



RETURN COMPLETED FORM TO MARY MAGEE (902-538-8559) WITH \$20 REGISTRATION FEE

NEW MEMBER / LEADER REGISTRATION FORM

FOR NEW MEMBERS, LEADERS & VOLUNTEERS | REGISTRATION AT CLUB LEVEL

Are family members already enrolled in 4-H?	YES	NO
HOUSEHOLD INFORMATION	PRIMARY PARENT / CAREGIVER / LEADER	SECONDARY HOUSEHOLD CONTACT
FIRST NAME (Parent/Guardian/Leader)		
LAST NAME (Parent/Guardian/Leader)		
STREET ADDRESS		
TOWN		
POSTAL CODE		
EMAIL		
PHONE		
MOBILE #		
RESIDENCE (FARM, RURAL OR URBAN)		
AGREE TO RECEIVE COMMUNICATION (Y/N)		
REGISTER AS A LEADER / VOLUNTEER (Y/N)		

MEMBER INFORMATION:	MEMBER 1	MEMBER 2	MEMBER 3	MEMBER 4
FIRST NAME				
LAST NAME				
MEMBER EMAIL				
GENDER				
DATE OF BIRTH				
HEALTH CARD				
SPECIFY MEDICAL CONSIDERATIONS				

MEDIA RELEASE: Throughout the 4-H year members, leaders, parents, 4-H NS and those contracted by 4-H NS may take photos and/or video of youth participating in 4-H activities. 4-H NS and/or 4-H Canada may share your photo/video, name, 4-H club name, the name of the county and community you are from on their websites, social media platforms, in print and other media for the purposes of preserving memories and promoting 4-H. Please note that 4-H NS cannot be responsible for images or media that is shared on the internet or in publications beyond its control. **INITIAL:** _____

PARTICIPATION AGREEMENT: I understand that participation in the 4-H NS program is voluntary and some activities may involve inherent risks. I am enrolling myself/my child in 4-H understanding the inherent risks in some activities and agree that I/my child will follow all safety rules and processes in place at 4-H activities and events that I/my child might attend. **INITIAL:** _____

PRIVACY STATEMENT: The 4-H Nova Scotia program protects your personal information by adhering to the "Freedom and Protection of Privacy Act" and other legislative requirements with respect to your privacy. We use, and when necessary may share, your information with 4-H program partners. This information is used to keep you informed and provide you with 4-H program activities and services, to satisfy government and regulatory obligations, and for statistical purposes. By completing and signing this document you understand and are consenting to the use of and sharing of necessary information as described above. For more information contact 4-H Nova Scotia by letter at P.O. Box 30066 Robie PO, Truro, NS B2N 7J1 **INITIAL:** _____

SIGNATURE OF PRIMARY PARENT / CAREGIVER OR LEADER: _____

****Indicate on back the projects each member will take or the projects leaders will lead. ****