



# Hopkins County 4-H Member Form 2018-2019



Club(s)/School: \_\_\_\_\_

Leader/Teacher: \_\_\_\_\_

Enrollment begins September 1, 2018 and runs until August 31, 2019. Re-enrollment is required each year to be an active 4-H member. Age as of January 1 of the current year is considered 4-H age.

First Name Used: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 School: \_\_\_\_\_  
 Grade: \_\_\_\_\_ Years in 4-H \_\_\_\_\_  
 Name of Parent/Guardian: \_\_\_\_\_

Family Member Military Service (Circle One):  
 No One Serving    Parent Serving    Sibling Serving  
 If yes, which Branch: \_\_\_\_\_  
 Branch Component (Circle One):  
 Active Duty    National Guard    Reserves

Do you require an accomodation for a disability to participate in this program? \_\_\_\_\_

Circle one or all that apply.

Ethnicity:    Hispanic    Non-Hispanic  
 Gender:    Male    Female  
 Residence:    Farm    County    Madisonville  
 Race:    White    Black    Asian  
 American Indian    Hawaaian/Pacific Island

**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  
 Cloverbuds 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	

Please return this completed form to:  
 Hopkins County Extension Service  
 75 Cornwall Drive  
 Madisonville, KY 42431  
 Phone: 270-821-3650    Fax: 270-825-5011  
 Email: DL\_CES\_HOPKINS@uky.edu

Or to your school secretary or 4-H Leader.

**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: \_\_\_\_\_

