



SANDOVAL COUNTY 4- H YOUTH ENROLLMENT FORM

ALL SPACES MUST BE FILLED!

4-H CLUB _____

Today's Date _____

Correspondence Preference (Check One) [] Postal Mail [] Email

4-H MEMBER – Please PRINT Clearly!

Last Name:	First Name:
Mailing Address:	Alternate Address:
City:	State:
Zip Code:	Primary Phone: ()
Gender: [] Male [] Female	Cell Phone: ()
Birth Date (Month/Day/Year):	Cell Phone Provider:
Email:	OK to send 4-H Related texts to cell? Yes No
Years in 4-H (not including Cloverbud years):	
Grade:	School Name:
T-Shirt Size: (Please Circle One) Child Adult (Please Circle One) Small Medium Large X-Large XX-Large	

Parent / Guardian 1

First Name:	Last Name:
Cell Phone:	Work Phone:
Mailing Address (Only if different from above)	Home phone: (If different from above)
Email:	

Parent / Guardian 2

First Name:	Last Name:
Cell Phone:	Work Phone:
Mailing Address (Only if different from above)	Home phone: (If different from above)
Email:	

Second Household

Send Correspondence [] No [] Yes	Correspondence Pref. [] Mail [] Email
Family Name	First Names:
Primary Phone	Address:
City	State:
Zip Code:	Email:

Emergency Contact

Name	Phone: ()
Email Address:	Relationship:

Enrollment

<i>Please indicate both an ethnicity and race.</i>	
Ethnicity. Are you Hispanic? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Native Hawaiian or Pacific Islander
Race: <input type="checkbox"/> White <input type="checkbox"/> Black	<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Prefer not to state
Residence (Check One)	
<input type="checkbox"/> Farm Rural area where agricultural products are sold	<input type="checkbox"/> Suburb of City more than 50,000
<input type="checkbox"/> Town under 10,000 and rural non-farm	<input type="checkbox"/> Central city more than 50,000
<input type="checkbox"/> Town / City 10,000 – 50,000 and its suburbs	
Military – <input type="checkbox"/> No one in my family is serving in the military	<input type="checkbox"/> I have a parent serving in the military
<input type="checkbox"/> I, and/or my spouse, is currently serving in the military	
Branch/Component <input type="checkbox"/> Air Force <input type="checkbox"/> Army	<input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy
<input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard	<input type="checkbox"/> Reserves

Club Information

New Enrollment <input type="checkbox"/>	Re-Enrollment <input type="checkbox"/>	Club Name _____
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4-H PROJECTS

NOTE: If County Records indicate you have previously enrolled in the same project, no project book will be mailed.

New members are encouraged to enroll in no more than three (3) projects,

one (1) of which MUST be #5001 Welcome to New Mexico 4-H or #00101 Welcome to Cloverbuds.

The first 3 project books are free. Any additional project books are \$5 each payable to Sandoval County Extension 4-H

Project Number	Project Name <small>(Example below for New member or Cloverbud)</small>	Send Project? (Yes / No)	Send Record Sheet Only
New Member Only 05001 or 00101	Project: Welcome to NM 4-H or Age 5-8 yrs-Project: Welcome to Cloverbuds	Yes	

NEW MEXICO 4-H YOUTH MEDICAL AND LIABILITY RELEASE / MEDIA RELEASE FORM

Please Print Clearly!

First Name:	Last Name:	Gender: [] Male [] Female
Address: :	Date of Birth:	Age:

City:	State:	Zip Code:	County:
Home Phone:		Work Phone:	
Cell Phone		Email:	

Do you have any special assistance needs? Yes or No If yes, please list below:	Do you have any food allergies? Yes or No If yes, please list below:

NEW MEXICO 4-H MEDIA RELEASE

Participants in NMSU, Cooperative Extension Service, 4-H Youth Development Program events are sometimes photographed and videotaped for use in NMSU promotional and educational materials. I authorize New Mexico State University to record and photograph the image and/or voice of my child for use by New Mexico State University or its assignees in research, educational, and promotional programs. I understand and agree that these audio, video, film, digital, and/or print images may be edited, duplicated, distributed, reproduced, broadcast, used in electronic and web media, and/or reformatted in any form and manner without payment of fees, in perpetuity. If you DO NOT consent to media release, please initial this line _____.

PHYSICIAN & INSURANCE POLICY INFORMATION

This member is covered by Health Insurance: Y or N	
Insurance Company:	Policy Plan #:
Policy Holder's Name:	Relationship to Participant:
Physician Name:	Physician Phone:

HEALTH INFORMATION

Please indicate if the youth has any of the following medical conditions (check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Muscular/Skeletal | <input type="checkbox"/> Emotional/Mental Disorder |
| <input type="checkbox"/> Skin Disease | <input type="checkbox"/> Eye/Ear/Nose/Throat | <input type="checkbox"/> Chronic Bone, Muscle or Joint Injuries |
| <input type="checkbox"/> Other Condition(s): Please Specify: | | |

ALLERGIES OR REACTIONS (Check All That Apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Penicillin | <input type="checkbox"/> Dairy |
| <input type="checkbox"/> Gluten | <input type="checkbox"/> Peanuts | <input type="checkbox"/> Insect Bites/Stings |
| <input type="checkbox"/> Ivy/Oak/Sumac | <input type="checkbox"/> Other: Please Specify: | |

List Any Medications (Prescription or Non-Prescription) the Youth is currently taking:

Release of Liability and Medical Authorizations

The health history/special accommodation needs provided is correct and complete to my knowledge. I understand that should information change throughout the course of the 4-H program year, I am responsible for updating this information and providing a revised form to my County Extension Office. If an injury or other medical condition occurs or arises, I hereby give permission to the designated 4-H Program representative to consent on my behalf to routine medical treatment and/or seek emergency medical treatment. I further authorize any licensed medical person/facility to treat my son/daughter. I agree to assume full financial responsibility for any medical services provided.

I hereby release New Mexico State University, the New Mexico State University Cooperative Extension Service, the State of New Mexico or their employees, county 4-H program, the 4-H leaders, and the owners or operators of any property where the activity may take place, from liability in the event of illness, injury or loss occurring to myself or my personal belongings and will make no claim as a result thereof. I also understand that some activities/events may involve certain risks associated with physical activity or potential harm, including recreational games/activities and travel by motor vehicle to off-site activities.

4-H Member's Signature _____ **Date:** _____

Parent/Guardian Signature _____ **Date:** _____

(Must be signed by Parent or Guardian)

New Mexico 4-H Code of Conduct

I pledge my Head to clearer thinking means a 4-H'er is committed to learn the knowledge and skills to enable them to make wise decisions through opportunities that develop independence. By gaining a sense of independence, the 4-H'er is committed to exercise self-discipline, personal responsibility and become an independent thinker. Therefore, the youth, by signing the contract, agrees to conduct him or herself; in a responsible manner and abide by all expectations as stated in NMSU Policies and Procedures Manual.

4-H Member Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

OTHER NOTES: