

NH 4-H Member Enrollment Form

Program Year 20 - 20

program year runs the same as school year, example 2009-2010

New Enrollment Re-Enrollment Please check here if you were a cloverbud last year

<u>Office Use Only</u>	
Club Code	<input type="text"/>
Member Code	<input type="text"/>
Entered by	<input type="text"/>
Date	<input type="text"/>

Member First Name Middle Initial Member Last Name

County Date of Birth Home Phone #

Member Cell # Wireless Carrier Best Time to Call?

Permission to receive text msgs from 4-H? Yes No

Member Email Address Secondary Email Grade

Year in 4-H Date First Enrolled in 4-H? School Level of Education

Military Family? Active Army Active Navy Active Air Force Active Marine Corps Active Coast Guard
If Yes, please select your branch: Army Guard Naval Reserve Air Force Reserve Marine Corps Reserve Coast Guard Reserve
 Army Reserve Air Guard

Prefer Email Newsletters? Yes No

I want the Extension office to be aware of the following disability or health consideration:

Member Address Information

Street 1 Street 2

Town State Zip Code Actual town where member lives if not the same as the mailing address:

Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	Race: <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Alaskan/American Indian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Island <input type="checkbox"/> Other	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Residence: <input type="checkbox"/> Farm <input type="checkbox"/> City over 50,000 <input type="checkbox"/> Rural - Town under 10,000 <input type="checkbox"/> Town/City 10,000-50,000 <input type="checkbox"/> Suburb of City over 50,000
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Mother/Guardian first & last name <input type="text"/>	Father/Guardian first & last name <input type="text"/>
Primary Phone <input type="text"/> Best time to Call? <input type="text"/>	Primary Phone <input type="text"/> Best time to Call? <input type="text"/>
Work Phone <input type="text"/> Ext. <input type="text"/>	Work Phone <input type="text"/> Ext. <input type="text"/>
Cell # <input type="text"/> OK to Text? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cell # <input type="text"/> OK to Text? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address <input type="text"/>	Email Address <input type="text"/>
Mailing Address street, city, zip <input type="text"/>	Mailing Address street, city, zip <input type="text"/>

Is there a parent/guardian at a different location that wishes to receive information?

Full Name Primary Phone

Mailing Address: street, city, zip

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Member Information

Category:

- Cloverbud
(4-H Age 5-7 years
old as of Jan 1)
- Member
(4-H Age 8-18 years
old as of Jan 1)

Type of Club/Group (choose one):

- Community Club
- In -School Club
- After-School Club
- Military Club
- Independent Member

Club/Group Name

Does the above named member
belong to a 2nd 4-H club?
If so, please list name:

Do you have siblings in 4-H?
If Yes, please list name(s)

Please see Project Enrollment Form for Project Selection

Photo Release

- Yes
- No

4-H event participants may be photographed and videotaped for use in 4-H promotional and educational materials. I authorize 4-H to record the above named 4-H member's image and/or voice for use by the University of New Hampshire, its affiliates (including but not limited to the UNH Cooperative Extension, UNH Foundation, and 4H Foundation of New Hampshire), or its assignees in research, educational and promotional programs. I understand and agree that these audio, video, film, and/or print images may be edited, duplicated, distributed, reproduced, broadcast and/or reformatted in any form and manner without payment of fees, in perpetuity.

Release of Personal Information

It is the policy of UNH Cooperative Extension *never* to sell or share information with outside agencies. We may share information with other 4-H Leaders or UNH staff within the county or state for the purpose of planning and promoting events.

- It's OK to provide the above named 4-H member's information to other UNH staff or 4-H Leaders
- Don't release any of the above named 4-H member's information

4-H Activity Youth Permission and Release

I understand that the above named 4-H member will be participating in the New Hampshire 4-H program. The activities are supervised primarily by volunteers and include active, hands-on activities that occur at local, county and statewide venues. We understand the responsibilities, hazards, and dangers inherent in participation in the program, including transportation. We give permission for the above named youth to participate.

We hold harmless the University of New Hampshire, its trustees, officers, agents, employees, and volunteers from and against all claims, demands, actions, and causes of action for damages which may be sustained by the above named youth or anyone else. This includes personal injury, death or property damage, whether or not the result of negligent acts or omissions on the part of the University of New Hampshire. If the above named youth's participation in the activity causes damage to the property of UNH Cooperative Extension, we agree to pay the University for such loss.

Member Signature _____

Date _____

I am the parent/guardian, I have read and understand the above content. I approve my child's enrolling with 4-H:

Parent/Guardian Signature

required if member is under 18

Date _____

Volunteer Leader Signature _____

Date _____

Please print and mail completed form to your local county office (click down arrow to select county office below)

County Offices

Questions? Visit: <http://extension.unh.edu/4H/4H.htm>

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University of New Hampshire, U.S. Department of Agriculture and NH counties cooperating.