

Kentucky 4-H Youth Enrollment System

Date _____ Club/Activity _____

Status (Check one) _____ New Member _____ Returning Member

Last Name _____ First _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian: _____

Email address: _____

Phone # _____ Cell Phone Carrier: _____ Accept Text _____

School _____ Grade _____

_____ Male _____ Female Birthdate ____/____/____

Ethnicity: (Circle one) Hispanic Non-Hispanic

Race: (Circle any that might apply) White Black Hispanic
Asian Hawaiian/Pacific Islander

Residence: (Circle One) On a farm In town In the county

Please list or describe any disability that may require any accommodations or a health problem that could interfere with your child's learning experience.

Photo Use Permission: 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 or my minor child without compensation for use in promotion/advertising educational publications or website content which they may create.

Parent/Guardian Signature_____
Date**Cooperative
Extension Service**Agriculture and Natural Resources
Family and Consumer Sciences
4-H Youth Development
Community and Economic Development**MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT**Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, physical or mental disability or reprisal or retaliation for prior civil rights activity. Reasonable accommodations of disability may be available with prior notice. Program information may be made available in languages other than English.
University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.
Lexington, KY 40506Disabilities
accommodated
with prior notification.



I give my son/daughter, _____, permission to travel with Caldwell County 4-H to the Land Between the Lakes on Tuesday, June 3, 2025. I understand that my child is not required to participate in this activity but grant permission for him/her to do so despite possible risks. I understand that they will be traveling in vehicles with other adults and have full knowledge of the risks involved. I will assume any expenses that may be incurred in the event of a loss, an accident, illness or incapacity regardless of whether I have authorized expenses.

Parent/Guardian Name

Date

1025 US Highway 62W | Princeton, KY 42445-6059 | P: 270-365-2787 | F: 270-365-2085 | caldwell.ca.uky.edu

**Cooperative
Extension Service**

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