



OREGON 4-H MEMBER ENROLLMENT FORM

2009-10 4-H Year



Last Name _____ First Name _____ M.I. _____

Preferred Name: _____ Birth Date _____

Email _____

Home Phone _____ Mobile Phone _____ Other Phone _____

Address _____ City _____

State _____ Zip _____ Township/Community _____

Accommodations*: OSU and the 4-H Youth Development Program do not discriminate against otherwise qualified participants with disabilities on the basis of disability, Are there any accommodations that you are requesting for yourself or your child in order to participate in the 4-H Youth Development Program?

Yes _____ No _____ If yes, please describe: _____

School Enrolled in: _____ Military Family? Yes ___ No ___

Would you like your county newsletter emailed to you? Yes ___ No ___

Check here if you do not want to be contacted by National 4-H Council

Years in 4-H (counting this year) _____

Ethnicity: Not Hispanic ___ Hispanic ___ **Gender:** Female ___ Male ___ **Grade:** _____

Residence:
 Farm ___ Sm Town (Under 10,000) ___ Lg Town (10-50,000) ___ Suburbs (over 50,000) ___ City (over 50,000) ___

Race:
 Am. Indian/Alaska Native ___ Asian ___ Black or African American ___
 Native Hawaiian or other Pacific Islander ___ White ___ More than One Race ___

Parents and/or Guardian name _____ Phone: _____

Address (if different than child's): _____

Parents and/or Guardian name _____ Phone: _____

Address (if different than child's): _____

Oregon State University Extension Service offers educational programs, activities, and materials—without regard to race, color, religion, sex, sexual orientation, national origin, age, marital status, disability, and disabled veteran or Vietnam-era veteran status—as required by Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, and Section 504 of the Rehabilitation Act of 1973. Oregon State University Extension Service is an Equal Opportunity Employer. The Extension Service offers its programs and materials equally to all people. Reasonable accommodations will be provided to those with physical or mental disabilities in order to attend Extension programs. Please contact the Extension office in advance to make arrangements. Agriculture, Family and Community Development, 4-H Youth, Forestry, and Extension Sea Grant Programs. Oregon State University, United States of Agriculture cooperating.

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Club Name(s):

- 1. _____
- 2. _____
- 3. _____

Projects:

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

My signatures below indicate that:

I give permission for the young person named on this form to participate in Oregon State University 4-H Youth Development Programs.

I give permission to use our child's image, in videotape, audiotape, film, photograph, or in any other medium for educational, fundraising, or promotional purposes related to the Oregon 4-H program. I understand that such images may be published in a variety of ways, including, but not limited to, print and electronic formats. In addition, I give permission to release member's name and hometown to news media for recognition purposes.

Parent Signature

Date

*Make checks payable to the **UNION COUNTY 4-H LEADERS ASSOCIATION***

Office use only
