

# 4-H CLOVER BUDS Enrollment Form



Name \_\_\_\_\_  
First Name Last Name

Address \_\_\_\_\_  
Street or PO Box City State & Zip

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

Race (circle one) Black White Asian Native Hawaiian or 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 assent 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



Louisiana 4-H is an open and inclusive youth development program. If specific accommodations are needed for a child with physical, learning or psychological needs under the Americans with Disabilities Act (ADA), please visit [LSUAgCenter.com](http://LSUAgCenter.com) for more information.

