

Check here if this is a change only

Club Name \_\_\_\_\_ Group Leader Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Check one from each row:

Club Member	Family Club	Special Interest	School Enrichment	Day Camp
New Enrollment	General/Org Leader	Project Leader	Activity Leader	Resource Leader
	Re-enrollment	Add Project	Drop Project	Drop from Club
				(Name and club only)

Youth Leadership Type  
Check one:  
Junior Leader  
Teen Leader  
Ambassador

Name (Last, First, MI) \_\_\_\_\_ Birth date / / \_\_\_\_\_

Mailing Address \_\_\_\_\_ Member Code ( office ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip + 4 \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_ Gender: \_\_\_\_\_

School Name \_\_\_\_\_ Grade \_\_\_\_\_ Home-Schooled \_\_\_\_\_ Parent's Email \_\_\_\_\_

Check one: Primary (K-2) Junior (3-5) Intermediate (6-8) Senior (9-12) Other Current 4-H Club Names \_\_\_\_\_

**The following is important for funding, program development, and accommodations for special needs. Please check all that apply.**

**Residence:** Farm Rural Urban Suburb Central City Military Family Branch of Military \_\_\_\_\_

**Ethnicity:** Hispanic Non-Hispanic

**Race:** White Black Asian White/Asian White/Black Alaskan/American Indian Hawaiian/Pacific Islander  
White/Alaskan/American Indian Black/Alaskan/American Indian Other

**Disability/Special Needs:** Please describe \_\_\_\_\_ **Allergies** \_\_\_\_\_ **Medications** \_\_\_\_\_

**Primary Parent/Guardian Information**

**Additional Parent/Guardian Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Code	Project Name	Yrs in Project	Code	Project Name	Yrs in Project

If needed, please use additional pages and attach to this form

**Parents: Please list any interests, skills or talents that you would be willing to share with the 4-H program.**

---

### **Washington State University King County 4-H Youth Member Code of Conduct**

As a participant in 4-H events, I have the responsibility of representing 4-H members to the public. Therefore, I am expected to conduct myself in a manner that reflects well on my club, county, district, and state. I will:

- ◆ Attend all 4-H meetings and events as directed by my 4-H leader and inform my 4-H leader when I am unable to attend.
- ◆ Respect and show courtesy to everyone.
- ◆ Dress appropriately for the occasion. Clean and neat school clothes are appropriate.
- ◆ Abstain from possession or use of alcohol, tobacco, drugs, or any controlled substance (other than prescribed medicine).
- ◆ Use language that is controlled and appropriate. Swearing is not appropriate.
- ◆ Care for all materials, equipment and property during 4-H events.
- ◆ Be responsible for my own projects. I will not resort to fraudulent, illegal, or deceptive practices with my projects. I will also not allow my parents, leader, or any other adult to employ such practices with my projects.
- ◆ Know and understand the rules and guidelines established by my 4-H club, King County 4-H, Northwest District, and Washington State 4-H.

### **Washington State University King County Photo Release**

- ◆ We hereby grant permission to Washington State University (WSU) to be photographed or otherwise have images or voice recordings made (including, but not limited to, digital photographs, videos or digital moving images and /or voice recordings), for WSU publication or promotional purposes in any medium (including, but not limited to, print media, newspaper, television, video, motion picture, or website on the internet).
- ◆ I additionally consent to the use of the member's name and/or interview comments in connection with WSU publication or promotional purposes in print media, newspaper, television, video, motion picture or web site on the internet.
- ◆ We understand that consent to use of the member's likeness or voice recordings is not a condition of participating in the activity and that consent can be refused without any impact on the ability to fully participate in the program.
- ◆ No inducements or promises beyond our acceptance of an opportunity to promote WSU and its programs have been given to the person signing below.
- ◆ Any other use of images and/or recordings, my name, and/or interview comments requires advance permission.
- ◆ We understand that we can revoke this consent at any time upon notice to WSU, at which time either or both will sign a copy of the denial for use of images or voice recordings.
- ◆ **Parent Initials** \_\_\_\_\_ **Member Initials** \_\_\_\_\_

As a participant in the King County 4-H program, your son/daughter may be asked to help with the evaluation of the program through a written survey. If you do not want your son/daughter to participate in evaluations, please contact the 4-H Office at 206-205-3152.

***Our signatures below indicate that we have read and agree to the above code of conduct, photo release and evaluation:***

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

**Adult Volunteer Signature (project, resource leader, etc)** \_\_\_\_\_

**Parent/Guardian Signature (if participant is under 18)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Main Club Leader Signature** \_\_\_\_\_ **Date** \_\_\_\_\_