



## 2012-2013 MICHIGAN 4-H Member Enrollment Form

\*Required information

### Personal Information

\*First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ \*Last Name \_\_\_\_\_  
Alternate Name \_\_\_\_\_ \*County of 4-H Participation \_\_\_\_\_

\*Birth Date (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Primary Home Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_ Mobile Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_

Permission to receive text messages from 4-H? ☐ Yes ☐ No

Other Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_ Best Time to Call \_\_\_\_\_

Primary Email \_\_\_\_\_ Secondary Email \_\_\_\_\_

SMS Email/Wireless Carrier \_\_\_\_\_ (ex. AT&T, Verizon which is used for formatting text messages)

\*Date First Enrolled (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

School \_\_\_\_\_ Level of Education/Grade \_\_\_\_\_

Military Family ☐ Yes ☐ No If yes, please select your branch:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Active Army         | <input type="checkbox"/> Army Guard           | <input type="checkbox"/> Army Reserve       | <input type="checkbox"/> Active Air Force    |
| <input type="checkbox"/> Air Guard           | <input type="checkbox"/> Air Force Reserve    | <input type="checkbox"/> Active Navy        | <input type="checkbox"/> Naval Reserve       |
| <input type="checkbox"/> Active Marine Corps | <input type="checkbox"/> Marine Corps Reserve | <input type="checkbox"/> Active Coast Guard | <input type="checkbox"/> Coast Guard Reserve |

Military Family: A family which has an immediate family member (parent/guardian; step-parent; sibling) regardless of branch is a military family. This includes all branches of the military included above.

Want 4-H Mailings ☐ Yes ☐ No Prefer Email Newsletters ☐ Yes ☐ No

Has health considerations ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

### Address Information

\*Street 1 \_\_\_\_\_ Street 2 \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_

Township \_\_\_\_\_

### Demographic Information

**Ethnicity** (Optional; Select One): ☐ Not Hispanic ☐ Hispanic

\***Gender** : ☐ Female ☐ Male

\***Residence** (Select One):

☐ Farm ☐ Town Less than 10,000 ☐ Town 10,000-50,000 ☐ Suburb more than 50,000 ☐ City more than 50,000

**Race** (Optional: Select All That Apply): ☐ Asian ☐ White ☐ Black ☐ American Indian ☐ Hawaiian & Pacific Islander

#### Participation Fee:

Paid ☐ Online ☐ Cash/Check # \_\_\_\_\_  
☐ Would like information on fee scholarships  
☐ Eligible for free/reduced lunch (optional)  
☐ Fee scholarship approved  
 (Extension Office use only)

### \*Parent Information

#### \*Parent or Guardian 1

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Address (if different from above): Street \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

#### Parent or Guardian 2

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Address (if different from above): Street \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Siblings enrolled in 4-H: \_\_\_\_\_

### Program Information

Club Membership \_\_\_\_\_ Project Area \_\_\_\_\_ Primary Club Yes ☐ No ☐

Club Membership \_\_\_\_\_ Project Area \_\_\_\_\_ Primary Club Yes ☐ No ☐

Club Membership \_\_\_\_\_ Project Area \_\_\_\_\_ Primary Club Yes ☐ No ☐

Club Membership \_\_\_\_\_ Project Area \_\_\_\_\_ Primary Club Yes ☐ No ☐

### Photo Release

I authorize 4-H to record my image and/or voice for use by Michigan State University Extension 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.

### Code of Conduct

Positive behavior is a key expectation for youth and adults participating in 4-H activities – behavior that reflects trustworthiness, respect, responsibility, fairness, caring and citizenship. Participants are expected to exhibit good sportsmanship and follow all event rules. Theft, vandalism, the use of illegal drugs and alcohol, inappropriate or threatening behavior that violates the rights of others, and other such offenses are strictly prohibited, and anyone involved with these offenses will immediately be sent home at his or her own expense. If it is determined by 4-H staff or persons in charge of the activity that the offense warrants it, the offender will be turned over to the proper authorities. Participants are expected to take responsibility for their own actions and encouraged to inform their 4-H leader or 4-H Staff if another person is mistreating them.

*As a participant in the 4-H program your child may be asked to help with the evaluation of the program. Your child may be asked to complete a short survey about what he/she learned or did as a result of the program. Surveys could be given before the program begins and/ or after the program has ended. Surveys typically take no more than 10 minutes to complete. All surveys are confidential. Youth are not required to participate in the survey. If you or your child does not wish to participate it will not affect involvement in any programs of Michigan State University. If you do not want your child to participate in program evaluations or have questions about the evaluation, contact your local 4-H coordinator at the MSU Extension Office.*

### Signatures

\*Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

\*Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_