



NJ AGRICULTURAL EXPERIMENT STATION  
**RUTGERS**  
COOPERATIVE RESEARCH & EXTENSION  
DEPARTMENT OF 4-H YOUTH DEVELOPMENT

# New Jersey 4-H Club Member Registration Form



**FOR OFFICE USE ONLY:**  
Received in County Office \_\_\_\_\_ Entered into data base (membership official) \_\_\_\_\_ Welcome Sent \_\_\_\_\_

*Please complete this form and return it to your county 4-H office.*

Today's date: \_\_\_\_\_ 4-H County: \_\_\_\_\_ Current 4-H Member: (Check one)  Yes  No

What type of 4-H member are you? (Check one)  4-H Prep, grades 1 – 3  4-H Member, grades 4 – 13

Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ First Name: \_\_\_\_\_

Street or P.O. Box: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Town or township where you live? (if different from mailing address): \_\_\_\_\_

Do you live on a farm? (Check one)  Yes  No Are you: (Check one)  Female (or)  Male

School: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Birth date: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

List any health concerns/allergy/disability: \_\_\_\_\_

What is your race? (This is optional and for government reporting purposes only)

Check one:

- Hispanic
- Non-Hispanic

Check all that apply:

- White  Black  Am. Indian/Alaska Native
- Asian  Hawaiian/Pac. Island

Check if you wish to be identified as a military family: (Check one)  Yes  No

## 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? \_\_\_\_\_

Please list each project area in this club you are involved in. (For example: dog, foods, citizenship, leadership, etc.)

Project: \_\_\_\_\_ Total Years in project (including current year) \_\_\_\_\_

Project: \_\_\_\_\_ Total Years in project (including current year) \_\_\_\_\_

Project: \_\_\_\_\_ Total Years in project (including current year) \_\_\_\_\_

*(If you have more projects than fit on this page, please list them on a separate piece of paper and send with this form.)*

**RUTGERS COOPERATIVE RESEARCH & EXTENSION  
N.J. AGRICULTURAL EXPERIMENT STATION  
RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY  
NEW BRUNSWICK**

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## Parent/Guardian Information

### Primary Care Giver

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Street/PO Box: \_\_\_\_\_ Apt#: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_

Please use the work number only for emergency.

Work Phone Number: \_\_\_\_\_

Cell Phone or beeper: \_\_\_\_\_

Occupation: (Optional): \_\_\_\_\_

E-mail address (if different than child's):  
\_\_\_\_\_

### Secondary Care Giver

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Street/PO Box: \_\_\_\_\_ Apt#: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_

Please use the work number only for emergency.

Work Phone Number: \_\_\_\_\_

Cell Phone or beeper: \_\_\_\_\_

Occupation: (Optional): \_\_\_\_\_

E-mail address (if different than child's):  
\_\_\_\_\_

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*New Jersey 4-H Media Policy and Release* - The 4-H program routinely promotes activities through various media. This includes, but is not limited to, newsletters, brochures and displays. In doing so, the names and photos of members may be included to help tell the 4-H story. However, New Jersey 4-H policy is, on websites, youth in photos will not be identified by name(s).

**No, do not use my individual picture for any purpose. I will make an effort to avoid opportunities to be in group photos.**

**No, do not use my name for any purpose.**

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## Signatures

*(Be sure to have member, parent/guardian, and leader sign before returning this form.)*

We believe all the above information is complete and correct.

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As a parent/guardian of the above-named 4-H member, I agree to support my child's participation in the 4-H program and abide by the policies, procedures and standards of behavior set forth by the 4-H Youth Development Department.

*Your child is not a member until he/she is officially registered in the County 4-H office. Upon receiving this form from you, the 4-H office will review it for accuracy and send you a written letter of confirmation for your records. If you do not receive such notice within two weeks, contact the 4-H office and request information on your child's membership status.*

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Leader signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Place Stamp Here
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