

# 2022 4-H OVERNIGHTER

The Overnighter will begin on Friday, January 28th at 11:00 p.m. and end on Saturday, January 29th at 6:00 a.m. at the Millsop Community Center in Weirton

THE OVERNIGHTER IS FOR 4-H YOUTH AGES 9 THRU 18.

(NON-4-H MEMBERS CANNOT ATTEND). IF YOU ARE SENDING SOMEONE TO THE OVERNIGHTER THAT IS NEW TO 4-H IN 2022, YOU MUST SEND A TRADITIONAL COMPLETED ENROLLMENT FORM WITH THE REGISTRATION, A COMPLETED HEALTH FORM (ALL 3 PAGES WITH PHOTO) AND THE NEW MEMBER MUST PAY A \$20.00 SURCHARGE PLUS THE \$10.00 FEE TO ATTEND THE OVERNIGHTER. MEMBERS MUST BE IN CLUB BEFORE DECEMBER 31, 2021 TO BE EXCLUDED FROM THIS NEW SURCHARGE.



THIS EVENT IS LIMITED TO 200 PEOPLE. THIS IS A MILLSOP RULE! THIS IS NOT A 4-H RULE!

Payments are due on or before January 14th. Absolutely no reservations or money will be taken after this date. NO CLOVERBUDS MAY ATTEND. ONLY 1 ADULT PER 5 YOUTH MEMBERS. WE ARE ASKING THAT FOOD BE PREWRAPPED AND PREPORTIONED. NO ROSTERS FULL OF FOOD TO PASS OUT! STORE BOUGHT PIZZA IS OK IF YOU ARE SERVING IT WITH FOOD GRADE GLOVES TO ONLY YOUR CLUB MEMBERS. REMEMBER WE ARE STILL BATTLING COVID AND ITS VARIANTS.

**COST:** \$10.00 fee for 1st 4-H member of a family attending and \$5.00 for any other 4-H member of the same immediate family attending. There will be a \$5.00 fee for each adult registration.

Checks should be made payable to "Jefferson County 4-H Committee".

**NO REFUNDS CAN BE MADE AFTER JANUARY 14.**

**NOTE:** For every five (5) youth registered, you must register one adult! All adults attending must choose a job duty from the sheet, or one will be assigned.

Club Advisors have the registration form. You must register with your club. No individual registration forms will be accepted.

**No Overnighter Packet will be mailed.** The rules and health form are included with this information. Remember: A completed Health Form must be turned in with your overnighter registration. We will not accept late health forms. NO health form with photo = no reservation.

**ATTENTION 2022 CAMP COUNSELOR HOPEFULS ...** Call Angie if you would like to help with the Overnighter.

CLUB NAME: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Name: \_\_\_\_\_

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Age: \_\_\_\_\_

**ADULT:** \_\_\_\_\_

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Age: \_\_\_\_\_

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**ADULT:** \_\_\_\_\_

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**ADULT:** \_\_\_\_\_

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**ADULT:** \_\_\_\_\_

CLUB NAME: \_\_\_\_\_

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**ADULT:** \_\_\_\_\_

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Name: \_\_\_\_\_

Age: \_\_\_\_\_

**ADULT:** \_\_\_\_\_

**AMOUNT ENCLOSED:**

\_\_\_\_\_ 1st youth in family @ \$10.00 per youth = \$ \_\_\_\_\_  
\_\_\_\_\_ Other family members @ \$5.00 per youth = \$ \_\_\_\_\_  
\_\_\_\_\_ Adults @ \$5.00 per adult = \$ \_\_\_\_\_  
\_\_\_\_\_ New member surcharge = \$ \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED:** \$ \_\_\_\_\_

**This form must be completed by the CLUB ADVISOR ONLY and returned to the Ohio State University Extension Office by January 14th. THE HEALTH FORM FOR EACH CHILD AND MILLSOP RULES ARE INCLUDED. ALSO, THE ADULT ASSIGNMENT SHEET IS ENCLOSED. PICK THE ACTIVITY YOU CAN HELP WITH. EVERY ADULT MUST CHOOSE A DUTY AND DUTY TIME. NO EXCEPTIONS.**

