

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**

<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"/> I have a sibling serving in the military	

**Branch**  Air Force  Army  Coast Guard  DOD Civilian  Marines  Navy

**Component**  Active Duty  National Guard  Reserves

<b>Grade</b>	<b>School Name</b>
--------------	--------------------

**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
--------	------	-----------------

(Enroll)

(New Club)

## Projects

Enroll	Project	Club	Volunteer Title	Years In
--------	---------	------	-----------------	----------

(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