

New Jersey 4-H Club Member Registration Form



FOR OFFICE USE ONLY: Received in County OfficeEntered into data base (membership official)Welcome Sent					
Please complete this form and return it to your county 4-H office.					
Coday's date:4-H County:Current 4-H Member: ☐ Yes ☐ No					
What type of 4-H member: \Box 4-H Cloverbud (grades K – 3) \Box 4-H Member (grades 4 – 13)					
Current Grade: School:					
First Name:MI:Last:					
Birth date: Primary Phone: Work Phone:					
Cell Phone: U youth(or) parentOther Phone:					
arent e-mail:Youth e-mail:					
If military family, check one: ☐ Active Army ☐ Army Guard ☐ Army Reserve ☐ Active Air Force ☐ Air Guard ☐ Air Force Reserve ☐ Active Navy ☐ Naval Reserve ☐ Active Marine Corps Reserve ☐ Active Coast Guard ☐ Coast Guard Reserve					
Prefer 4-H information via: □ US Mail □ Email					
List any health condition/allergy/disability:					
Address: StreetApt.#					
City: State: Zip Code:					
Town or township where you live: (if different from mailing address):					
Ethnicity: Hispanic Non-Hispanic					
Gender: □ Female □ Male □ Non-Binary □ Gender Not Listed □ Prefer Not to Say					
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 ☐ Asian ☐ 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 you are registering for:					
Name of 4-H leader(s):					
How did you find out about 4-H?					
Please list each project area in each club you will be involved in: (For example: dog, foods, citizenship, leadership, etc.) Project: Project:					
Leader signature Date Complete other side					

Parent/Guardian Information

Primary Care Giver				
First Name:		Last Name:		
First Name:Street/PO Box:	Apt#:	City:	State:	Zip:
Home Phone: ()		Cell Phone:		
☐ Please use the work number of	nly for emergency.	Work Phone Number: _		
Occupation: (Optional)		E-mail address:		
Secondary Care Giver				
First Name:		Last Name:		
Street/PO Box:				
Home Phone: ()				
☐ Please use the work number of				
Occupation: (Optional)				
 □ No, do not use my individual group photos. □ No, do not use my name for 		ourpose. I will make an e	ffort to avoid opp	ortunities to be in
	New Jerse	y 4-H Code of Con	duct	
The primary purpose of the New . 4-H sponsored events and activitiand volunteers.	Jersey 4-H Code of es. It applies to all J	Conduct is to ensure the sparticipants, with participants	safety and well-bei ants defined as 4-H	ng of all participants at members, their parents,
 As a participant in the 4-H progra Conduct myself in a courteous with respect. Appropriate lang Respect and adhere to the rules activity. Uphold an individual's right to participants from all backgrous Accept supervision and suppor acceptance of supervision and Obey local, state and federal langer 	manner and treat muage and behavior as and guidelines of dignity by supporteds. It from county and support from appoint appoint appoint from appoint and support from appoint appoint and support from appoint appoint appoint appoint and support from appoint appoint appoint and support from appoint appoint appoint appoint appoint appoint and support from appoint	are expected at all times. the 4-H program including ting an environment of incestate 4-H staff while particular.	g all those specific clusion which welco	to a 4-H event or omes involvement of program. This includes
Participants who fail to adhere to actions will be taken in compliand immediate corrective action will be	ce with the New Jer	rsey 4-H Discipline Policy	and Procedure. W	hen appropriate,
I understand if I fail to adhere to t prohibited from attending and par	he above Code of C ticipating in the Ne	Conduct, I will be subject www.Jersey 4-H Youth Deve	to disciplinary actional comment program.	on and potentially
Sign Here Signature of mem	ber		Date	
Sign Here Signature of paren	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.