New Jersey 4-H Club Member Registration Form

Please complete this form and return it to your county 4-H office.

Today’s date: __________ 4-H County: _______________ Current 4-H Member: (Check one) □ Yes □ No

What type of 4-H member are you? (Check one) □ 4-H Prep, grades 1 – 3 □ 4-H Member, grades 4 – 13

First Name: __________________ Middle Initial: ______ Last Name: __________________ Apt. # ______

Street or P.O. Box: ____________________________________________________________

City: __________________________ State: ________ Zip Code: __________

Town or township where you live? (If different from mailing address): __________________________

Do you live on a farm? (Check one) □ Yes □ No Are you: (Check one) □ Female (or) □ Male

School: __________________________ Current Grade: ______ Current Grade: ______ Birth date: __________

E-Mail Address: __________________________ Phone Number: (______) _________________________

List any health concerns/allergy/disability: ____________________________________________________

What is your race? (This is optional and for government reporting purposes only)

Check all that apply:

□ Hispanic □ White □ Black □ Am. Indian/Alaska Native

□ Non-Hispanic □ Asian □ Hawaiian/Pac. Island

Check if you wish to be identified as a military family: (Check one) □ Yes □ No

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 you are registering for: __________________________

Name of 4-H leader(s): _____________________________________________

How did you find out about 4-H? _______________________________________

Please list each project area in this club you are involved in. (For example: dog, foods, citizenship, leadership, etc.)

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<tr>
<th>Project</th>
<th>Total Years in project (including current year)</th>
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(If you have more projects than fit on this page, please list them on a separate piece of paper and send with this form.)

FOR OFFICE USE ONLY:
Received in County Office __________ Entered into data base (membership official) __________ Welcome Sent __________

Cooperating Agencies: Rutgers, The State University of New Jersey, U.S. Department of Agriculture, and County Boards of Chosen Freeholders. Rutgers Cooperative Extension, a unit of the Rutgers New Jersey Agricultural Experiment Station, is an equal opportunity program provider and employer.

www.nj4h.rutgers.edu Please complete reverse side ...
Parent/Guardian Information

**Primary Care Giver**

First Name: _____________________________  
Last Name: _______________________________  
Street/PO Box: __________________________ Apt#: ________  
City: ___________________________ State: ________ Zip: ___________  
Home Phone: (____) ___________________  
Fax Number: (____) ___________________  
☐ Please use the work number only for emergency.  
Work Phone Number: ___________________  
Cell Phone or beeper: ___________________  
Occupation: (Optional): ___________________  
E-mail address (if different than child’s): ___________________________________________________  

**Secondary Care Giver**

First Name: _____________________________  
Last Name: _______________________________  
Street/PO Box: __________________________ Apt#: ________  
City: ___________________________ State: ________ Zip: ___________  
Home Phone: (____) ___________________  
Fax Number: (____) ___________________  
☐ Please use the work number only for emergency.  
Work Phone Number: ___________________  
Cell Phone or beeper: ___________________  
Occupation: (Optional): ___________________  
E-mail address (if different than child’s): ___________________________________________________  

**New Jersey 4-H Media Policy and Release** - The 4-H program routinely promotes activities through various media. This includes, but is not limited to, newsletters, brochures and displays. In doing so, the names and photos of members may be included to help tell the 4-H story. However, New Jersey 4-H policy is, on websites, youth in photos will not be identified by name(s).

☐ No, do not use my individual picture for any purpose. I will make an effort to avoid opportunities to be in group photos.  
☐ No, do not use my name for any purpose.  

**Signatures**

*(Be sure to have member, parent/guardian, and leader sign before returning this form.)*

We believe all the above information is complete and correct.

**Member’s Signature:** ___________________________________________ Date: ___________________

As a parent/guardian of the above-named 4-H member, I agree to support my child’s participation in the 4-H program and abide by the policies, procedures and standards of behavior set forth by the 4-H Youth Development Department.  
**Your child is not a member until he/she is officially registered in the County 4-H office. Upon receiving this form from you, the 4-H office will review it for accuracy and send you a written letter of confirmation for your records. If you do not receive such notice within two weeks, contact the 4-H office and request information on your child’s membership status.**

**Parent/Guardian signature:** ___________________________________________ Date: ___________________

**Leader signature:** ___________________________________________ Date: ___________________

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

From: ____________________________________
________________________________________
________________________________________

Revised 12-05, rev. logo 3-09