



The University of Arizona Cooperative Extension
4-H YOUTH ENROLLMENT FORM



PLEASE PRINT CLEARLY

NAME (LAST) (FIRST) (MI)

ADDRESS

CITY STATE ZIP

HOME PHONE PRIMARY CELL PHONE DATE OF BIRTH

GENDER: Male Female

HISPANIC ETHNICITY (check one): Hispanic or Latino -OR- Not Hispanic or Latino

RACIAL GROUP(S) (check all that apply, must check at least one):

- (A) having origins in any of the original peoples of Europe, North Africa, or the Middle East
(B) having origins in any of the black racial groups of Africa
(C) having origins in any of the original peoples of North, Central, and South America...
(D) having origins in any of the original peoples of the Far East, Southeast Asia...
(E) having origins in any of the original peoples of Hawaii, Guam, Samoa, Micronesia...

RESIDENCE (check one):

- (1) Farm or ranch (2) Town under 10,000 & rural non-farm (3) Town & City 10,000 - 50,000
(4) Suburbs of Cities over 50,000 (5) Central City of over 50,000

GRADE SCHOOL DISTRICT YEARS IN 4-H (In which you reside)

YOUTH VOLUNTEER TYPE

- Direct (Junior or Teen Leader, Camp Counselor, Project leader)
Indirect (Member of Council, Board or committee beyond club/unit)
Middle (Serving or Leading Other Volunteers)

E-MAIL ADDRESS

PARENT/GUARDIAN INFORMATION

Name Occupation Legal Guardian?

ARE EITHER/BOTH OF YOUR PARENTS IN THE MILITARY YES NO IF YES, WHICH BRANCH? (Check all that apply)

- Army Active Duty Army National Guard Army Reserves Air Force Active Duty
Air Force National Guard Air Force Reserves Navy Active Duty Navy Reserves
Marine Corps Active Duty Marine Corps Reserves Coast Guard Active Duty Coast Guard Reserves

EMERGENCY CONTACT (other than parent) (Name and Phone/Cell Phone/Pager)

SIGNATURE OF MEMBER DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN DATE (Signature acknowledges that the youth is enrolled in 4-H)

CLUB/UNIT NAME _____

IS THIS YOUR PRIMARY CLUB? YES NO

PROJECT CODE	PROJECT NAME

PROJECT CODE	PROJECT NAME

ADDITIONAL COMMUNICATIONS INFORMATION

REMINDER! Pinal County 4-H Newsletter Online Only at <http://cals.arizona.edu/pinal/4-h/>

ALLOW TEXT MESSAGES ? YES NO IF YES, PROVIDE PRIMARY CELL PHONE CARRIER _____
(Carrier required to send text message)

WORK PHONE _____

SECONDARY CELL PHONE _____

ALTERNATE E-MAIL ADDRESSES

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	@	

MEDIA RELEASE

From time to time photographs, videos, and/or audio clips may be taken of youth and adults engaging in Cooperative Extension programs and activities.

I grant permission to the Arizona Board of Regents, on behalf of The University of Arizona and its agents or employees, to use photographs, video and/or audio recordings of me for educational purposes. These may be used for, but not limited to, promotional brochures, educational and promotional videos including posting on iTunes and/or YouTube, web sites, CD, DVD, MP3, MP4, RSS, newsletters, local newspapers and other not-for-profit purposes. I understand these will not be used for commercial gain, but to support the mission of the University of Arizona and Arizona Cooperative Extension

SIGNATURE OF MEMBER _____ DATE _____

SIGNATURE OF PARENT/LEGAL GUARDIAN _____ DATE _____

**MAKE CHECKS PAYABLE TO: University of Arizona
Per Member-\$10 Program Management Fee**