

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

Office Use Only

Club Code

Member Code

Entered by

Date

First Name Middle Name Youth Last Name

Alternate 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 SMS Email

Primary 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 ☐ Army Guard ☐ Naval Reserve ☐ Air Force Reserve ☐ Marine Corps Reserve ☐ Coast Guard Reserve
select your branch: ☐ Army Reserve ☐ Air Guard

Do You Want 4-H Mailings? ☐ Yes ☐ No Prefer Email Newsletters? ☐ Yes ☐ No

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

Address Information

Street 1 Street 2

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

Ethnic:

- ☐ Hispanic
☐ Not Hispanic

Gender:

- ☐ Female
☐ Male

Residence:

- ☐ Farm ☐ City over 50,000
☐ Rural - Town under 10,000
☐ Town/City 10,000-50,000
☐ Suburb of City over 50,000

Race:

- ☐ Asian ☐ White
☐ Alaskan/American Indian ☐ Black
☐ Hawaiian/Pacific Island ☐ Other

PARENTS Please Fill Out Information Below

Mother/Guardian first & last name

Primary Phone Best time to Call?

Work Phone Ext.

Cell # OK to Text? ☐ Yes ☐ No

Email Address

Mailing Address street, city, zip

Father/Guardian first & last name

Primary Phone Best time to Call?

Work Phone Ext.

Cell # OK to Text? ☐ Yes ☐ No

Email Address

Mailing Address street, city, zip

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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Club 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 (choose one):

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

Club Name

Do you 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

Media Release

- ☐ Yes 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 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 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.
- ☐ No

NH 4-H 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.

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, statewide national 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. 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.

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 any property where a UNH Cooperative Extension program is being held we agree to pay the property owner for such loss.

I am the parent/guardian and approve my child's enrolling with 4-H:

Parent/Guardian Signature

Date

Member Signature

Date

Leader Signature

Date

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

County Offices