

New Jersey 4-H Club Member Registration Form



FOR OFFICE USE ONLY: Received in County Office	Entered into data base (membership	o official) Welco	ome Sent		
Please complete this form and return it to your county 4-H office.					
Today's date:4-H	County:	Current 4-H Member	: ☐ Yes ☐ No		
What type of 4-H member: \Box	4-H Cloverbud (grades $K - 3$)	4-H Member (grades 4 – 1	3)		
Current Grade: S	chool:				
First Name:	MI:Last:				
Birth date:	Primary Phone:	Work Phone:			
Cell Phone: \square youth (or) \square paren	nt	Other Phone:			
Parent e-mail: Youth e-mail:					
If military family, check one:	Active Army Army Guard Air Guard Air Force Reserve Active Marine Corps Marine Corps Res	Army Reserve Active Navy erve Active Coast Guard	Active Air Force Naval Reserve Coast Guard Reserve		
Prefer 4-H information via: □ US Mail □ Email					
List any health condition/allergy/disability:					
Address: Street		Apt. #			
City:		State: Zip C	ode:		
Town or township where you liv	e: (if different from mailing addres	s):			
Ethnicity: Hispanic Non-Hispanic Gender: Female Male					
Residence: (check one) \square Farm \square Town < 10K \square Town 10K - 50K \square Suburbs > 50K \square Cities > 50K					
What is your race: (This is optional – for government reporting only)					
Check all that apply: ☐ White ☐ Black ☐ Am. Indian/Alaska Native ☐ Asian ☐ Hawaiian/Pac. Island					
4-H Club and Project Information					
How many years have you been a 4-H member: (including this 4-H year which started in September): year(s)					
Name of 4-H club you are registering for:					
Name of 4-H leader(s):					
How did you find out about 4-H	?				
Project:	ach club you will be involved in: (ship, leadership, etc.) –		
Sign Here Leader signature		Date	_		

Parent/Guardian Information

Primary Care Giver				
First Name:		Last Name:		
Street/PO Box:	Apt#:	City:	State:	Zip:
Home Phone: ()				
\square Please use the work number of	nly for emergency.	Work Phone Number:		
Occupation: (Optional)		E-mail address:		
Secondary Care Giver				
First Name:		Last Name:		
Street/PO Box:				
Home Phone: ()				
☐ Please use the work number of				
Occupation: (Optional)		E-mail address:		
 No, do not use my individual group photos. No, do not use my name for 		urpose. I will make an	effort to avoid opp	ortunities to be in
	New Jersey	y 4-H Code of Con	duct	
The primary purpose of the New . 4-H sponsored events and activitiand volunteers.	Jersey 4-H Code of es. It applies to all p	Conduct is to ensure the participants, with particip	safety and well-beir pants defined as 4-H	ng of all participants at members, their parents,
As a participant in the 4-H progra Conduct myself in a courteous with respect. Appropriate lang Respect and adhere to the rules	manner and treat muage and behavior a	re expected at all times.		
 activity. Uphold an individual's right to participants from all backgrounds. Accept supervision and support acceptance of supervision and. Obey local, state and federal lange. 	nds. rt from county and s support from appoir	tate 4-H staff while parti	icipating in the 4-H ¡	program. This includes
Participants who fail to adhere to actions will be taken in compliand immediate corrective action will be	ce with the New Jers	sey 4-H Discipline Polic	y and Procedure. Wh	nen appropriate,
I understand if I fail to adhere to t prohibited from attending and par	the above Code of C ticipating in the Nev	Conduct, I will be subject w Jersey 4-H Youth Dev	to disciplinary action to disciplinary action relopment program.	on and potentially
Sign Here Signature of mem	ber		Date	
Sign Here Signature of pare	nt or guardian			

A youth is not an official member until the Registration Form is received in the County 4-H office. Upon receiving this form, the 4-H office will send a written letter of confirmation. If you do not receive such notice within two weeks, contact the 4-H office.

Please return this completed form immediately to your county 4-H office. Thank you.