## Gwinnett County 4-H 7<sup>th</sup> – 8<sup>th</sup> Grade Council Enrollment Form 2019-2020

Last Name:	st Name: F		rst Name:		MI:	
Address:	Home Phone:					
City:	Zip: _					
School:	Gra	ade:		Years in 4-H:		
Birthday://	Gender (circle o	one): Male	Female	Age:		
Racial Classification (circle Residence (circle one): Farm Ethnicity (circle one): Hisp	Rural (under 10,000)		000) Subu	American Indian  arb (more than 50,000)  circle one) Yes	• • • • • • • • • • • • • • • • • • • •	
Mothers Name:		Work Phone: _		Cell:		
Fathers Name:		Work Phone: _		Cell:		
Parent or Guardian's Email:						
	Gene	eral Releas	е			
This General Release ma	f	by and among Gwinnett County,				
Georgia and(Print	parent/guardian's i		as	parent or Guar	dian of	
(Print child's name abov	, to participate in al	I UGA Extensi	on Gwinne	ett 4-H activities	s/events from	
August 1, 2019 – July 31	, 2020.					
Additional Transportation Government, I do hereby driver in a Gwinnett County County authorized driver in Board of Commissioners at that may arise from accordance and county authorized driver in Board of Commissioners are series.	request permission for ty vehicle. I understar in a Gwinnett County and its employees of inpanying said employ action against the ins	or my child to a nd that, as a co vehicle, I relie any and all cla vee. I further re	accompany ondition of ve and abs aims, laws elease, rer	y a Gwinnett Co accompanying solve the Gwinr uits, or any cau nounce and wai	ounty authorized a Gwinnett nett County ses of action ve all claims,	
Parent or Guardian's Na	me (Please Print)	Child's	Name (F	Please Print)		
Parent or Guardian's Signature		Date	ate			
Witness Signature		Date				