

**Gwinnett County 4-H
5th Grade Council Enrollment Form
2011 - 2012**

Last Name: _____ First Name: _____ MI: _____

Address: _____ Home Phone: _____

City: _____ Zip: _____ 4-H'ers Cell: _____

School: _____ Grade: _____ Years in 4-H: _____

Birthday: ____ / ____ / ____ Gender (circle one) Male Female Age: _____

Racial Classification (circle one):

White African-American or Black Hispanic Asian Multi-racial Other: _____

Fathers Name: _____ Work Phone: _____ Cell: _____

Mothers Name: _____ Work Phone: _____ Cell: _____

4-H'ers Email: _____ Parent's Email: _____

General Release

This General Release (hereinafter the "Release") made this _____ day of _____ by
and among Gwinnett County, Georgia, (hereinafter the "County") and _____
(Print parent name here)

as parent or natural guardian (hereinafter the "Guardian") of _____ as
follows:

(Child's name)

**To participate in all Gwinnett County 4-H Activities/Events for the period of:
September 1st 2011-August 31st 2012**

Parent/Guardian Signature

Child's Name (Please print.)

Parent Name (Please print.)

Date