

www.nj4h.rutgers.edu

New Jersey 4-H Club Member Registration Form



Complete other side....

Experiment Station				18 U.S.C. 707			
FOR OFFICE USE ONLY: Received in County Office							
Please complete this form and return it to your county 4-H office.							
Today's date: 4-	oday's date: 4-H County: Current 4-H Member: \square Yes \square No						
What type of 4-H member:	4-H Cloverbud (grade	es $K-3$) \Box 4-H Memb	per (grades 4 –	13)			
Current Grade:	School:						
First Name:	MI:	Last:					
Birth date:	Primary Phone:	Wor	rk Phone:				
Cell Phone: \square youth (or) \square pa	irent	Other	Phone:				
Parent e-mail:	rent e-mail: Youth e-mail:						
If military family, check one:	☐ Air Guard ☐	Army Guard Army Air Force Reserve Activ Marine Corps Reserve Activ	e Navy	☐ Naval Reserve			
Prefer 4-H information via: □ US Mail □ Email							
List any health condition/allergy/disability:							
Address: Street			A _I	ot.#			
City:		State:	Zip (Code:			
Town or township where you live: (if different from mailing address):							
Ethnicity: Hispanic Non-Hispanic Gender: Female Male							
Residence: (check one) \square Farm \square Town < 10K \square Town 10K - 50K \square Suburbs > 50K \square Cities > 50K							
What is your race: (This is optional – for government reporting only)							
Check all that apply: ☐ White ☐ Black ☐ Am. Indian/Alaska Native ☐ Hawaiian/Pac. Island							
4-H Club and Project Information							
How many years have you been a 4-H member: (including this 4-H year which started in September): year(s)							
Name of 4-H club(s) you are registering for:							
Name of 4-H leader(s):							
How did you find out about 4	-Н?						
Please list each project area in each club you will be involved in: (For example: dog, foods, citizenship, leadership, etc.) Project: Project:							
rioject:				_			
Sign Here Leader signatur	re		Date				

Parent/Guardian Information

Primary Care Giver				
First Name:		Last Name:		
First Name: Street/PO Box:	Apt#:	City:	State:	Zip:
Home Phone:		Cell Phone:		
\square Please use the work number or				
Occupation: (Optional)		E-mail address:		
Secondary Care Giver				
First Name:		Last Name:		
Street/PO Box:	Apt#:	City:	State:	Zip:
Home Phone:		Cell Phone:		
\square Please use the work number or	nly for emergency.	Work Phone Number: _		
Occupation: (Optional)		E-mail address:		
However, New Jersey 4-H policy No, do not use my individua group photos. No, do not use my name for	l picture for any p	•		
	New Jersey	y 4-H Code of Cond	luct	
The primary purpose of the New J 4-H sponsored events and activities and volunteers.	ersey 4-H Code of es. It applies to all p	Conduct is to ensure the sparticipants, with participants	afety and well-beinnts defined as 4-H	ng of all participants at members, their parents,
 As a participant in the 4-H program Conduct myself in a courteous with respect. Appropriate langums Respect and adhere to the rules activity. Uphold an individual's right to participants from all backgrour Accept supervision and support acceptance of supervision acceptance of superv	manner and treat mange and behavior as and guidelines of the dignity by supporteds. If the county and support from county and support from appoint the county and support from a county and a county a county and a county a county a county a county and a county	are expected at all times. The 4-H program including ing an environment of incutate 4-H staff while partic	gall those specific lusion which welco	to a 4-H event or omes involvement of program. This includes
Participants who fail to adhere to a actions will be taken in compliance immediate corrective action will be	e with the New Jers	sey 4-H Discipline Policy	and Procedure. W	hen appropriate,
I understand if I fail to adhere to the prohibited from attending and part	he above Code of C ticipating in the Ne	Conduct, I will be subject t w Jersey 4-H Youth Deve	o disciplinary action lopment program.	on and potentially
Sign Here Signature of mem	ber		Date	
Sign Here Signature of parer	 nt or guardian		Date	

A youth is not an official member until the Registration Form is received in the County 4-H office. Upon receiving this form, the 4-H office will send a written letter of confirmation. If you do not receive such notice within two weeks, contact the 4-H office.

Please return this completed form immediately to your county 4-H office. Thank you.