THERAPEUTIC RIDING CENTER MEMBER ENROLLMENT

Name: _____
First Middle Last

Address: _____
Street

_____
City State Zip Code Phone

Parent/Guardian: _____ Business Phone: _____

Email Address: _____

Birth Date: _____ Gender: Male _____ Female_____

Residence: _____ Township: _____
(Farm, Rural, Town, Suburbs, City)

Grade: _____ School: _____

Race: _____

Pennsylvania
4-H Youth Development Program

Photo Release Form

____ I will allow photographs to be taken of my son/daughter that have the potential to be used in Penn State Cooperative Extension 4-H exhibits, published in local newspapers and in Penn State publications, or published on Penn State Wed sites or other digital media.

____ I will not allow photographs of my son/daughter to be taken for use by Penn State Cooperative Extension.

Member's Name_____

_____ _____
SIGNATURE OF PARENT OR GUARDIAN DATE