

Youth Enrollment Form

Family Account Information

County _____ Family Email _____ Primary Phone _____
Mailing Address _____ City _____ Zip _____

Youth Enrollment Information

Name (First/Last) _____ Date of Birth _____
Years in 4-H _____ Gender _____

Parent/Guardian Name _____ Phone _____
Emergency Contact Name (if other than above) _____
Relationship to Member _____ Phone _____

Ethnicity: Hispanic Not Hispanic

Race: White Black/African American American Indian/Alaskan Native Asian Hawaiian

Population Where I Live: Farm Town of less than 10,000 City of 10,000-50,000 City of 50,000 +

Military Service: Do you have a parent in the military (past or present)? Yes No

Branch of Service: None Army Air Force Navy Marines Coast Guard

Component: None Active Duty Reserves

Health Information: List any information we should be aware of (include food or drug allergies)

School Grade (if enrolling in the summer months, indicate the grade just completed). _____

Circle your response: I attend Public/Private School I am home schooled

Club 1 Name _____ Project Area(s) _____

Club 2 (optional) _____ Project Area(s) _____

I have read and agree to the 4-H General Waiver and Code of Conduct.

Child's Name (printed) _____ Parent's Name (signature) _____