

ERIE COUNTY 4-H MEMBER ENROLLMENT FORM

Program Year – October 1, 20____ thru September 30, 20____

Green – Member
Due in 4-H Office with
enrollment fee no later
than December 1
FEE: \$25.00/one family
member; \$50.00 two or
more family members
at same address

4-H Club Name _____
 & Code #: _____ New Member
 (if an individual member write "INDIVIDUAL"))

Circle One: Cloverbud Member Jr. Leader
 (ages 5 - 7) (ages 8-18) (member aged 13 and over assisting in the club)

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ Home Phone #: _____

City/State/Zip: _____ Social Security No.: _____

For Educational Research Purposes Only <i>Please Circle</i>	Ethnic: Race: Residence:	• Hispanic • Am. Indian • Farm	• Not Hispanic • Asian • Rural-Under 10,000	• Black • White	• Town 10,000-50,000	• Hispanic • Suburb Over 50,000	• City Over 50,000
Member Handicapped: <input type="checkbox"/> - Yes <input type="checkbox"/> - No							

Family E-mail address: _____ Sex: Male Female (please circle)

Birth day: ____/____/____ Grade: _____ School: _____
 (MUST have to enroll member)

Other 4-H Clubs associated with: _____

Project Name (Please list at least one Project)	Project Code	Years in Project
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: Personal information is used within the 4-H Program only. Cornell Cooperative Extension of Erie County *does not* reveal any names, addresses or telephone numbers as part of a public record or list.

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY. IF YOU AGREE, PLEASE CHECK ✓

Cornell Cooperative Extension of Erie County is granted permission to use and/or publish my child's photograph or image (including audio, film, digital image or any other media) for educational programs, websites or promotion of Extension programs.

Please read and sign the "Code of Conduct" on reverse side of this form

Parent/Guardian Signature: _____ Date: _____

Please print Parent/Guardian's name: _____

Organizational Leader Signature: _____ Date: _____

PLEASE BE SURE TO READ, COMPLETE, SIGN AND DATE THE BACKSIDE OF THIS ENROLLMENT FORM
ENROLLMENT FEE AND FORMS MUST BE RETURNED TO: CCE OF ERIE COUNTY; 21 SOUTH GROVE ST.,
EAST AURORA, NEW YORK 14052

4-H Member's Code of Conduct

1. I will respect the rights and feelings of all the members, leaders and guests of my 4-H club.
2. I will not use anyone else's things without permission.
3. I will cooperate with all reasonable requests made by the leaders and other adults who help at my 4-H club and project meetings.
4. I will come to 4-H meetings and activities on time and participate in the planned program even when an activity is not my favorite.
5. I will not use or bring to any 4-H meeting or activity any illegal drug, alcoholic beverage or tobacco product
6. I will not bring to any 4-H meeting or activity any gun, knife or anything else that could be used as a weapon, unless it is required for a project, class or activity. (I understand that my leader or the instructor will give me a written list of equipment when such items are needed.)
7. When I choose to participate in county, district, state or national 4-H activities I will obey the special rules that apply to those activities.

For Office use only	
Enrollment Fee Paid:	_____
No. of 4-H Mbrs:	_____
Date:	_____

In order to provide appropriate support for your child's participation in the 4-H Youth Development Program, please use the space below to make us aware of any special needs or circumstances: _____

I promise to obey this code of conduct _____
 (Member's signature) Dated

I have read this Code of Conduct and have witnessed my child's signature _____
 (Signature of parent or guardian) Dated

I will be exhibiting the following animal(s): Please * the animals that you may be interested in showing at the NY State Fair.

- | | |
|--|--|
| <input type="checkbox"/> 4-H Market Steer | <input type="checkbox"/> This is my first year |
| <input type="checkbox"/> Registered Beef Heifer | <input type="checkbox"/> This is my first year |
| <input type="checkbox"/> Commercial Beef Heifer | <input type="checkbox"/> This is my first year |
| <input type="checkbox"/> 4-H Market Lamb | <input type="checkbox"/> This is my first year |
| <input type="checkbox"/> Registered Breeding Sheep | <input type="checkbox"/> This is my first year |
| <input type="checkbox"/> 4-H Market Pig | <input type="checkbox"/> This is my first year |
| <input type="checkbox"/> Registered Breeding Pig | <input type="checkbox"/> This is my first year |
| <input type="checkbox"/> 4-H Dairy Leasing Program | <input type="checkbox"/> This is my first year |
| <input type="checkbox"/> 4-H Registered Dairy Heifers | <input type="checkbox"/> This is my first year |
| <input type="checkbox"/> 4-H Goat Program | <input type="checkbox"/> This is my first year |
| <input type="checkbox"/> 4-H Goat Leasing Program | <input type="checkbox"/> This is my first year |
| <input type="checkbox"/> 4-H Market Goat | <input type="checkbox"/> This is my first year |
| <input type="checkbox"/> 4-H Market Poultry | <input type="checkbox"/> This is my first year |
| <input type="checkbox"/> 4-H Rabbits | <input type="checkbox"/> This is my first year |
| <input type="checkbox"/> 4-H Dogs | <input type="checkbox"/> This is my first year |
| <input type="checkbox"/> 4-H Horses (over 9 years of age and riding horse) | <input type="checkbox"/> This is my first year |

I have read the rules and procedures in the **4-H Livestock Handbook** for this program and by signing my name below I agree to follow them.

 4-H Members Signature

 Parent or Guardian Signature