quality Assurance. I understand that I need to check with my local Extension office to determine QA requirements for the county in which I am enrolled as a project member. This animal was under my care and ownership for the required amount of time before my County Fair as required by the ORC 901-19-39.

I HAVE READ THE ABOVE AND UNDERSTOOD THE ABOVE STATEMENTS

Information Sharing Acknowledgment	YES	NO
Ohio 4-H Code of Conduct	YES	NO
Ohio Revised Code Standards Acknowledgment	YES	NO

PHOTO, VIDEO RELEASE AND AUTHORIZATION

Me and/or my child, _____ plans to participate in 4-H programming through Ohio 4-H, taking place _____ (insert dates). I acknowledge that during this programming, I and/or my child may have their image and or voice captured through photo, audio or video recording. For good and valuable consideration, the receipt of which is hereby acknowledged, I irrevocably consent to and authorize The Ohio State University, OSU Extension, Ohio 4-H, 4-H Camping Facility and its affiliates, agents, successors and assigns ("OSU") consent to use the videotape and photographs of me and/or my child, and recordings of his/her voice, conversations, sounds, name, image and likeness, captured during and in connection with me and/or my child's participation in the 4-H program year in all types of media and for all lawful purposes.

I hereby grant all rights to OSU to use the results of such videotaping, photography and recording in perpetuity, throughout the world to: (1) reproduce, distribute, use, and display all or any portion of the Video in any manner and in any medium and for any purpose; and (2) grant others the right to reproduce, distribute, use, and display all or any portion of the Video in any manner and in any medium and for any purpose. I give permission to OSU Extension / Ohio 4-H to publish, post or print in the newspaper, on a website, via social media channels/platforms, or other media methods, my child's name and/or image to celebrate and promote accomplishments they may achieve through participation in this program.

I further agree that OSU may use and permit others to use my and/or my child's name, voice, image, and likeness captured during this activity in any medium and in the promotion, advertising, sale, publicizing OSU and Ohio 4-H throughout the world, an unlimited number of times in perpetuity. I hereby waive any right of inspection or approval of the use of my and/or my child's voice, conversation, sounds, image and likeness. I acknowledge that OSU will rely on this grant of rights and hereby agree not to assert any claim of any nature whatsoever against anyone relating to the exercise of the rights granted hereunder.

Please select ONE option:

_____ **YES**, I give permission to the photo, video release, and authorization

_____ **NO**, I do not give permission to the photo, video release, and authorization

Member Name: _____ Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Release from Responsibility, Assumption of Risk, and Waiver for Participation

PARTICIPANT'S FULL NAME: _____
 DATE OF BIRTH (MO/DAY/YR): _____
 ADDRESS: _____
 ACTIVITY NAME: _____
 SPONSOR OF ACTIVITY: The Ohio State University, Ohio 4-H Hocking
 LOCATION: _____
 DATE(S): _____ START DATE: 01/02/2026 END DATE: 12/31/2026

DESCRIPTION: Participants in the Hocking County, Ohio 4-H program will be under the direction and supervision of 4-H volunteers and staff. Participants will follow all verbal and written instruction by program staff. Failure to follow the direction of program staff, failure to wear appropriate safety or protective gear, behavior that puts the safety of the participant or others at risk or using any program materials for a purpose other than what intended could result in temporary or complete removal from the program. While in the program, participants will engage in a variety of activities which may include, but are not limited to: 4-H Camps, clinics, workshops, project judging, project exhibition, county and state competitions, etc.

I understand that my child is not required to participate in this program, but grant my permission for him/her to do so, despite the potential risks. I recognize that by participating in this program, as with any physical activity, my child may risk personal injury, paralysis and/or death. I understand and accept such risks, and release, Ohio 4-H, The Ohio State University, its Trustees, boards, officers, employees and representatives from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person that may result from or occur during my participation in the activity, whether caused by negligence of The Ohio State University, its Trustees, boards, officers, employees, or representatives, or otherwise. I further agree to hold harmless, Ohio 4-H, The Ohio State University and its Trustees, boards, officers, employees, and representatives from liability for the injury of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the above described activity. I understand that I am solely responsible for any costs arising out of any injury or property damage sustained through my child's participation in 4-H educational programs.

I understand that my child will be participating in this event with other 4-H members and that program participants will be supervised and acknowledge that the 4-H staff and volunteers, OSUE, and The Ohio State University are not responsible for any potential injury or illness resulting from my child's participation. I assume any expense that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses. In the case of serious illness or injury of my child, I understand that I will be notified. If I cannot be contacted, unless otherwise specified below, I grant permission to the attending medical professional to secure proper treatment, hospitalize, and/or take any other action deemed necessary for the immediate care of my child.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY AND IT OBLIGATES ME TO HOLD HARMLESS THE OHIO STATE UNIVERSITY FOR ANY LIABILITY FOR INJURY OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Parent/Legal Guardian Responsibility: Does your child have any medical needs or accommodations that would limit their ability to fully participate in the scheduled program/activity? If so, please contact Kayla Nihiser (thompson.1860@osu.edu or 740.385.3222) at your earliest convenience to discuss those needs with program staff.

Participant Signature: _____

Date: _____

Print Name: _____

Date: _____

Authorizing Signature of Parent/Legal Guardian if Participant is under 18 years of age

Print Name: _____



Depending on the activity, additional forms may also be needed to completed, such as the Ohio 4-H Code of Conduct (if not already enrolled in the 4HOnline system), Photo Release, and any necessary Transportation forms.