



# Illinois 4-H Shooting Sports Enrollment Form Stephenson County 2019-20

This form is primarily for **new** member/participants in this group, but may be used by those re-enrolling if a preprinted *Illinois 4-H Individual Re-Enrollment Form* is not available.

<b>Club/Group Name</b> _____ Shooting Sports Club – Archery _____	
<input type="checkbox"/> New Member <input type="checkbox"/> Re-enrolling Member <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth ____ / ____ / ____    Grade ____    K, 1-12; PO (Post high school); NO (not in school)	
First Name _____ MI _____ Last Name _____ Street Address _____ PO Box _____ City _____ Zip Code _____ County of Residence _____ E-mail _____ Member Phone: (____) _____ - _____    Type: <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone Member Phone: (____) _____ - _____    Type: <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone	
<b>Residence</b> <input type="checkbox"/> Farm (where income is earned farming) <input type="checkbox"/> Rural/Small Town (under 10,000) <input type="checkbox"/> Medium Town (10,000-50,000) <input type="checkbox"/> Suburb greater than 50,000 <input type="checkbox"/> City greater than 50,000	<b>Race: (select one)</b> <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> 2 or More Races <input type="checkbox"/> Black or African American <input type="checkbox"/> Some Other Race <input type="checkbox"/> Native Hawaiian or Pacific Islander
<b>Languages spoken at home (please select all that apply)</b> <input type="checkbox"/> Arabic <input type="checkbox"/> Polish <input type="checkbox"/> Chinese <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> Tagalog <input type="checkbox"/> French <input type="checkbox"/> Other	<b>Ethnicity</b> Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No <b>(If Hispanic, please select all that apply)</b> <input type="checkbox"/> Central American <input type="checkbox"/> Mexican <input type="checkbox"/> Cuban <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Dominican <input type="checkbox"/> South American <input type="checkbox"/> Ecuadorian <input type="checkbox"/> Spanish/Spaniard <input type="checkbox"/> Guatemalan <input type="checkbox"/> Other
<b>Military Affiliation</b> <input type="checkbox"/> None <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Army National Guard <input type="checkbox"/> Navy Reserve <input type="checkbox"/> Air National Guard <input type="checkbox"/> Army Reserve <input type="checkbox"/> Coast Guard <input type="checkbox"/> Air Force Reserve <input type="checkbox"/> Marine Corps <input type="checkbox"/> Coast Guard Reserve <input type="checkbox"/> Marine Corps Reserve	
<b>Mailing Lists</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    I would like information on the <u>county-level Foundation</u> and how it supports the 4-H program. <input type="checkbox"/> Yes <input type="checkbox"/> No    I would like information on the <u>Illinois 4-H Foundation</u> and how it supports the 4-H program. <input type="checkbox"/> Yes <input type="checkbox"/> No    I would like information about events at the <u>University of Illinois</u> .	

**Continued on back**

**Parent Information**  Address Same as Member (if same as member, no need to fill in address)

\_\_\_\_\_  
Parent/Guardian - First Name MI Last Name

\_\_\_\_\_  
Street Address PO Box City Zip Code

( ) - ( ) -  
Telephone Alternate Phone E-mail

Would you like to receive 4-H program mailings?  Yes  No

**Parent Information**  Address Same as Member (if same as member, no need to fill in address)

\_\_\_\_\_  
Parent/Guardian - First Name MI Last Name

\_\_\_\_\_  
Street Address PO Box City Zip Code

( ) - ( ) -  
Telephone Alternate Phone E-mail

Would you like to receive 4-H program mailings?  Yes  No

**Parent/Guardian Photo/Video/Audio Release**

Yes  No I grant the University of Illinois Extension 4-H Youth Program, irrevocable permission to record and/or disclose my child's identity, image, and voice arising out of documenting 4-H youth programs and to use, reproduce and distribute such in whole or in part in video and/or sound recordings, films, photographs, transparencies, webpages, social media, local news media or any other media for any purpose on behalf of the University and Extension without compensations to me and without any right for me to inspect or approve of the finished photograph, video, or audio recordings or other recordings.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**4-H Youth Behavior Guidelines:** All youth who participate in Illinois 4-H Youth Development programs, which are planned, conducted, and supervised by University of Illinois Extension, are responsible for their own conduct. Youth participating in 4-H programs are expected to demonstrate the character traits of trustworthiness, respect, responsibility, fairness, caring, and citizenship. Specifically, 4-H youth are expected to abide by the following behavior guidelines:

1. Be courteous and respect others.
2. Obey all the laws of the locality, state, and nation and University of Illinois and Extension policies and guideline as well as 4-H Program Guidelines and those of the local club.
3. Treat all people fairly and animals humanely.
4. Respect the property of others.
5. Respect the authority of adult or youth volunteers, paid Extension staff, and others in leadership roles.
6. Use appropriate language and wear acceptable clothing at 4-H activities and events.
7. Show kindness to others and give assistance when needed.
8. Be honest and honor commitments.
9. Strive for personal best and keep trying to improve.
10. Accept responsibility for personal choices.

We understand and accept the responsibility for following the 4-H Youth Behavior Guidelines. We further understand that failure to do so may result in disciplinary action and forfeiture of participation privileges.

\_\_\_\_\_  
Signature of Participant Signature of Parent/Guardian Date

**Office Use Only**

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Paid                   | <input type="checkbox"/> No Opt Out      | <input type="checkbox"/> Debit Card  |
| <input type="checkbox"/> Paid in another county | <input type="checkbox"/> Cash            | <input type="checkbox"/> Credit Card |
| <input type="checkbox"/> EFNEP/FNP Exempt       | <input type="checkbox"/> Check No. _____ | <input type="checkbox"/> Scholarship |

