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**NH 4-H Member Enrollment Form**

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| **Profile Information** | | |
| **Email**  Click here to enter text. |  | |
| **First Name**  Click here to enter text. | **Middle Name**  Click here to enter text. | |
| **Last Name**  Click here to enter text. | **Suffix** Click here to enter text. | |
| **Preferred Name** Click here to enter text. | **Mailing Address** Click here to enter text. | |
| **City** Click here to enter text. | **Mailing Address 2** Click here to enter text. | |
| **State** Click here to enter text. | **Zip Code** Click here to enter text. | |
| **Birth Date** Click here to enter text. | **Gender**  Click here to enter text. | |
| **Contact Information** | | |
| Primary Phone Click here to enter text. | Preferred Correspondence:  Email  Paper Mail | |
| Cell Phone Click here to enter text. | Wish to receive notices via text msg? Choose an item. | |
| Years in 4-H Click here to enter text. | 4-H County Choose an item. | |
| Parent/Guardian 1 Name Click here to enter text. | Parent/Guardian 1 Cell Phone Click here to enter text. | |
| Parent/Guardian 1 Work Phone: Click here to enter text. | Parent/Guardian 1 Work Ext: Click here to enter text. | |
| Parent/Guardian 2 Name: Click here to enter text. | Parent/Guardian 2 Cell Phone: Click here to enter text. | |
| Parent/Guardian 2 Work Phone: Click here to enter text. | Parent/Guardian 2 Work Ext: Click here to enter text. | |
| Parent/Guardian 2 Address: Click here to enter text. | Parent/Guardian 2 City: Click here to enter text. | |
| Parent/Guardian 2 State: Click here to enter text. | Parent/Guardian 2 Zip Code: Click here to enter text. | |
| Parent/Guardian 2 Home Phone: Click here to enter text. | Parent/Guardian 2 Email: Click here to enter text. | |
| **2nd Household (if applicable)** | | |
| Send Correspondence to 2nd Household?:  Yes  No | 2nd Household Mail Preference: Choose an item. | |
| 2nd Household Family Name: Click here to enter text. | 2nd Household First Names: Click here to enter text. | |
| **Emergency Contact Information** | | |
| **Emergency Contact Name:** Click here to enter text. | | **Emergency Contact Phone:** Click here to enter text. |
| **Emergency Contact Cell Phone:** Click here to enter text. | | **Emergency Contact Email:** Click here to enter text. |
| **Emergency Contact Relationship:** Click here to enter text. | |  |
| **Ethnicity** | | |
| Hispanic  Not Hispanic |  | |
| **Race** | | |
| White  Native Hawaiian or Pacific Islander  Black/African American  Asian  American Indian or Alaskan Native  Prefer Not to State | | |
| **Residence** | | |
| Farm  Suburb of city more than 50,000  Town under 10,000 and rural non-farm  Central city more than 50,000  Town/City 10,000-50,000 and its suburbs | | |
| **Club Information** | | |
| **County:** Choose an item. | 2nd 4-H County: Choose an item. | |
| **Primary Club Name** Click here to enter text. | Secondary Club Name: Click here to enter text. | |
| *Continued on next page* | | |

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| **Military Service** | | | |
| No one in my family is serving in the military If Yes:  I have a parent serving in the military Branch: Click here to enter text.  I have a sibling serving in the military Branch Component: Click here to enter text.  Myself/my spouse currently serves in the military | | | |
| **School Information** | | | |
| School County: Click here to enter text. | | School District: Click here to enter text. | |
| School Name: Click here to enter text. | |  | |
| **Code of Conduct** | | | |
| **As a participant in a New Hampshire 4-H Event, you have the responsibility of representing the NH 4-H program to the public. You are expected to conduct yourself in a manner that will bring honor to you as well as to 4-H. To do that you will need to:** | | | |
| 1. Attend all sessions in the planned program and participate fully.  2. Follow established hours and room rules. YOU are responsible  for knowing the rules of your event.  3. Dress appropriately for each event. (follow the dress code when  given)  4. Use language and manners that are appropriate for a 4-H  event. You are responsible for knowing what language and  behavior is appropriate.  5. Be in the assigned program area at all times (eg. dorms,  motels, etc)  6. Model respect for other persons in public areas. | | | 7. Know that the use of illicit drugs, alcohol, tobacco and  fireworks are prohibited at all 4-H events.  8. Treat program areas, lodging areas and transportation  vehicles with respect and care. You will be responsible for  any damage, theft or misconduct in which you participate.  9. Help other persons in your group have a pleasant  experience by making every attempt to include all  participants in all activities.  10. Live up to your highest expectations for yourself so you  can return home proud of who you are and what you  have done. |
| **Those who find themselves unable to conduct themselves within the guidelines listed above may expect:** | | | |
| 1. To explain their actions to the adults in charge.  2. To accept the consequences of their actions.  3. To possibly be sent home immediately at their own expense.  4. To possibly be excluded from participation in a future 4-H  event/trip. | | | 5. To have the adults in charge notify parents/guardians,  Extension staff and others to see that the actions taken in  case of unacceptable behavior are appropriate for all  concerned. |
| Media Release | | | |
| Yes  No | 4-H event participants may be photographed and videotaped for use in 4-H promotional and educational materials which may include use on web pages or social media. I authorize 4-H to record the above named person’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 a 4-H 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. | | |

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| Are your Parents 4-H Alum? |
| Yes  No If yes, In which state did they participate? Year Started Year Ended |

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| Permission and Release | |
| I understand that the above named individual will be participating in the New Hampshire 4-H program. The activities 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. It is the policy of UNH Cooperative Extension neverto 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.  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 at which the event is taking place, we agree to pay the property owner for such loss. | |
| Parent/Guardian Signature: Click here to enter text. | Date Click here to enter text. |
| Member Signature: Click here to enter text. |  |
| **Please print and mail completed form to your local County Office** (click down arrow to select county office below) | |
| **County Offices**  Choose an item. | |

University of New Hampshire Cooperative Extension is an equal opportunity educator and employer.

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