





# Calhoun County 4-H Member Enrollment Form



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### MEMBER SECTION:

**I understand the rules and policies for participating in this club and in Calhoun County 4-H and will:**

- Abide by all rules and policies of the club and of Calhoun County 4-H.
- Support and abide by the club's adult leadership.
- Participate fully in the club and in the 4-H program.
- Uphold exemplary standards for the club and 4-H.
- Be responsible for my own behavior at all times and exhibit good sportsmanship at all times.
- Leave club and 4-H facilities in as good or better condition than I found them.
- Not possess, sell, offer, consume, use, or attend under the influence of alcohol and/or controlled substances.

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### PARENT/GUARDIAN SECTION:

**PRIMARY Parent/Guardian Name:** \_\_\_\_\_

Address: \_\_\_\_\_

STREET CITY STATE ZIP+ 4-digit extension

Daytime Phone: (\_\_\_\_\_) Evening Phone: (\_\_\_\_\_) \_\_\_\_\_

Check One:  Work Phone  Home Phone Check One:  Work Phone  Home Phone

Occupation: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Relation to Youth: \_\_\_\_\_

Do you want to receive mailings from the MSU Extension Office? (check one)  Yes  No

**SECONDARY Parent/Guardian Name:** \_\_\_\_\_

Address: \_\_\_\_\_

STREET CITY STATE ZIP+ 4-digit extension

Daytime Phone: (\_\_\_\_\_) Evening Phone: (\_\_\_\_\_) \_\_\_\_\_

Check One:  Work Phone  Home Phone Check One:  Work Phone  Home Phone

Occupation \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Relation to Youth: \_\_\_\_\_

Do you want to receive mailings from the MSU Extension Office? (check one)  Yes  No

**My signature indicates I agree to each of the following:**

- My child has my permission to participate in all activities (including physical activities) of this club and of 4-H, including swimming, showing, field trips, and the Calhoun County Fair.
- Support & abide by club's adult leadership.
- Conduct myself in a courteous and respectful manner, exhibit good sportsmanship and provide positive role models for youth.
- Respect, adhere to and help enforce the rules, policies and guidelines established by MSU Extension-Calhoun County and MSU Extension programs.
- I understand that 4-H members may be photographed by the media to promote/recognize 4-H members' accomplishments, activities, events, community services, and fundraisers. I authorize the media, Michigan State University, MSU Extension, the Michigan 4-H Youth Program, the 4-H club, and their assignees to record and photograph my image and/or voice or that of my child for use by the above mentioned groups in research, educational and promotional programs. I understand and agree that these audio, video, film and/or print images may be edited, duplicated, distributed, reproduced, broadcast and/or reformatted in any form and manner without payment of fees, in perpetuity.
- I understand the rules and policies of this club and of the Calhoun County 4-H Program, and I agree to support my child during his/her involvement in this club and in 4-H.

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

### ADMINISTRATIVE LEADER SECTION:

I have explained the rules and policies of this club and of 4-H to the youth and parent(s) whose signatures are indicated on this form. I agree to allow this youth to participate fully in my club.

**Administrative Leader Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_