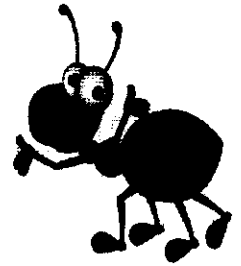


2019 4-H Cloverbud DAY Camp Registration



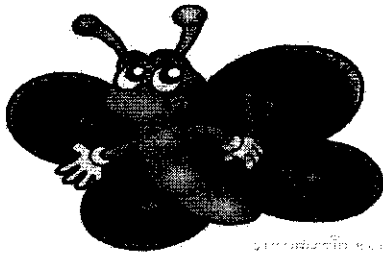
July 23, 2019

Name: _____ **Club Name:** _____

Address: _____ **City:** _____

Zip: _____ **Phone:** _____ **Cell:** _____

Age: _____ **Gender:** M F **Parent/Guardian Name:** _____



Please make check or money order payable to the OSU Extension Office Meigs County. Return this registration form and camper forms on or before July 2nd with payment to OSU Extension, Meigs County, 113 E Memorial Drive Suite E, Pomeroy, OH 45769

I understand that this is a 4-H event and agree that I will act in a responsible manner as a 4-H member. I will obey the rules set forth by OSU Extension Personnel and adult volunteers in attendance. Any violation of the rules including destructive behavior, lack of respect for other members or adults, possession of alcohol, tobacco products, or possession of a weapon will be reason or to be dismissed from the camp and dismissal of being a camp counselor.

Member's signature _____ **Date:** _____

I understand that my child's participation in this event is a privilege and not a right. I understand that my child must abide by the rules and regulations of OSU Extension, or I, as a parent/guardian, will assume responsibility of the child being sent home.

Parent/Guardian's Signature: _____ **Date:** _____

Photo/Video Release

Many times, pictures of 4-H members are used for new releases and other PR purposes therefore we ask your permission to use pictures that may include your child.

Photo/video release - I give permission to The Ohio State University, OSU Extension and The Ohio Program to use photographs, voice video images of the participant below and photographs, voice video images of any activities in which the participant is involved in, any and all public awareness programs of The Ohio State University, OSU Extension, and the Ohio Program.

Participant's Name: _____

Parent/Guardian Signature: _____ **Date:** _____

