



Alaska 4-H Member Enrollment Form



Club _____ Years in 4-H _____

Last Name _____ First Name _____ Birthdate _____

P.O Box _____ City _____ Zip _____

Physical address _____

Member e-mail _____ Home Phone _____

School _____ Grade _____

Parent(s)/Guardian _____ I'd like to volunteer

Parent/Guardian e-mail _____ Work Phone _____

Newsletter will be sent to this e-mail address

Is your parent or guardian a member of the military? If so, which branch? _____

Ethnicity

____ Hispanic or Latino
____ Not Hispanic or Latino

Race

____ Alaska Native/American Indian
____ Asian
____ Black or African American
____ Native Hawaiian/ Other Pacific Is.
____ White
____ More than one race
____ Undetermined

Gender

____ Male
____ Female

Place of residence

____ Farm
____ Town under 10,000 and rural non-farm
____ Town or city (10,000-50,000) and its suburbs
____ Suburb of city over 50,000
____ Central city over 50,000

- Afterschool \$ _____
- Teen Time \$ _____
- Summer Program \$ _____
- Special Program \$ _____
- 4-H Project code _____ Years in project _____
- 4-H Project code _____ Years in project _____
- Emergency card _____
- Weight room _____
- I.D. card _____
- Cash/check no. _____
- Receipt no. _____
- Date paid _____
- Received by _____

Scholarships are available for youth participants who cannot afford to pay the fees.

I hereby give my child permission to participate in the Bethel 4-H Youth Center activities. I hereby waive any claims for damages arising from injuries received while my child is participating in this program. I also release the City of Bethel and the Bethel 4-H Youth Center staff and agents from any and all liabilities received during this program.

Parent's Printed Name _____ Parent's Signature _____ Date _____

Media Release: I give the National 4-H Council, University of Alaska Fairbanks, 4-H Cooperative Extension Service, USDA/NIFA, 4-H clubs and programs, its nominees, agents and assigns unlimited permissions to copyright and use, publish and republish for purposes of advertising, public relations, trade or any other lawful use, information about me and reproduction of my likeness (photographic or otherwise) and my voice, whether or not related to any affiliation with 4-H, with or without my name. I hereby waive any right that I may have to inspect or approve the copy and/or finished product or products that may be used in connection therewith or the use to which it may be applied.

Member's Printed Name _____ Member's Signature _____ Date _____

Parent's Printed Name _____ Parent's Signature _____ Date _____

Survey and Evaluation Release: As a participant in 4-H, you or your child may be asked to help with the evaluation of 4-H activities or programs. Participation in surveys and evaluations is voluntary and will have no impact on the youth's eligibility to participate in the 4-H program.

____ Yes, I give permission for my child to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program.

____ No, I am not willing to participate and I do not give permission for my child to participate in program evaluation.



For office use

Date rec'd _____ Tender _____ Amount _____ Member card _____

The University of Alaska Fairbanks Cooperative Extension Service programs are available to all, without regard to race, color, age, sex, creed, national origin, or disability and in accordance with all applicable federal laws. Provided in furtherance of Cooperative Extension work, acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture, Fred Schlutt, Director of Cooperative Extension Service, University of Alaska Fairbanks. The University of Alaska Fairbanks is an affirmative action/equal opportunity employer and educational institution.