



Return to: Forsyth 4-H  
1450 Fairchild Road  
Winston-Salem, NC 27105



**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.*

<b>For office use only</b> 4-H Membership # _____ Date entered: _____
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