

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>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>
<b>Email</b>	

**Second Household**

<b>Send Correspondence</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Correspondence Pref.</b>	<input type="checkbox"/> Postal Mail <input type="checkbox"/> 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**

<b>Ethnicity</b>	Are you of Hispanic ethnicity? <input type="checkbox"/> No <input type="checkbox"/> Yes	(please indicate both an ethnicity and race)
<b>Race</b>	<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
<b>Residence</b>	<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	
<b>Military</b>	<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	
<b>Branch / Component</b>	<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	
<b>Grade</b>	<b>School Name</b>	
<b>School Type</b>	<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.

<b>Member Signature</b>		<b>Date</b>	
<b>Parent / Guardian Signature</b>		<b>Date</b>	

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