

**University of Vermont Extension
4-H Enrollment Form for New Member**

Please print in ink, complete both sides, and return to your designated UVM Extension Office

Child's First Name _____ Last Name _____ Preferred Name _____

Date of Birth _____ Phone _____ Cell _____

Email _____ Parent Email _____

Date you joined 4-H: _____

Address _____ Town _____ Zip _____

Is the member : Hispanic Non-Hispanic Female Male

Member lives: On a farm Town < 10,000 Town 10,000 to 50,000

Member is: White Black American Indian Asian Hawaiian & Pacific

Islander If parent is in the military, check the branch and the component:

Army Air Force Navy Marine Corps Coast Guard Active, Reserve or Guard? Active Reserve Guard

Parent/Guardian: _____ Cell _____ Email _____

Parent/Guardian: _____ Cell _____ Email _____

Parent(s)/Guardian(s): Are you a 4-H alumni? Yes No

Name(s) of siblings currently in 4-H: _____

Current Grade _____ Name of Club: _____

4-H Age (as of January 1 of the current 4-H year which runs from October 1 to September 30) _____ Years previously in 4-H? _____

4-H Club Program Member Code of Conduct

All 4-H members participating in or attending club, county, regional, state, and national programs, activities, events, shows, and contests sponsored





Health History and Emergency Medical Treatment

Please fill out this form and return it to your club's Organizational Leader. Club leaders should have this form available when meeting or travelling as a club. This form may also be needed for events and activities outside the club program. If anything changes, please submit a new form.

Member Name (Child or Adult): _____

Parent/Guardian Name if Member is under 19: _____

Family physician: _____ Phone _____

Address: _____ Insurance Name/Policy # _____