



Postal Mail  Email

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

### Parent / Guardian 1

<b>First Name</b>	<b>Last Name</b>
<b>Cell Phone</b>	<b>Work Phone</b>

### Parent / Guardian 2

<b>First Name</b>	<b>Last Name</b>
<b>Cell Phone</b>	<b>Work Phone</b>

**Email**

### Second Household

**Send Correspondence**  No  Yes **Correspondence Pref.**  Postal Mail  Email

<b>Family Name</b>	<b>First Names</b>
<b>Primary Phone</b>	<b>Address</b>
<b>City</b>	<b>State</b>
<b>Zip Code</b>	<b>Email</b>

### Emergency Contact

<b>Name</b>	<b>Phone</b>
<b>Email</b>	<b>Relationship</b>

### Enrollment

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

**Race**

<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> Black	<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Prefer Not to State

**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	

**Military**  No one in my family is serving in the military  I have a parent serving in the military  
 Myself, and/or my spouse, is currently serving in the military

**Branch / Component**  Air Force  Army  Coast Guard  Marines  Navy /  Active Duty  National Guard  Reserves

**Grade** **School Name**

## Clubs

Enroll	Club
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(Enroll)  
(New Club)

## Projects

Enroll	Project
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(Enroll)  
(New Project)  
(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.

<b>Member Signature</b>	<b>Date</b>
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<b>Parent / Guardian Signature</b>	<b>Date</b>
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County Only					
Fee Paid	Date	Cash/Check No.	Medical Release	Ethics Form	Photo Permission