

WASHINGTON 4-H ENROLLMENT FORM

(Office Use Only)

County Code: 0 _____
(0+2-digit-WA county number)

Group Code: _____
(3-digit club/group number)

Member Code: _____
(5-digit unique member/leader ID#)

(Leader fills in this section)

Date: _____ Gen/Org. Leader: _____ Phone: _____

Club Name: _____ Mailing Address: _____

Choose one: Community Club Sch. Club After-Sch. Club Military Club Spec. Int./Short-Term
 Overnight Camp Day Camp Sch. Enrichment Individual/Fam. 4-H Sch. Age Care

Choose one: Member General/Org. Ldr. Project Ldr. Activity Ldr. Resource Ldr.

Choose one: New Enrollment Re-enrollment Drop from Club Change/Add Information

Youth Leader (Members Only) Choose all that apply: (Youth Leaders or Adult Leaders Only) Indirect Volunteer Direct Volunteer Middle Manager

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

Mailing Address: _____

Zip +4: _____ City: _____ State: _____

School (Opt.): _____ Yr. in 4-H: _____ Birthday: _____ Gender: M F

Grade: _____ Disabled: _____ Disability: _____ Accommodation Needed? Yes No
(Youth Only)

Residence: Farm Rural (Under 10,000) Urban (Under 50,000) Suburban (Over 50,000) Central City (Over 50,000)

Email: _____ Ethnic: Hispanic Not Hispanic

Race: (Check all that apply): White Black Alaskan/Am.Indian Asian Hawaiian/Pac.Isl. Other

PROJECT CODE	PROJECT NAME	PROJECT YEAR
<i>Example: FHB</i>	<i>Just Outside the Door</i>	<i>1</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian: _____ Signature: _____

Home Phone: _____ Work: _____ Family Email: _____

Leader Signature: _____ Date: _____

Washington State University Extension

PHOTO SERVICES RELEASE

I hereby consent and agree that Washington State University, its employees or agents, have the right to take photographs, digital images, or video/film of me (and/or my property) and to use them for educational and promotional materials. I further consent that my name may be revealed therein or by descriptive text or commentary.

I hereby release to Washington State University, its agents and employees all rights to exhibit this work publicly or privately, including postings to University web pages and to market and sell copies. I waive any rights, claims or interests I may have to control the use of my identity or likeness in the photographs, digital images, video, or film and agree that any uses described herein may be made without compensation.

MEMBER'S HEALTH FORM

Do you have any physical complaints or illness at this time? Yes No

If yes, please explain:

Are you under the care of a physician or practitioner of any sort? Yes No

If yes, please explain:

Are you taking any type of medication?

Yes No

If yes, what type? _____

In what dosage? _____

Are you on a special diet? Yes No

If yes, please explain:

Do you have Diabetes? Yes No

If yes, type and dosage of insulin:

Do you have Asthma? Yes No

If yes, do you carry an inhaler?

Yes No

Do you have allergies? Yes No

If yes, please list allergies:

Last tetanus shot?

(month and year) _____

Other conditions or comments:

Physician's Name

Phone Number

Health Insurance

Group/Policy Number

In case of emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the physician selected by the delegation leader to hospitalize and secure proper treatment (including surgery) for my child.

I have read, understand and consent to the foregoing statements.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date