

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: Farm Town of less than 10,000 City of 10,000-50,000 City of 50,000 +

Is anyone in your family serving in the military? No one Parent Sibling

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

Component: Active Duty Reserves None

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). _____

School Name _____ School District _____

Club 1 Name _____

Club 2 (optional) _____