



# Kentucky Youth Enrollment System



Date 2024 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. \_\_\_\_\_  
\_\_\_\_\_



