



Postal Mail Email

Name	County	Family Email	Correspondence Pref.
Email		First Name	
Last Name		Address	
City		State	
Zip Code		Birth Date	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Primary Phone	
Cell Phone		Years in 4-H	

Parent / Guardian 1

First Name	Last Name
Cell Phone	Work Phone

Parent / Guardian 2

First Name	Last Name
Cell Phone	Work Phone

Email

Second Household

Send Correspondence No Yes Correspondence Pref. Postal Mail Email

Family Name	First Names
Primary Phone	Address
City	State
Zip Code	Email

Emergency Contact

Name	Phone
Email	Relationship

Enrollment

Ethnicity Are you of Hispanic ethnicity? No Yes (please indicate both an ethnicity and race)

Race	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Prefer Not to State
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Residence	<input type="checkbox"/> Farm (rural area where agricultural products are sold) <input type="checkbox"/> Suburb of city more than 50,000	<input type="checkbox"/> Town under 10,000 and rural non-farm <input type="checkbox"/> Central city more than 50,000	<input type="checkbox"/> Town / City 10,000 - 50,000 and its suburbs
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Military	<input type="checkbox"/> No one in my family is serving in the military <input type="checkbox"/> I have a parent serving in the military	<input type="checkbox"/> Myself, and/or my spouse, is currently serving in the military
Branch / Component	<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy / <input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves	

Grade	School Name
School Type	<input type="checkbox"/> Public School <input type="checkbox"/> Homeschool / Alternative
	<input type="checkbox"/> Private School <input type="checkbox"/> Magnet / Specialized School
	<input type="checkbox"/> Special Education <input type="checkbox"/> Charter School
	<input type="checkbox"/> Vocational Education

Clubs

Enroll	Club	Volunteer Title
<input type="checkbox"/> (Enroll)		
	(New Club)	

Projects

Enroll	Project	Club	Volunteer Title	Years In
<input type="checkbox"/> (Enroll)				
	(New Project)			
	(New Project)			
	(New Project)			
	(New Project)			
	(New Project)			
	(New Project)			
	(New Project)			
	(New Project)			

BEHAVIOR EXPECTATIONS: As a 4-H member: It is important to follow the directions of the 4-H Club leader(s) at all times. As a 4-H member and guardian: I understand that as a participant and/or guardian I have the responsibility to help make all 4-H activities a safe experience for everyone through my behavior and conduct. I also understand the importance of following rules, directions, and policies and agree to follow them.

Member Signature		Date	
Parent / Guardian Signature		Date	

County Only					
Fee Paid	Date	Cash/Check No.	Medical Release	Ethics Form	Photo Permission