



MICHIGAN STATE UNIVERSITY EXTENSION

4-H MEMBER INFORMATION FORM MACKINAC COUNTY 2010-2011

Rct. # \_\_\_\_\_ Waiver \_\_\_\_\_ Primary Club \_\_\_\_\_ FOR OFFICE USE ONLY

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

Name: \_\_\_\_\_ LAST FIRST PREFERRED M.I.

Mailing Address: \_\_\_\_\_ STREET CITY STATE ZIP CODE

Primary Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

School: \_\_\_\_\_ Grade: \_\_\_\_\_ (As of Sept. 2010)

Health Considerations?  No  Yes Health Consideration (optional): \_\_\_\_\_

The following information is used to gather statistics and to determine compliance with civil rights laws.

- Are you of Hispanic Ethnicity?  No  Yes
Racial Groups: (Check all that apply.)
 White
 African American/Black
 American Indian or Alaskan Native
 Asian
 Native Hawaiian or Pacific Islander

Please include 4-H Participation Fee: \$10.00 (Make checks payable to: MSUE Mackinac County.)

OR  Send application for participation fee waiver.
4-H will not turn away any youth who wants to participate in 4-H for whom the fee presents a financial burden.

I understand that participants are sometimes photographed and/or videotaped for use in MSU promotional and educational materials and I am giving permission to use my child's image and/or voice. Circle one: Yes No

PRIMARY PARENT/GUARDIAN INFORMATION

Name: \_\_\_\_\_ LAST FIRST

Parent E-Mail: \_\_\_\_\_

SECONDARY PARENT/GUARDIAN INFORMATION

Name: \_\_\_\_\_ LAST FIRST

Address: \_\_\_\_\_ (Leave blank if same as above.)

Phone: \_\_\_\_\_ Parent E-Mail: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_