4-H Enrollment Form

Name of 4-H Group/Unit: ____________________________________________  Year: __________

Member Name: _____________________________________________________

First  Middle  Last

Address:____________________________________________________________________________________

Street Address  City  State  Zip Code

Phone: (____) __________________________  Email: __________________________  County: _________________

Gender*:  ☐ Male  ☐ Female  Date of Birth: ______________  Grade: __________  School Attending: ______________________

Do you live*:  ☐ Farm  ☐ City over 50,000 people
☐ Town under 10,000 people or rural non-farm  ☐ Suburbs of city over 50,000 people
☐ City 10,000-50,000 people  ☐ Military installation: ______________________

Do you have parent/guardian(s) active in the military?  Yes___  No____
If yes, circle all that apply:  Army  Air Force  Navy  Marines  Coast Guard  National Guard(Air & Army)  Reserves

Ethnic group:* A. Choose One:  ☐ Hispanic or Latino  ☐ Non-Hispanic or Latino

B. Choose all that apply:
☐ White or Caucasian  ☐ Asian
☐ Black or African-American  ☐ Native Hawaiian or other Pacific Islander
☐ American Indian or Alaska Native  ☐ Other ______________________

Parent or Guardian: _____________________________________________________________________________

First  Middle  Last

Address: _______________________________________________________________________________________

Street Address  City  State  Zip Code

Phone: __________________________(_____ ) __________(_____ ) __________________________(_____ ) __________________________(_____ ) Email (if applicable)

Additional Parent or Guardian: ____________________________________________________________________

First  Middle  Last

Address: _______________________________________________________________________________________

Street Address  City  State  Zip Code

Phone: __________________________(_____ ) __________(_____ ) __________________________(_____ ) __________________________(_____ ) Email (if applicable)

1. A parent or guardian should sign below whichever statements you wish to apply to the youth’s involvement in 4-H programs.

____________________________________  I agree to allow 4-H to take photographs of my child for use in 4-H and other N.C. Cooperative Extension educational, promotional, and/or marketing materials. Neither individual addresses nor telephone numbers will be published within these materials.

____________________________________  I do not wish for 4-H to take photographs of my child for use in 4-H or N.C. Cooperative Extension educational, promotional or marketing purposes.

2. The enrolling youth is bound by the NC 4-H Code of Conduct and Disciplinary Procedure for 4-H events and activities. The youth should initial here if he/she has received and reviewed the NC 4-H Code of Conduct and Disciplinary Procedure for 4-H events and activities: ___________.

*This information is required for all federally assisted programs and is solely used for the purpose of determining compliance with Federal civil rights laws; your responses will not affect consideration of your application. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.