**RETURN TO OSUE OFFICE W/ CLUB REGISTRATION. FINAL ASSIGNMENT SHEET WILL BE HANDED OUT WHEN YOU ARRIVE FOR THE OVERNIGHTER.**

**NO YOUTH WILL BE ADMITTED TO THE MILLSOP WITHOUT A HEALTH FORM ALREADY TURNED IN BY THE CLUB'S ADVISOR TO THE OSU EXTENSION OFFICE BY JAN. 14. THIS INCLUDES ALL 3 PAGES AND A PHOTO!**

**Ohio 4-H Health Statement**

ALL SIDES of this form MUST be completed for each participant. Minors must have the form completed and signed by a parent/guardian. This information will be kept confidential and used only for the welfare of the participant. PRINT neatly using blue or black ink.

**REQUIRED!**  
**Attach**  
**Picture**  
(for I.D.  
purposes only)

**Participant/Member Information:**

Name: _____			
(Last)	(First)	(Middle)	
Address: _____			
(Street)	(City)	(State)	(Zip)
Home Phone: _____		County: _____	
Date of Birth: _____		Male/ Female	Age (today): _____

**Emergency Contact Information:**

Parent/Guardian Name: _____	Parent/Guardian Cell Phone: _____
Other Contact: _____	Other Cell Phone: _____
Other Contact: _____	Other Cell Phone: _____
Physician: _____	Physician Phone: _____
Dentist: _____	Dentist Phone: _____

**Health History:**

<b>Communicable Diseases:</b>		
Provide the date (approximate is acceptable) at which participant has had or was exposed to:		
Chicken Pox _____	Measles _____	Whooping Cough _____
Tuberculosis _____	Mumps _____	Other Communicable Diseases _____
<b>Immunization/Vaccine Record:</b>		
<input type="checkbox"/> To the best of knowledge, the participant is up-to-date on all immunizations which may include, but is not limited to: Diphtheria/Pertussis (Whooping Cough-TDAP), Polio, Measles/Rubella/Mumps (MMR), Haemophilus Influenza (HIB), Varicella (Chickenpox) that are required for school.		
<input type="checkbox"/> The participant has received a Tetanus Booster. Date of last booster: _____		
If the participant is not current or up-to-date with immunizations, please complete the Ohio 4-H Immunization Exemption Form.		

**Medical Instructions: Medications/Allergies. Current/Past Medical Conditions:**

**Current Medications (Prescribed and Over-The-Counter, Current or Past Medical Treatment):**  
(please list additional medications or needs on a separate sheet)

Name of Medication:	Dosage:	Frequency/Instructions:
For Prescribed Medicines	please complete the medication	dispense form



**Check below if the participant is subject to any of the following conditions:**

<input type="checkbox"/> Asthma Controlled? yes/no	<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Cramps	<input type="checkbox"/> Fainting	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Seizures	<input type="checkbox"/> Sore Throat
<input type="checkbox"/> Athlete's Foot	<input type="checkbox"/> Constipation	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Home Sickness	<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Other?
<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Headaches	<input type="checkbox"/> Kidney Trouble	<input type="checkbox"/> Sleep Walking	

**Allergies:**

If none, please write NONE here: \_\_\_\_\_

Food allergies: \_\_\_\_\_

Medication allergies: \_\_\_\_\_

Serious Ivy, Oak or Sumac Poisoning: What is the prescribed treatment? \_\_\_\_\_

Serious bee or insect sting reactions: What is the prescribed treatment? \_\_\_\_\_

NOTE: If participant's allergy may require use of an "EPI-PEN", then the participant must provide the "Epi-Pen(s)" and discuss possible administration with health care professional upon arrival to camp.

**Accommodations for Camp:**

Please tell us about the accommodations your child may need at 4-H camp:

- ☐ I will be bringing medications to camp (please describe whether they require refrigeration or special storage below).
- ☐ I have dietary restrictions (describe below).
- ☐ I have limited mobility (e.g. crutches, cane, etc.).
- ☐ I have ADHD or a related attention deficit disorder; a visual, hearing, cognitive processing, reading, or a speech impairment. (describe any needs you anticipate at camp and the accommodations you typically receive at school and home below).
- ☐ I require the use of medical equipment that needs electricity (describe below).
- ☐ I require other accommodations not listed above (describe below).
- ☐ I do NOT require any special accommodations (none of the above apply to me).

