

GEAUGA COUNTY ASSOCIATE 4-H MEMBER ENROLLMENT FORM

(Please print all information)

An associate 4-H member is one who joins 4-H after the April 15th deadline. Associate members are not allowed to take any 4-H project, compete in county or state shows, contests, or events, or participate in Jr. Fair. However, associate 4-H members are allowed to partake in club meetings and club activities, community service projects, and county based clinics only.

4-H Club: _____

Last Name: _____ First Name: _____ M.I.: _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail Address: _____ Phone #: _____

Gender: _____ Date of Birth: ____/____/____ 4-H Age as of Jan 1st: _____ Grade: _____ Years in 4-H: _____

Race: Caucasian African American Am. Indian/Alaskan Hispanic Asian/Pacific Islander Other _____

Custodial Mother's Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home #: (____) _____ Work #: (____) _____ Cell #: (____) _____ E-Mail: _____

Military Service: Active Duty National Guard Reserves

If serving, which branch: Army Navy Marines Air Force Coast Guard

Custodial Father's Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home #: (____) _____ Work #: (____) _____ Cell #: (____) _____ E-Mail: _____

Military Service: Active Duty National Guard Reserves

If serving, which branch: Army Navy Marines Air Force Coast Guard

4-H PROJECT AREA OF INTEREST

Empty box for 4-H Project Area of Interest.

I want the Extension Office to be aware of the following disability: _____

I give The Ohio State University permission to publish in print, electronic, or video format the likeness of image of my child. I release all claims against the University with respect to copyright ownership and publication including any claim for compensation related to use of the materials. My parent/guardian and I have read and discussed the Geauga County 4-H Code of Conduct. I am aware that any infractions of the 4-H Code of Conduct should be reported promptly by anyone observing them to the adult in charge of the delegation and to the person in charge of the event and that he/she shall advise the county and/or state office of any misconduct on my part. I am aware that my actions and decisions may result in the loss of privileges during 4-H events and for future events. We agree that I will conduct myself in accordance. I am aware that I cannot take additional projects other than what is listed on this enrollment form.

4-H Member Signature: _____ 4-H Advisor Signature: _____

Parent/Legal Guardian Signature: _____ Date: _____

