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) _______________________________