Description of any past or current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp: \_\_\_\_\_

Description of any camp activities from which my child should be exempted for health reasons: \_\_\_\_\_

**Instructions for Medications:**

All prescription drugs must be carried in the container in which they were issued (with medical orders and physician's name intact) and given to the nurse/health director. Other prescription drugs will not be accepted. Only bring the amount needed for your stay at camp.

If you need regular over-the-counter medications, they must be in the original container. Like prescription medications, these medications must be given to the nurse/health director.

All medications will be given as directed on the original package/container. If there are any dosage adjustments, you must bring signed documentation from your physician.

**Check medication(s) that participant may receive if deemed necessary and administered by a health professional. Examples of brand names are given in parentheses. Generic or other name brands may be provided:**

<input type="checkbox"/> Acetaminophen (ex: Tylenol)	<input type="checkbox"/> Antibiotic Ointment (ex: Neosporin)	<input type="checkbox"/> Decongestant (ex: Sudafed)	<input type="checkbox"/> Poison Ivy Medicine (ex: Calamine Lotion)
<input type="checkbox"/> Aloe Lotion	<input type="checkbox"/> Cough Syrup/Drops	<input type="checkbox"/> Diarrhea Medication (ex: Imodium)	<input type="checkbox"/> Sore Throat Medicine
<input type="checkbox"/> Antacids (ex: Maalox, Tums)	<input type="checkbox"/> Decongestant (ex: Sudafed)	<input type="checkbox"/> Dramamine	<input type="checkbox"/> Sun Screen
<input type="checkbox"/> Antihistamine (ex: Benadryl, Claritin)	<input type="checkbox"/> Diarrhea Medication (ex: Imodium)	<input type="checkbox"/> Laxative (ex: Milk of Magnesia)	<input type="checkbox"/> Swimmer's Ear Medicine
<input type="checkbox"/> Antiseptics	<input type="checkbox"/> Dramamine		



## **Emergency Medical and Informed Consent/Camp Program Release**

I understand that my child, \_\_\_\_\_ will be a participant in the Ohio 4-H program and I grant permission for him/her to participate in this program and associated activities with the exception of any restricted activities that I have listed below.

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 program participants will be supervised and acknowledge that the 4-H staff and volunteers, OSUE, The Ohio State University, and the 4-H Camp Site are not responsible for any potential injury or illness resulting from my child's participation. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved and that 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.

I understand that most program activities are conducted outdoors and that wearing proper dress (e.g., rain gear, warm clothing) is an essential part of the camp safety rules and procedures. I am aware of and have discussed with my child the established safety rules and procedures.

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.

In consideration of the opportunity for my child to participate in this program, I, acting for my child, myself and our respective heirs, executors, administrators and assigns, agree to assume any and all risks associated with this activity and do hereby release, indemnify and hold harmless The Ohio State University, its Board of Trustees, OSUE, the Ohio 4-H program, the 4-H camping facility, and their respective officers, agents, and employees from any and all liability, damage, and/or claim of any nature resulting from or arising out of my child's participation in this program and its activities.

Restricted activities and/or special notification instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

## **Photo and Video Release**

I give permission to The Ohio State University, OSUE, the Ohio 4-H program, and the 4-H camping facility to record and edit into video and/or photographs the likeness, voice, image and video images of my child, \_\_\_\_\_, and to use all or parts of the video or photographs in print or electronic materials for The Ohio State University, OSUE, the Ohio 4-H program, and 4-H camping facility to promote any and all public awareness for the program(s) in which my child is involved.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# 2022 Overnighter Rules!

