

Leader Enrollment Form

4-H Year: 2016-2017



Club: _____

Leader Information ** indicates required fields*

* First Name		Middle Name	
* Last Name		Member Email	
* Mailing Address		* City	
* State		* Zip Code	
* Birth Date		* Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
* Primary Phone		Member Cell Phone	
I wish to receive notices via text message	<input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred Correspondence Method:	<input type="checkbox"/> Postal Mail <input type="checkbox"/> Email

Enrollment ** indicates required fields*

* Ethnicity	Are you of Hispanic ethnicity?	<input type="checkbox"/> No <input type="checkbox"/> Yes	(please indicate both an ethnicity and race)
Race	<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> American Indian or Alaskan Native
	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Asian	<input type="checkbox"/> Prefer Not to State
* Residence	<input type="checkbox"/> Farm (rural area where ag. products are raised)	<input type="checkbox"/> Suburb of city more than 50,000	<input type="checkbox"/> Central city more than 50,000
	<input type="checkbox"/> Town under 10,000 and rural non-farm	<input type="checkbox"/> Town / City 10,000 - 50,000 and its suburbs	

Health Information

Provide any health related information you feel others should know, in order to maximize this 4-H participant's safety and well-being:

Please list any allergies or reactions to drugs, foods or things in nature:

Please list any other concerns, including dietary concerns or restrictions

Accommodations ** indicates required fields*

*Do you require an accommodation for a disability to participate in this program? Yes No

Photo Release ** indicates required fields*

* May we use photographs of you for 4-H press releases or publicity? Yes No

Leader Signature _____ Date _____