

DATE _____



4-H YOUTH ENROLLMENT



Form Y-1

Revised 2/4/08

NAME: _____
LAST FIRST MI

ADDRESS: _____
STREET CITY ZIP

PHONE: _____ 5. I LIVE: (CHECK ONE) RACE*:
_____ ON A FARM _____ WHITE _____ HISPANIC
EMAIL: _____ _____ RURAL AREA OR TOWN UNDER 10,000 _____ BLACK _____ ASIAN PACIFIC
_____ TOWN OR CITY OF 10,000 TO 50,000 _____ AMER IND _____ OTHER(S)
SEX*: _____ SUBURB OF CITY OVER 50,000 _____ HAWAIIAN
FEMALE _____ MALE _____ _____ CITY OVER 50,000

BIRTHDATE: ____/____/____

FAMILY'S MILITARY AFFILIATION

(If Any- Please check all that apply)

GRADE: _____ SCHOOL: _____ ACTIVE RESERVE GUARD
ARMY _____
NAME OF 4-H CLUB OR GROUP: _____ AIR FORCE _____
NAVY _____
NAME OF LEADER/ADVISOR: _____ MARINES _____
COAST GUARD _____

PROJECT TO BE CONDUCTED:

(See list on back)

CODE NAME

POSITIONS HELD: (check if applicable)

I agree to attend and participate in meetings and complete my projects.

I approve, and will have my child attend meetings and complete projects.

Signature of Youth: _____

Signature of Parent/Guardian: _____

I give the University of Hawai'i College of Tropical Agriculture and Human Resources (CTAHR), National 4-H Council, 4-H Cooperative Extension Service, USDA/CSREES, 4-H clubs and programs, its nominees, agents, and assigns, unlimited permissions to use, publish and republish for purposes of advertising, public relations, trade, or any other lawful use, the right to utilize any media of or by me, including but not limited to photographs, video or audio of me (and/or my property), or any written or electronic end product created by me as a result of my participation in any 4-H project or event. Use includes but is not limited to posting it on the CTAHR web site. I waive any rights, claims or interests I may have to control the use of my identity or likeness in the photographs, video or audio, and agree that any uses described herein may be made without compensation or additional consideration of me. I also give the above fore- mentioned parties the right to utilize information I provide in any of their evaluation reports and exhibit this work publicly or privately. I further consent that my name and identity may be revealed therein or by descriptive text or commentary. (CIRCLE ONE) YES NO

I approve, and will have my child attend meetings and complete projects.

Signature of Parent/Guardian: _____ Date: _____

*This information is needed for reporting purposes only. Hawaii Cooperative Extension Service Activities and employment opportunities are available to all people Regardless of race, color, religion, sex, age, national origin, handicap, or political affiliation

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CITIZENSHIP AND CIVIC EDUCATION

AC Cultural Education (including heritage, diversity, exchanges) AE Intergenerational Programming AG Volunteerism AH Service-Learning

COMMUNICATIONS AND EXPRESSIVE ARTS

BB Drama BC Visual Arts

CONSUMER AND FAMILY SCIENCES

CB Clothing and Textiles CC Consumer Education CE Parenting and Family Life Education

ENVIRONMENTAL EDUCATION AND EARTH SCIENCE

DA Environmental Stewardship (general) DB Earth, Water and Air DC Energy (general, home, farm, transportation) DD Forests, Rangeland and Wildlife DF Waste management

HEALTHY LIFESTYLE EDUCATION

EA Chemical Health EB Mental and Emotional Health EC Foods and Nutrition ED Physical Health EE Safety

PERSONAL DEVELOPMENT AND LEADERSHIP

FA Career Exploration and Employability
FD Introductory 4-H Projects (for participants 5–8 years old)
FH Personal Development (general)

PLANTS AND ANIMALS

GB Animals GC Plants

SCIENCE AND TECHNOLOGY

HB Biological Sciences HC Technology and Engineering HCA Aerospace HC Physical Science