

## 4-H Enrollment Form



| Name of 4-H Group/Unit:_                                                                                        |                                                   |                                                        |                                                   | Year:                                                                             | <del></del>                      |  |
|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------|--|
| Member Name:                                                                                                    |                                                   |                                                        |                                                   |                                                                                   |                                  |  |
| First                                                                                                           | Middle                                            | Last                                                   |                                                   |                                                                                   |                                  |  |
| Address:                                                                                                        |                                                   |                                                        |                                                   |                                                                                   |                                  |  |
| Street Address                                                                                                  |                                                   | ity                                                    | State                                             | Zip Code                                                                          |                                  |  |
| Phone:()                                                                                                        | Email:                                            |                                                        | Coi                                               | ınty:                                                                             |                                  |  |
| <b>Gender*:</b> □ Male □ Femal                                                                                  | e Date of Birth:                                  | Grade:                                                 | School Atte                                       | ending:                                                                           |                                  |  |
| (Choose only one) ☐ Town under 10,000 people or rural non-farm ☐ Sub                                            |                                                   |                                                        | ☐ Suburbs of city ov                              | City over 50,000 people suburbs of city over 50,000 people Military installation: |                                  |  |
| Do you have parent/guardia<br>If yes, circle all that apply: Ar                                                 | ` '                                               | • —                                                    |                                                   | rd(Air & Army) Re                                                                 | serves                           |  |
| Ethnic group:* A. Choose O                                                                                      | ne: 🗖 Hispani                                     | c or Latino 🔲 Non-l                                    | Hispanic or Latino                                |                                                                                   |                                  |  |
| B. Choose all tha                                                                                               | it apply:                                         |                                                        |                                                   |                                                                                   |                                  |  |
|                                                                                                                 | or Caucasian                                      | ☐ Asian                                                |                                                   |                                                                                   |                                  |  |
| ☐ Black o                                                                                                       | r African-American                                | ☐ Native I                                             | Hawaiian or other Pac                             | ific Islander                                                                     |                                  |  |
| ☐ America                                                                                                       | an Indian or Alaska N                             | Vative ☐ Other _                                       |                                                   |                                                                                   |                                  |  |
| Parent or Guardian:                                                                                             |                                                   |                                                        |                                                   |                                                                                   |                                  |  |
| First                                                                                                           |                                                   | Middle                                                 | Last                                              |                                                                                   |                                  |  |
| Address:                                                                                                        |                                                   |                                                        |                                                   |                                                                                   |                                  |  |
| Street Address                                                                                                  |                                                   | City                                                   | State                                             | Zip Code                                                                          |                                  |  |
| Phone:                                                                                                          | ( )                                               |                                                        | ( )                                               | -                                                                                 |                                  |  |
| Area Code Daytime/Cell pho                                                                                      |                                                   | de Home phone                                          | Email (if                                         | applicable)                                                                       | <del></del>                      |  |
|                                                                                                                 |                                                   |                                                        |                                                   |                                                                                   |                                  |  |
| Additional Parent or Guardi                                                                                     | an:                                               |                                                        |                                                   |                                                                                   |                                  |  |
|                                                                                                                 | First                                             | Middle                                                 | Last                                              | -                                                                                 | <u></u>                          |  |
| Address:                                                                                                        |                                                   | City                                                   |                                                   |                                                                                   |                                  |  |
| Street Address                                                                                                  |                                                   | City                                                   | State                                             | Zip Code                                                                          |                                  |  |
| Phone:                                                                                                          | ()                                                | de Home phone                                          | ()                                                |                                                                                   |                                  |  |
| Area Code Daytime/Cell pho                                                                                      | Area Code Daytime/Cell phone Area Code Home phone |                                                        | Email (if                                         | Email (if applicable)                                                             |                                  |  |
| L. A parent or guardian shoul                                                                                   | I agree to a keting materials. Neither            | llow 4-H to take photogra                              | aphs of my child for use r telephone numbers wi   | in 4-H and other N.C. (Il be published within the                                 | Cooperative Extennese materials. |  |
| ducational, promotional or marketing                                                                            |                                                   | 1 8                                                    |                                                   | - 1                                                                               |                                  |  |
| 2. The enrolling youth is bound by ne/she has received and reviewed the                                         | the NC 4-H Code of Cone NC 4-H Code of Con        | onduct and Disciplinary P<br>duct and Disciplinary Pro | rocedure for 4-H events a cedure for 4-H events a | and activities. The yound activities:                                             | nth should initial h             |  |
| *This information is required for a<br>laws; your responses will not affec<br>administered in a nondiscriminato | t consideration of your                           |                                                        |                                                   | will assist us in assurir                                                         | ig that this progra              |  |
|                                                                                                                 | .,                                                | COLLEGE OF                                             |                                                   |                                                                                   | ice use only                     |  |
|                                                                                                                 | A                                                 | GRICULTURE & LII                                       | E SCIENCES                                        | 4-H Membership                                                                    | · #<br>:                         |  |
|                                                                                                                 |                                                   | A D E M I C S . R E S E A R C H                        |                                                   | Date entered                                                                      | •                                |  |

NC STATE UNIVERSITY

Revised 11/6/2006