



Club(s)/School : _____

Leader/Teacher: _____

Enrollment begins September 1, 2017 and runs until August 31, 2018. Re-enrollment is required each year to be an active 4-H member. **Age as of January 1, 2018 is considered 4-H age.**

Name Used: _____

Last Name: _____

Birthday: ____/____/____ Age: _____

Phone Number: _____

Email: _____

School: _____

Grade: _____ Year(s) In 4-H: _____

Mailing Address: _____

City: _____ Zip: _____

What are YOU interested in:

Please circle all 4-H Clubs that you are currently part of or would like to join.

4-H Clubs:

- Beekeeping Club
- Clover Bud Club (5-8 years old only)
- Livestock Club
- Midnight Walkers (Community Service Club)
- Shooting Sports (Archery)

Projects: *Please circle all projects & activities that you would like more information about.*

- | | |
|-------------------------|--|
| Aerospace | Leadership |
| Child Care/Babysitting | Poultry |
| Electric | Public Speaking |
| Entomology | Physical Activity |
| Environmental Education | Sewing/Quilting |
| Foods/Cooking | Visual Arts (drawing, painting, photography) |
| Horticulture | Woodworking |
| Horse | |

Military Family: Yes No

If yes, which Branch: _____

Do you require an accommodation for a disability to participate in this program? _____

Ethnicity: Hispanic Non-Hispanic

Gender: Male Female

Residence: (circle one) On a Farm County Madisonville

Race: (circle all that apply) White Black Asian
 American Indian Hawaiian/Pacific Island

Hopkins County 4-H Code of Conduct

As a member of 4-H, I understand that I am to act appropriately in speech and manner when I am representing my school, county, area/region and/or state in 4-H activities and events. By this, I know that I am to behave with respect to all adults and to use great sportsmanship in all 4-H activities and events. Failure to do so may result in revoking my 4-H privileges and invitation to represent 4-H.

Signature of Member: _____ Date: _____

Parent/Guardian Information

Parent/Guardian Last Name: _____ First Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

I understand that by providing my wireless carrier information I am providing consent to receive text messages from Kentucky 4-H. Your carrier's standard messaging rates may apply.

Email: _____

Occupation (optional): _____

Legal Guardian: Yes/No Parent Type: Primary Parent/Additional Parent/Other: _____

Interested in volunteering for 4-H? Yes/No club projects awards fair camp trips other _____

Optional

Secondary Parent/Guardian Last Name: _____ First Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

I understand that by providing my wireless carrier information I am providing consent to receive text messages from Kentucky 4-H. Your carrier's standard messaging rates may apply.

Email: _____

Occupation (optional): _____

Interested in volunteering for 4-H? Yes/No club projects awards fair camp trips other

Authorization of Use

I, (parent's full name) _____ hereby grant permission to the University of Kentucky and its affiliates and subsidiaries, including but not limited to the College of Agriculture Cooperative Extension and Agricultural Alumni Association, to interview, photograph and/or videotape me, or my minor child, and/or to supervise any others who may do the interview, photography, and/or videotaping and/or to use and/or permit others to use information from the aforementioned interview and/or the aforementioned images in educational and promotional activities for the following without compensation:

* University Educational Publications/Videos

* University Electronics Publishing (e.g. World Wide Web)

* University Promotion/Advertising

* Local/regional/national news media (w/permission of UK)

____ I do not want my child to be included in publicity.

Signature of Parent or Guardian: _____

Date: _____

Please return completed form to:

Hopkins County Extension Service

75 Cornwall Drive

Madisonville, KY 42431-8780

Phone: 270-821-3650 / Fax: 270-825-5011

Or your School
Secretary or 4-H
Leader



University of Kentucky
College of Agriculture,
Food and Environment
Cooperative Extension Service

Cooperative Extension Service
Agriculture and Natural Resources
Family and Consumer Sciences
4-H Youth Development
Community and Economic Development

Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, or physical or mental disability. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.

LEXINGTON, KY 40546



Disabilities
accommodated
with prior notification.