

WINTER 4-H CLUB REGISTRATION FORM

NOTE: If you are new to 4-H, you also must complete an Online Enrollment Registration at 4honline.com PRIOR to your first club meeting.

Please bring your completed registration form (and any materials fee, if needed) to 79 Carmel Lane, Columbus, NC OR mail your completed form to Polk County 4-H, PO Box 477, Columbus, NC 28722. Any checks may be made payable to Polk County 4-H.

Child's Name: _____ Birth Date: _____ Age: _____

Male ___ Female ___ Parent/Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Best Number to Use for Class Cancellations or Emergencies: _____

Email: _____ T-shirt Size: Youth _____ Adult _____

Title of Club	Check Box to Register	Materials Fee (If Any)	Amount Paid (for office use only)
Tinkering Club NEW! (Ages 7-12)	<input type="checkbox"/>		
Sewing Program (Ages 9-18)	<input type="checkbox"/>		
Cool Clovers Cloverbud Club (Ages 5-8)	<input type="checkbox"/>		
Timber Time Woodworking Club (Ages 9-18)	<input type="checkbox"/>	\$15	
Adventures in Cooking Club (Ages 9-18)	<input type="checkbox"/>	\$12	

My son/daughter has my permission to participate in the 4-H programs as stated on the registration form. I agree to indemnify and hold harmless the Polk County 4-H Foundation and NC State University, their trustees, officers, employees, and agents, including 4-H personnel and volunteers, from any and all negligence, claims, damages, and liability arising from or related to my child's participation in the program specified above.

In case of medical emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the physician selected by Extension personnel or 4-H volunteer to hospitalize, secure proper treatment form, and to order injection, anesthesia, or surgery for my child as named above.

I authorize the use of my child's image to be used for newspaper articles, email newsletters, brochures, website, or other marketing efforts on behalf of Polk County 4-H. YES ___ NO ___

I understand that all participants are expected to pay attention and follow the directions given by the instructor(s). Failure to follow directions and/or unruly behavior may result in the expulsion of my child from this and future 4-H programs.

Is your child allergic to any food or medication? YES ___ NO ___

Please list allergens: _____ Please list dietary restrictions: _____

Special medical concerns or conditions that event supervisors should know about, including, epilepsy, asthma, diabetes, previous injuries to bones/joints, etc: _____

Parent/Legal Guardian's Signature: _____ Date: _____