



For office use only: Date enrolled _____ E-Mail list _____ Date Dues Paid _____
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Hi Hat Horse Club Enrollment 2020-2021



Name _____

Address _____

School _____ City _____ State _____ Zip _____
Grade _____ Age _____

Birth date ____/____/____ Gender (circle): BOY / GIRL T-Shirt Size _____ Years in 4-H _____
Mo. Day Year

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

Health concerns or special needs you'd like the extension office to be aware of (including food allergies): _____

Parent's Name _____

Contact Information

Parent: cell phone or best contact number _____

All club news and newsletters are by e-mail. Please use E-mails for contact purposes that are checked on a regular basis. Youth 6th grade and younger are contacted only through parent information.

Parent E-mail _____

Member E-mail _____ (optional)

Riding Experience and Horse Information

Check riding experience: ___ less than 6 months ___ 6 mo.-1 year ___ 1-3 years ___ over 3 years

Riding lessons: ___ never taken ___ used to take ___ taking now

If you don't own or lease a horse, do you have one you get to ride regularly? ___ Yes ___ No

Check one: ___ I own my horse ___ I lease my horse. Date of purchase or lease _____

Horse's Name _____ Registered name _____

Breed _____ Color _____ Horse's Age _____

Where do you board your horse? _____

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, 2020 – July 31, 2021.

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