

4-H Member Enrollment Form for 2019-2020

County: _____ Club: _____

Family Last Name: _____

(this name will be used on mailing labels)

Family Phone: _____

Family Email: _____

Return to your local Extension Office

Member Information * indicates required fields

* First Name	Middle Name
* Last Name	Email
* Mailing Address	* City
* State	* Zip Code
* Birth Date	* Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
* Primary Phone	Member Cell Phone
I wish to receive notices via text message <input type="checkbox"/> Yes <input type="checkbox"/> No	Provider

Parent / Guardian 1 * indicates required fields

* First Name	* Last Name
Cell Phone	Work Phone

Parent / Guardian 2

First Name	Last Name
Cell Phone	Work Phone
Home Phone	

Second Household

Send Correspondence <input type="checkbox"/> Yes <input type="checkbox"/> No	Family Name
First Names	Primary Phone
Address	City
State	Zip Code
Email	

Emergency Contact Information (if Parent/Guardian cannot be reached)

* indicates required fields

* Name
* Primary phone number:
* Relationship to member:



Enrollment ** indicates required fields*

* Ethnicity	Are you of Hispanic ethnicity? <input type="checkbox"/> No <input type="checkbox"/> Yes (please indicate both an ethnicity and race)
Race	<input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Prefer Not to State
* Residence	<input type="checkbox"/> Farm (rural area where ag. products are sold) <input type="checkbox"/> Suburb of city more than 50,000 <input type="checkbox"/> Town under 10,000 and rural non-farm <input type="checkbox"/> Central city more than 50,000 <input type="checkbox"/> Town / City 10,000 - 50,000 and its suburbs
Military	<input type="checkbox"/> I have a parent serving in the military <input type="checkbox"/> I have a sibling serving in the military
Branch / Component	<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves
* School Grade	* School Name

Special Needs or Accommodation Requests
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Languages Spoken at Home	<input type="checkbox"/> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> English <input type="checkbox"/> French Check all that apply <input type="checkbox"/> Polish <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Other
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Hispanic Origin	<input type="checkbox"/> Central American <input type="checkbox"/> Cuban <input type="checkbox"/> Dominican <input type="checkbox"/> Ecuadorian <input type="checkbox"/> Guatemalan Check all that apply <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> South American <input type="checkbox"/> Spanish <input type="checkbox"/> Other
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T-Shirt Size	Youth <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large Adult <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> 2 XL <input type="checkbox"/> 3 XL
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* Mailings	<input type="checkbox"/> I would NOT like information on the County Level Foundation and how it supports the 4-H Program <input type="checkbox"/> I would NOT like information on the Illinois 4-H Foundation and how it supports the 4-H Program <input type="checkbox"/> I would NOT like information about events at the University of Illinois
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4-H Family History	Has anyone in your family been a 4-H Member? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Parent/Guardian Photo/Video/Audio Release

Yes No I grant the University of Illinois Extension 4-H Youth Program, irrevocable permission to record and/or disclose my child's identity, image, and voice arising out of documenting 4-H youth programs and to use, reproduce and distribute such in whole or in part in video and/or sound recordings, films, photographs, transparencies, webpages, social media, local news media or any other media for any purpose on behalf of the University and Extension without compensations to me and without any right for me to inspect or approve of the finished photograph, video, or audio recordings or other recordings.

Parent/Guardian Signature _____ Date _____

University of Illinois Extension Liability Waiver

I hereby acknowledge that participation in 4-H and related Extension activities involves an inherent risk of physical injury or loss that might be sustained by my child. In consideration for accepting my child into 4-H, I assume all risk of injury and loss that may be suffered by me or my child and release and forever discharge the Board of Trustees of the University of Illinois, its officers, employees and agents from any and all known liability of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen body and personal injuries, including death, property damage and the consequences therefore resulting from the registrant's participation in or involvement with 4-H or presence on University property, including any failure of equipment or defect in the premises, except to the extent caused solely by the willful and wanton misconduct of the University.

Parent/Guardian Signature _____ Date _____