

Family Email

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

Parent / Guardian 1

Email: _____

Last Name	First Name
Cell Phone	Work Phone

Parent / Guardian 2

Email: _____

Last Name	First Name
Cell Phone	Work Phone

Second Household

Send Correspondence No Yes

Last Name	First Names
Primary Phone	Address
City	State
Zip Code	Email

Emergency Contact

Name	Phone
Email	Relationship

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"/>
<input type="checkbox"/> Town under 10,000 and rural non-farm	<input type="checkbox"/>
<input type="checkbox"/>	

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

Grade: 2 3 4 5 6 7 8 9 10 11 12 **School Name** _____

School Type

<input type="checkbox"/> Public School	<input type="checkbox"/> Homeschool / Alternative
<input type="checkbox"/> Private School	<input type="checkbox"/>
<input type="checkbox"/> Special Education	<input type="checkbox"/>
<input type="checkbox"/>	

Clubs

Enroll	Club Name:

Projects

Enroll	Project	Years In
	(Project)	
	(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

PLEASE COMPLETE THE FOLLOWING:

The **MSU Extension Service--4-H** may like to use photos or video of your child that are taken at various 4-H events during the year to use for the following purposes:

- Website
- Press Release
- News Story
- Marketing materials
- Other

CONDITIONS OF USE:

1. We will not use personal details of any child in a photograph on our web site.
2. We will not include personal e-mail or postal addresses, telephone or fax numbers on our web site or in other printed publications.
3. We may use the name of the child in accompanying text or a photo caption.
4. We may use group or photographs with very general labels.
5. We will only use images of children in suitable dress, to reduce the risk of inappropriate use of images.

Do you authorize the use of photos or video of your child for these purposes? **YES** **NO**

I consent and agree, individually and, as a parent or guardian of the minor named on this form to the foregoing terms and provisions. By signing below, I hereby waive any right that I (and a minor) may have to inspect or approve the copy and/or finished product or products that may be used in connection therewith or the use to which it may be applied. I warrant that I am of full legal age and have every right to contract for the minor in the above regard. I have also read and understand the conditions of use listed below.

Parent or Guardian Signature _____ **Date** _____