# Kentucky 4-H Youth Enrollment System

Date ____2025_____ Club __4-H Shooting Sports_____

Status (Check one) _____New Member _____Returning Member

Last Name _____ First _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian with whom you live: _____

Email address: _____

Phone #_____ Legal Guardian _____Yes _____ No

School _____ Grade _____

_____Male _____Female          Birthdate ____/____/_____

Ethnicity: (Circle one)          Hispanic          Non-Hispanic

Race: (Circle any that might apply) White          Black          American Indian

          Asian Hawaiian/Pacific Islander          Prefer not to Say

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

Please list or describe any disability that you may have that would require any accommodations or health problem that could interfere with you learning experience. _____
_____