

Kentucky 4-H Youth Enrollment SystemDate _____ Club/Activity Yoga for Kids

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 _____ Hispanic
_____ Asian _____ Hawaiian/Pacific Islander

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.

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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**

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University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.
Lexington, KY 40506

Disabilities
accommodated
with prior notification.