

4-H Cloverbud Fun Day Registration Form

Registration due July 16: For the youth of Morrow County ages 5-8 and going into grades 1-3.

Youth Participant's Name: _____ Age: _____

Address: _____

City: _____ Zip: _____ County: _____

Phone: _____ Phone (2): _____

Email (will email you more information before the event): _____

T-shirt youth size (circle one) X-Small(4) Small(6-8) Medium(10-12) Large (14-16) X-Large (18-20)

Dietary restrictions or allergies: _____

Special accommodations needed: _____

Parent or Guardian's Name(s): _____

Photo Release

I hereby grant permission to The Ohio State University to interview me and/or use my likeness in photographs(s)/video in any and all of their publications and in any and all other media, whether now known or hereafter existing, controlled by The Ohio State University, in perpetuity, and for other use by The Ohio State University. I will make no monetary or other claim against The Ohio State University for the use of the interview and/or the photographs(s)/video.

Name (print full name): _____ Date: _____

Signature: _____

Relationship to subject (if subject is a minor): _____

Address, city, state, zip code (if different than above): _____

Send check, registration form, and consent form to:

OSU Extension – Morrow County
5362 US Highway 42, Suite 101
Mt. Gilead, OH 43338

Checks made payable to:

OSU Extension – Morrow County

_____ \$10 Morrow County Resident

Questions? Contact Amanda Staley, staley.35@osu.edu or
419.947.1070

_____ Informed Consent & Permission to
Participate Form



INFORMED CONSENT & PERMISSION TO PARTICIPATE

2021 4-H Cloverbud Fun Day

I understand that my child, _____, will participate in the 4-H Cloverbud Fun Day at the Ag. Credit Building on July 24, 2021. I also understand that participation in this activity is strictly voluntary.

I am aware and have discussed with my child that:

A. Participants are expected to follow instructions of adult instructors/coordinators/volunteers throughout the Fun Day.

B. Participants are expected to fully participate in activities outlined by adult instructors/coordinators/volunteers

C. Participants are expected to respect each other, and people that they may come in contact with during the fun day.

I understand that my child is not required to participate in this activity, but grant permission for him/her to do so, despite the possible risks. I recognize that by participating in this activity, as with any activity and interaction with unfamiliar surroundings, my child may risk personal injury.

I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

Important: If your child has been in contact with someone that has had COVID-19 in the last 14-days or if they are sick, please do not have them attend this event!

However, we would love to have you attend next year 😊

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Participant Signature: _____ Date: _____

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