

**Gwinnett County 4-H
Cloverbud Council Enrollment Form
2019-2020**

Last Name: _____ First Name: _____ MI: _____

Address: _____ Home Phone: _____

City: _____ Zip: _____

School: _____ Grade: _____ Years in 4-H: _____

Birthday: ____ / ____ / ____ Gender (circle one): Male Female Age: _____

Racial Classification (circle all that apply): White African-American or Black American Indian Asian Pacific-Islander

Residence (circle one): Farm Rural (under 10,000) Town (10,000-50,000) Suburb (more than 50,000) City (more than 50,000)

Ethnicity (circle one): Hispanic Non-Hispanic **Military Family** (circle one) Yes No

Mothers Name: _____ Work Phone: _____ Cell: _____

Fathers Name: _____ Work Phone: _____ Cell: _____

Parent or Guardian's Email: _____

General Release

This General Release made this _____ day of _____ by and among Gwinnett County, Georgia and _____ as parent or Guardian of
(Print parent/guardian's name above)

_____, to participate in all UGA Extension Gwinnett 4-H activities/events from
(Print child's name above)

August 1, 2019 – July 31, 2020.

Additional Transportation Release: Not being employed by any branch of Gwinnett County Government, I do hereby request permission for my child to accompany a Gwinnett County authorized driver in a Gwinnett County vehicle. I understand that, as a condition of accompanying a Gwinnett County authorized driver in a Gwinnett County vehicle, I relieve and absolve the Gwinnett County Board of Commissioners and its employees of any and all claims, lawsuits, or any causes of action that may arise from accompanying said employee. I further release, renounce and waive all claims, lawsuits or any causes of action against the insurance company which insures the Gwinnett County Board of Commissioners and its vehicles.

Parent or Guardian's Name (Please Print)

Child's Name (Please Print)

Parent or Guardian's Signature

Date

Witness Signature

Date