- 1.) Obey all instructions of any adult chaperone without question.
- 2.) The outside doors will be locked at 11:30 p.m. on Friday and will not be opened, except for emergencies, until 6:00 a.m. on Saturday.
- 3.) No one will leave the Millsop Community Center before 5:30 a.m. **THERE WILL BE NO EXCEPTIONS!!**
- 4.) Stay away from any area that is marked **"THIS AREA CLOSED"**.
- 5.) No fighting, foul language, harassing of others, smoking or drinking will be tolerated. Parents of violators of any of these rules will be called and you will be sent home.
- 6.) No swimsuits are to be worn outside of the pool and shower room area.
- 7.) The Center's lifeguard has complete control in the pool area.
- 8.) No games will be played in the hallways. Keep activities to their respective areas.
- 9.) Light snacks will be provided by the Jefferson County 4-H Committee. No extra food or snacks will be provided. Each chaperone or group may bring their own snacks for the evening, if desired.
- 10.) No food or drink outside of the TV room area.
- 11.) Do not bring large sums of money or cell phones and other valuables with you. We cannot be held responsible for theft.
- 12.) Any person causing damage to the Center in any way will have to pay for the cost of the damages as determined by the Center.
- 13.) Please respect the rights of others to play games. Areas should be used for no more than one half hour at a time to give others a chance to play.
- 14.) 4-H'ers must be responsible for their own belongings and money. If something happens to a personal possession that you brought with you, check the lost and found area that will be set up.
- 15.) The Center, chaperones, 4-H program personnel, advisors, etc. will not be responsible for any lost or damaged items.
- 16.) If you receive an injury while at the center, or if you happen to get sick, please go to any chaperone or adult in charge who will take you to the designated first-aid area.
- 17.) Participants should bring their own basketballs, handballs and any other equipment necessary for the facilities they intend to use. The center does not supply or rent out any equipment.
- 18.) We are guests of the center. We must leave it in as good condition as we found it. All litter must be put in the appropriate containers.
- 19.) **HAVE FUN!!! OBEY THE RULES!!!** All equipment and machines must be used at your own risk. Money lost in machines cannot be refunded.
- 20.) **WE ARE REPRESENTING THE JEFFERSON COUNTY 4H PROGRAM. REPRESENT IT WITH PRIDE.**

**2022 JEFFERSON COUNTY 4-H OVERNIGHTER  
RESPONSIBILITY CHART**

	<b>11:00 - 11:30 p.m.</b>	<b>11:30 a.m. - 1:00 a.m.</b>	<b>1:00 - 2:00 a.m.</b>	<b>2:00 - 3:00 a.m.</b>	<b>3:00 - 4:00 a.m.</b>	<b>4:00 - 5:00 a.m.</b>	<b>5:00 -6:00 a.m.</b>
<b>POOL</b>	CLOSED						CLOSED
<b>RACQUETBALL (Old - Rear)</b>	CLOSED						CLOSED
<b>RACQUETBALL (New-Front)</b>	CLOSED						CLOSED
<b>GYM</b>							CLOSED
<b>GIRLS LOCKER ROOM</b>	CLOSED						CLOSED
<b>BOYS LOCKER ROOM</b>	CLOSED						CLOSED
<b>HALL</b>							All Advisors Available
<b>TV ROOM</b>							<b>CLEAN-UP</b>
<b>DOOR WATCHMAN</b>							All available volunteers



# Ohio 4-H Enrollment Form ONLY REQUIRED For FIRST YEAR NEW To 4-H Members!!!

OHIO STATE UNIVERSITY EXTENSION

## Ohio 4-H Member Enrollment Form



4-H Club \_\_\_\_\_ Years in 4-H (including this year) \_\_\_\_\_

Family E-mail Address \_\_\_\_\_ Member Email Address \_\_\_\_\_

Name (please print) \_\_\_\_\_  
First Middle Initial Last

Address \_\_\_\_\_  
Street City Zip County of Residence \_\_\_\_\_

Primary Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ T-shirt Size \_\_\_\_\_ ☐ Youth ☐ Adult

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ 4-H Age (age as of Jan. 1) \_\_\_\_\_ Gender ☐ Male ☐ Female Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

☐ Check here to receive text alerts to your mobile device. Mobile Service Provider \_\_\_\_\_  
(There is no fee for this service. However, standard text message rates may apply. Please contact your mobile service provider for more details.)

