



Postal Mail Email

Name	County	Family Email	Correspondence Pref.
Email		First Name	
Last Name		Mailing 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	<input type="checkbox"/> No <input type="checkbox"/> Yes	Correspondence Pref.	<input type="checkbox"/> Postal Mail <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> 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
Residence	<input type="checkbox"/> Farm (rural area where agricultural products are sold) <input type="checkbox"/> Town under 10,000 and rural non-farm <input type="checkbox"/> Town / City 10,000 - 50,000 and its suburbs	<input type="checkbox"/> Suburb of city more than 50,000 <input type="checkbox"/> Central city more than 50,000
Military	<input type="checkbox"/> No one in my family is serving in the military <input type="checkbox"/> Myself, and/or my spouse, is currently serving in the military	<input type="checkbox"/> I have a parent 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"/> Private School <input type="checkbox"/> Special Education <input type="checkbox"/> Vocational Education	<input type="checkbox"/> Homeschool / Alternative <input type="checkbox"/> Magnet / Specialized School <input type="checkbox"/> Charter School

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