



# 4-H Cloverbuds



Name \_\_\_\_\_  
*First name* *Last name*

Address \_\_\_\_\_  
*Street or P.O. Box* *City* *State* *Zip*

Phone \_\_\_\_\_ Gender (circle one) **Male** **Female**

Race (circle one) **Black** **White** **Asian**  
**Native Hawaiian or Other Pacific Islander** **American Indian or**  
**Alaskan** **Other**

Ethnicity (circle one) **Hispanic or Latino** **Non Hispanic or Latino**

Grade \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*(month, day, year)*

Club Name \_\_\_\_\_

PERMISSION FOR: \_\_\_\_\_ (child's name) My child has permission to join 4-H. I will encourage and assist my child to participate in this project club.

Parent/Guardian Signature: \_\_\_\_\_

I understand my child may participate in and/or complete surveys and evaluations that will be used to determine 4-H program effectiveness or to promote the program. Youth will be asked their consent before completing a survey or evaluation. Participation in surveys and evaluations is voluntary and does not affect eligibility to participate in the 4-H program.

\_\_\_ I DO NOT agree to these terms