*Email is the primary means of communication for the Erie County 4-H program. Most communication will be sent to the family email listed above.*

Primary Parent/Guardian \_\_\_\_\_ Parent/Guardian #2 \_\_\_\_\_  
First Last First Last

Address (if different) \_\_\_\_\_ Address (if different) \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_ E-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Relationship to 4-Her \_\_\_\_\_ Relationship to 4-Her \_\_\_\_\_

☐ Check to list this person as emergency contact ☐ Check to list this person as emergency contact

Ethnicity (check one) ☐ Hispanic ☐ Not Hispanic  
Race (check all that apply) ☐ White ☐ Black ☐ American Indian/Alaskan Native ☐ Hawaiian/Pacific Islander ☐ Asian

Residence (check one) ☐ Farm ☐ Town (Less than 10,000) ☐ Town (10,000 to 50,000) ☐ Suburb (More than 50,000) ☐ City (More than 50,000)

☐ I have a parent serving in the Military ☐ I have a sibling serving in the Military  
Branch of Service ☐ Air Force ☐ Army ☐ Coast Guard ☐ Marines ☐ Navy  
Branch Component ☐ Active Duty ☐ National Guard ☐ Reserves

School District \_\_\_\_\_ School Name \_\_\_\_\_ Grade \_\_\_\_\_

Health Considerations/Notes (i.e. food allergy, diabetes, etc.....) \_\_\_\_\_

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

I have read, understand, and agree to abide by the OHIO 4-H CODE OF CONDUCT on the back of this form.

4-H Participant Signature \_\_\_\_\_ Date \_\_\_\_\_ 4-H Volunteer/Leader Signature \_\_\_\_\_ Date \_\_\_\_\_



Note to Parents/Guardians: Please review & complete the back of this form

**ACKNOWLEDGEMENT OF RESPONSIBILITY AND RELEASE**

I understand and acknowledge that there are certain hazards and risks associated with my child's participation in 4-H educational activities. I understand and accept such risks, and thus waive all claims, demands and causes of action against the State of Ohio, The Ohio State University, the County and their respective trustees, members, officers, employees, agents and volunteers acting on their behalf. 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 have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent to my child's participation and agree to the terms contained in this Acknowledgement of Responsibility and Release.

I, (printed name) \_\_\_\_\_, am the parent or legal guardian of the 4-H participant. I have read and I understand the provisions of this document, I consent to the participant taking part in the activities described above, and I fully enter into and agree to the above Acknowledgement of Responsibility and Release.

**PERMISSION TO USE CHILD'S PHOTOGRAPHIC FORM FOR PROMOTION**

Ohio State University Extension would like to share the positive results of youth participation in Extension and 4-H Youth Development events. However, in some cases, parents or guardians may prefer not to permit such publicity.

(Please select one) ☐ I GIVE ☐ I DO NOT GIVE the Ohio State University permission to publish in print, electronic, or video formats 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 this section is not completed, publicity about this child's participation will not be used by Ohio State University Extension.

**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, respectful manner, use appropriate language, exhibit good sportsmanship, and provide positive role models.
3. Abstain from illegal behaviors, use of alcohol, illegal or illicit drugs, and tobacco 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) and harassment.
7. Accept personal responsibility for behavior including any financial damage.
8. Be responsible for any financial damage caused by inappropriate behavior.
9. Adhere to rules of safety.
10. 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.

Consequences for violating any part of this code of conduct may include, but are not limited to: removal from participation in the event in which the code of conduct has been violated (at the individual's expense); sanctions on participating in future 4-H events; forfeiture of financial support for the event; removal from offices held, etc.

Behavior outside of 4-H activities can affect "member in good standing" or "volunteer in good standing" status.

It is the responsibility of all program participants to reinforce the code of conduct and intervene when necessary to enforce the rules.

I have read, understood and thus agree to the above **ACKNOWLEDGEMENT OF RESPONSIBILITY AND RELEASE, PERMISSION TO USE CHILD'S PHOTOGRAPHIC FORM FOR PROMOTION, and 4-H CODE OF CONDUCT** mentioned above on this \_\_\_\_\_ DAY OF, \_\_\_\_\_ 20\_\_\_\_.

I hereby give permission for (printed name of 4-H participant) \_\_\_\_\_ to participate in organized events and activities offered by Ohio 4-H Youth Development Program for the current 4-H enrollment year. It is my understanding that my child will learn, understand and follow established guidelines for safety in the activities in which he/she participates.

Printed Name (Parent/Legal Guardian) \_\_\_\_\_

Signature (Parent/Legal Guardian) \_\_\_\_\_

CFAES provides research and related educational programs to clients on a nondiscriminatory basis. For more information: <http://go.osu.edu/cfaesdiversity>.