

# 2018-2019 FLEMING COUNTY 4-H YOUTH ENROLLMENT

069      Date \_\_\_/\_\_\_/\_\_\_      Initials \_\_\_\_\_      Office Use Only



**Return to your school or mail to:**  
**FLEMING COUNTY EXTENSION OFFICE**  
 P.O. Box 192, Flemingsburg, KY 41041  
 Phone: (606) 845-4641  
 Fax: (606) 845-6311

4-H MEMBERSHIP STATUS: (CHECK ONE)     NEW MEMBER     RETURNING MEMBER

NAME \_\_\_\_\_ BIRTH DATE \_\_\_/\_\_\_/\_\_\_ AGE TODAY \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ PARENT'S E-MAIL ADDRESS \_\_\_\_\_

I AM (CHECK ONE)     BOY     GIRL    4-H'ERS E-MAIL ADDRESS \_\_\_\_\_

TEACHER'S NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

ETHNIC GROUP: (CHECK ONE)     HISPANIC     NOT HISPANIC

RACE: (CHECK ONE)     WHITE     AFRICAN AMERICAN     ALASKAN/AMERICAN INDIAN     ASIAN/PACIFIC ISLANDER

RESIDENCE: (CHECK ONE)     ON A FARM     RURAL     IN TOWN

PARENTS/GUARDIAN WITH WHOM YOU LIVE: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ PHONE: \_\_\_\_\_

IS THIS PERSON A FORMER 4-HER?     YES     NO

OPTIONAL: (CELL PHONE #) \_\_\_\_\_

MILITARY FAMILY:     NO ONE     PARENT     SIBLING    BRANCH OF SERVICE: \_\_\_\_\_     ACTIVE     RETIRED

### AUTHORIZATION OF USE

I, (print parent's full name) \_\_\_\_\_ (\*) for (print child's name) \_\_\_\_\_ hereby grant permission to the University of Kentucky and its affiliates and subsidiaries, including but not limited to the College of Agriculture Cooperative Extension and Agricultural Alumni Association, to interview, photograph and/or videotape me, or my minor child, and/or to supervise any others who may do the interview, photography, and/or videotaping and/or to use and/or permit others to use information from the aforementioned interview and/or the aforementioned images in educational and promotional activities for the following without compensation: University Educational Publications/Videos • University Electronics Publishing (e.g. World Wide Web) • University Promotion/Advertising • Local/regional/national news media (w/ permission of the University of Kentucky)

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**THE FOLLOWING ARE THE ACTIVITIES,  
OFFERED AT THE EXTENSION OFFICE.**

## ACTIVITIES

\_\_\_\_\_ Cloverbud Club      \_\_\_\_\_ Cloverbud Camp

