

# 4-H ENROLLMENT FORM - ONONDAGA COUNTY 2009-2010

(\$15 member or maximum of \$30 per family - make check payable to CCE-Onondaga County. Mail to: CCE-Onondaga County, 220 Herald Place, 2nd Floor, Syracuse, NY 13202

Club Name: \_\_\_\_\_ Club Leader: \_\_\_\_\_

Circle One: M - Member  
I - Independent Member (a member [age 8- 19] without a club)  
G - Organizational Leader  
R - Resource Leader

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_ Years in 4-H \_\_\_\_\_ Age \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Junior Leader Yes No

Other 4-H Club Memberships \_\_\_\_\_

Do you have any siblings in 4-H? Yes No Email \_\_\_\_\_

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Primary Parent/Guardian Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Legal Guardian Yes No

**Current Military Status:** [ ] N/A [ ] Active Duty [ ] Retired [ ] Reserve [ ] National Guard

**Branch of the Service:** [ ] Army [ ] Air Force [ ] Marine [ ] Navy [ ] Coast Guard

*Additional Parent/Guardian information should be listed on back of form.*

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Ethnic (circle One) White Black Am. Indian/Alaskan Hispanic Asian

Residence (circle one) Farm Rural Town Suburb City

**I want the Extension office to be aware of the following disability:** \_\_\_\_\_

**\_\_\_ I do not want the office to reveal my name/address as part of a public record or list.**

**Parent/Guardian Signature** \_\_\_\_\_ **Leader Signature** \_\_\_\_\_

**I have read and agree to abide by the 4-H Youth Development Policies in Onondaga County and 4-H Code of Behavior.**

Member Signature \_\_\_\_\_

Please return to your club leader or to the 4-H Office.

**(OVER)**

**ENROLLMENT FORM – 2009-2010 - continued**

Member Last Name: \_\_\_\_\_ Member First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

**Additional parent or guardian**

Parent Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone : (\_\_\_\_) \_\_\_\_\_

**Parent Type (circle one):** Primary Parent    Additional Parent    Other    **Occupation:** \_\_\_\_\_ (optional)

Legal Guardian: Yes / No    Send Mailing: Yes / No    E-mail: \_\_\_\_\_

**Current Military Status:**     N/A     Active Duty     Retired     Reserve     National Guard

**Branch of the Service:**     Army     Air Force     Marine     Navy     Coast Guard

**PUBLICITY RELEASE FORM**

I, the undersigned, hereby (circle A or B below)

- A. Do consent and authorize, or
- B. Do Not consent and authorize,

The Use or Reproduction, by Cornell Cooperative Extension of Onondaga County, of any and all photographs, slides, films, digital images, sketches and any other audiovisual materials taken of my son/my daughter/my ward and/or me taken during any authorized Cooperative Extension event or activity for publicity, advertising, promotional printed material, educational activities, exhibitions or any other use for the benefit of Cornell Cooperative Extension programs.

By not consenting or authorizing, I understand my involvement in Cornell Cooperative Extension programs is not jeopardized in any way.

If this release agreement is being signed for a child/ward I certify that I am the Parent/Guardian authorized to sign this release.

Name of Child/Ward: \_\_\_\_\_  
PRINT NAME

Name of Parent/Guardian: \_\_\_\_\_  
PRINT NAME

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian