

Youth Enrollment Form
Spokane County 4-H Youth Development Program



Circle One: **New Enrollment** Re-Enrollment Change Information Drop from Club

Last Name: _____ First: _____ M.I.: _____

Address: 610 N Depot Rd City: Fairchild AFB State: WA Zip 99011

School: Michael Anderson Elementary Grade: _____

Gender: _____ Birthday: ____ / ____ / ____ Age: _____ Yr in 4-H _____

Please send 4-H Information to E-mail: _____

Ethnicity: African Am. Am. Indian Asian Am. Caucasian Hispanic Mixed Other

If your parent(s) / guardian(s) are in Military, please list the branch: _____

Residence (circle one):

Farm/Rural (Under 10,000) Town (10,000-50,000) Suburb (Over 50,000) **City (Over 50,000)**

Date: February 2009 **Main 4-H Club:** Fairchild AFB Youth Programs

If enrolled or enrolling in more than one club, please list: _____

If more than one club, please note the correct club pertaining to the project



Project Name	Project Code	Youth Leader	Club
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____

I want the Extension Office to be aware of the following disability/allergies: _____

Member Signature: _____ Leader Signature: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Home Phone: _____

Parent/Guardian Alternate Phone: _____

MORE →



Spokane County 4-H
Image and Voice Recordings Consent

Rider's/Participants Name _____ and his/her parent or guardian, 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, video 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 pictures, or Website on the Internet).

I additionally consent to the use of the student participant's name and/or interview comments in connection with WSU publication or promotional purposes in print media, newspaper, television, video, motion pictures, or Website on the Internet.

We understand that consent to use of the student participant's likeness or voice recordings is not a condition of participating in the activity and that consent can be refused without any impact in 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 persons 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 of us will sign a copy of the denial (below) for use of images or voice recordings.

We agree to use of digital images or voice recordings as set forth above:

Signature of Parent/Guardian (for participant less than 18 years of age)	Date
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Signature of Participant	Date
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We do not agree to use of digital images or voice recordings as set forth above:

Signature of Parent/Guardian (for participant less than 18 years of age)	Date
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Signature of Participant	Date
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WSU Extension programs and employment are available to all without discrimination. Evidence of noncompliance may be reported through your Extension office.