

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>
<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>Cell Phone</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"/> 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
<b>Military</b>	<input type="checkbox"/> No one in my family is serving in the military <input type="checkbox"/> I have a sibling serving in the military	<input type="checkbox"/> I have a parent serving in the military
<b>Branch</b>	<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> DOD Civilian <input type="checkbox"/> Marines <input type="checkbox"/> Navy	
<b>Component</b>	<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)				

### Project Choices

#### Animals

- Beef
- Dairy Cattle
- Dairy Goats
- Dogs
- Horse & Pony
- Meat Goats
- Pets
- Poultry
- Rabbit
- Sheep
- Swine
- Veterinary Science

#### Agriculture & Natural Resources

- Crop Production
- Environment & Sustainability
- Horticulture
- Outdoor Adventures
- Safety & Education in Shooting Sports

#### Creative Arts

- Music
- Photography
- Visual Arts

#### Family & Consumer Sciences

- Child Development
- Clothing
- Consumer Management
- Food & Nutrition
- Health
- Home Improvement
- Sewing

#### Personal Development

- Citizenship
- Communication
- Leadership
- Self Determined

#### Science, Engineering, & Technology

- Mechanics
- Woodworking
- Science, Engineering & Technology
  - Aerospace
  - Biological & Chemical Sciences
  - Computers & Networking
  - Digital Storytelling
  - Earth & Climate
  - Geospatial Mapping (GPS/GIS)
  - Robotics
  - Science in our Everyday Lives

**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