



**NC STATE**  
EXTENSION

# 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: \_\_\_\_\_

If re-enrolling in 4-H, how many years have you been in 4-H: \_\_\_\_\_

Do you live\*: ☐ Farm ☐ City over 50,000 people  
(Choose only one) ☐ 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: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Area Code Daytime/Cell phone Area Code Home phone Email (if applicable)

Additional Parent or Guardian: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street Address City State Zip Code

Phone: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Area Code Daytime/Cell phone Area Code Home 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/audio/video 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/audio/video 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.*

**For office use only**  
4-H Membership # \_\_\_\_\_  
Date entered: \_\_\_\_\_

**NC STATE UNIVERSITY**

Revised 10/21/13

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Please explain "yes" answers, noting the number of the questions. \_\_\_\_\_

Special medical concerns or conditions that event supervisors should know about, including contagious illnesses, epilepsy, asthma, diabetes, previous injuries to bones/joints, etc: \_\_\_\_\_

Which of the following has the participant had?

- ☐ Measles
- ☐ Chicken pox
- ☐ German measles
- ☐ Mumps
- ☐ Hepatitis A
- ☐ Hepatitis B
- ☐ Hepatitis C

TB Mantoux Test      Date of last test \_\_\_\_\_  
Result: ☐ Positive      ☐ Negative

Use this space to provide any additional information about the participant's behavior and physical, emotional or mental health about which the NC 4-H should be made aware. \_\_\_\_\_

Name of family physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *City* *State* *Zip Code*

Name of family dentist/orthodontist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *City* *State* *Zip Code*

### **Insurance Information**

The 4-H program purchases accident insurance for youth participants for many sponsored events. This coverage is not a substitute for personal health insurance, and may not cover all accident or medical expenses. Therefore, medical providers may find it necessary to bill the family or your insurance company for medical services rendered. Please provide the following information:

Health Insurance Company \_\_\_\_\_

Health Insurance Policy # \_\_\_\_\_

Company Address \_\_\_\_\_

Company Telephone Number (\_\_\_\_) \_\_\_\_\_

## Authorization Form

**Custody Release:** You may be asked to produce photo ID at check-out. This is for your child's safety. Please be aware of this policy before picking up your child. I hereby give permission for my child, \_\_\_\_\_, to be allowed to leave the 4-H program after the activity. My child will be released into the custody of:

\_\_\_\_\_  
(Names of Individuals authorized to pick up your child)

If it is necessary for my child to leave before the end of the program due to illness, injury, or behavioral issues, and I cannot be reached, I hereby give permission for my child to be released into the custody of:

\_\_\_\_\_  
(Emergency contact or other individual authorized to pick up your child)

**For 4-H Use Only:** 4-H'er picked up by: \_\_\_\_\_ Staff Signature \_\_\_\_\_

Parent/Guardian Authorization: This health history is correct and complete as far as I know. The person herein described has permission to engage in all 4-H activities except as noted.

I hereby give permission to the NC 4-H to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to NC 4-H to arrange necessary related transportation for me/my child.

The person herein described has permission to engage in all 4-H activities except as noted here: \_\_\_\_\_

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by NC 4-H to secure and administer treatment including hospitalization, for the person named above. This completed form may be photocopied for trips out of county.

Signature of parent/guardian, or adult camper/staffer: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_