

**Gwinnett County 4-H  
5<sup>th</sup> Grade Council Enrollment Form  
2019-2020**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Years in 4-H: \_\_\_\_\_

Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender (circle one): Male Female Age: \_\_\_\_\_

**Racial Classification** (circle all that apply): White African-American or Black American Indian Asian Pacific-Islander

**Residence** (circle one): Farm Rural (under 10,000) Town (10,000-50,000) Suburb (more than 50,000) City (more than 50,000)

**Ethnicity** (circle one): Hispanic Non-Hispanic **Military Family** (circle one) Yes No

Mothers Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Fathers Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent or Guardian's Email: \_\_\_\_\_

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**General Release**

This General Release made this \_\_\_\_ day of \_\_\_\_\_ by and among Gwinnett County, Georgia and \_\_\_\_\_ as parent or Guardian of  
**(Print parent/guardian's name above)**

\_\_\_\_\_, to participate in all UGA Extension Gwinnett 4-H activities/events from  
**(Print child's name above)**

**August 1, 2019 – July 31, 2020.**

**Additional Transportation Release:** Not being employed by any branch of Gwinnett County Government, I do hereby request permission for my child to accompany a Gwinnett County authorized driver in a Gwinnett County vehicle. I understand that, as a condition of accompanying a Gwinnett County authorized driver in a Gwinnett County vehicle, I relieve and absolve the Gwinnett County Board of Commissioners and its employees of any and all claims, lawsuits, or any causes of action that may arise from accompanying said employee. I further release, renounce and waive all claims, lawsuits or any causes of action against the insurance company which insures the Gwinnett County Board of Commissioners and its vehicles.

\_\_\_\_\_  
**Parent or Guardian's Name (Please Print)**

\_\_\_\_\_  
**Child's Name (Please Print)**

\_\_\_\_\_  
**Parent or Guardian's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness Signature**

\_\_\_\_\_  
**Date**