

Clydesdale Breeders of the USA

2023 Youth All-Around Program Enrollment Form

Participant Name: _____ Birthdate: _____ Age: _____

Address: _____ City: _____ State: _____ Zip/Postal code: _____

Email Address: _____ Phone: _____

Parent/Guardian Name: _____

Email Address: _____ Phone: _____

Youth Membership Paid: Membership ID Number: _____

Signature of parent or legal Guardian of child under age 18

Date

Photo Release

I hereby grant permission to the Clydesdale Breeders of the USA to use photographs of my child, _____ in publications, news releases, social media, and in other communications related to the mission of the Clydesdale Breeders of the USA.

Signature of parent or legal Guardian of child under age 18

Date

