



OMK Registration Form



Youth Information

Name...: _____

Address: _____

City.....: _____ State: _____ Zip: _____

Phone (Home) : _____ Phone (Cell): _____

Email: _____

Date of Birth: _____ Age: _____ Sex: _____ Race: _____

School: _____ Grade: _____

Special food or medical needs: _____

Military Branch Affiliation: Please circle the appropriate branch and <i>status</i>.				
Army,	Air Force,	Navy,	Marine,	Coast Guard,
	<i>Active,</i>	<i>Guard,</i>	<i>Reserve,</i>	

If Non-Military: Name of 4-H Club: _____ County: _____

Participating in what Event: _____

Media Release

Parent/Guardian

Name.....: _____

Home Address: _____

City.....: _____ State: _____ Zip: _____

Phone (Home_ : _____ Phone: (Cell): _____

Phone (Work): _____ Email: _____

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I am of legal age. I have read and fully understand the contents of this release.

(Date) (Signed)

(Witness)

CONSENT

I represent that I am the parent (or legal guardian) of the above-named person and have the authority to execute the above release. I hereby consent to the foregoing on behalf of the above-named person.

(Date) (Signed)

(Witness)

Print off and/or mail or Fax to: Clemson Extension, 259 Meeting Street, Charleston, SC 29401
(Fax Number: 843-722-5944) Email for more information: Christina DeVoe (devoe@clemson.edu) (843)
722-5940 ext. 111