



KENTUCKY 4-H MEMBER ENROLLMENT

Name: _____
(First) (Middle Initial) (Last)

Birth Date: ____/____/____ Current Grade: _____

Member Email: _____ Email Newsletter

Primary Phone: () _____ Mobile Phone: () _____

Other Phone: () _____ Work Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Military Family: (Check applicable box)

- Active Army Army Guard Army Reserve Active Air Force
- Air Guard Air Force Reserve Active Navy Naval Reserve
- Active Marine Corps Marine Corps Reserve Active Coast Guard Coast Guard Reserve

Has health considerations

Health consideration: _____

Primary Parent/ Guardian Name: _____

Occupation: _____

Parent/Guardian Email: _____

Secondary Parent/ Guardian Name: _____

Occupation: _____

Parent/Guardian Email: _____



Please provide us with this optional data so that we may report to our Federal partners

Hispanic Ethnicity: (check one):

Hispanic or Latino Ethnicity OR Not Hispanic or Latino Ethnicity

Racial Groups: (check all that apply):

White Black or African American American Indian or Alaskan Native
 Native Hawaiian or Other Pacific Islander Asian

Gender: Female Male

Residence: (Check one):

Farm Rural/Town less than 10,000 Town/City 10,000 to 50,000
 Suburb City over 50,000

Status: New Enrollment Returning Member

Date Enrolled: _____

School: _____

Name of Primary 4-H Club 1: _____

Club 2: _____

Photo/ Media Release:

I hereby grant the 4-H program, University of Kentucky and their agents, the right to use, reproduce, assign, and/or distribute still pictures, video, and sound recordings of myself, my minor child without compensation for use in promotion/advertising, educational publications or website content which they may create.

Parent/Guardian Signature

Date

