



# 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 (see county list):**

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

Office use only
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