

September 2023-August 2024 4-H Enrollment Form

Note: Enrollment begins in September, similar to a school year. Previous years' forms will not be accepted for the 2023-2024 year. The form must be completed by the participant and/or parent or guardian in order to participate in the 4-H program. **All items must be completed, even if the response is not applicable – indicate by using N/A i.e. no health insurance.** Failure to complete this form in its entirety will result in the person being ineligible to participate in 4-H activities. *Please print in blue or black ink.*



University of Kentucky
College of Agriculture,
Food and Environment
Cooperative Extension Service



Child's First Name: _____ Last Name: _____ Age as of Jan. 1, 2024: _____

Street Address: _____ Birth Date: ____/____/____ Gender: M F

City: _____ State: KY Zip: _____ Select all that apply: Youth Adult Volunteer

★ Parent's Email: _____ Primary Phone: _____

Parent Name or Emergency Contact #1 Relationship to child Phone Number (REQUIRED)

Parent Name or Emergency Contact #2 Relationship to child Phone Number (REQUIRED)

Are you Hispanic or Latino? Yes No **Please check all that apply:** Asian White Black American Indian Hawaiian/Pacific Islander **Please check one:** Do you live on a farm? Yes No

Military Family: No Yes, Branch: _____ Select: Active National Guard Reserves Person serving: Parent Sibling

Grade: _____ Name of School/Homeschool: _____

HEALTH INFORMATION:

I want the Extension Office to be aware of the following disability or impairment: _____

Name of Family Doctor: _____ Doctor's Phone: _____

Name of Insurance Company: _____ Policy Number: _____

Name of Policy Holder/Relationship to participant: _____ Member ID: _____

Does the participant have, or at any time has had, any of the following? Check "Yes" or "No" to each item. Please explain any "Yes" answers (noting the number of the item) in the space below or on an additional sheet if necessary. Reporting conditions will not prevent a person from attending and will be kept confidential.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Asthma | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Bronchitis..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Convulsions..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Diabetes..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Ear Infection..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Fainting..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Heart Condition | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Headaches | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Hypoglycemia | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Serious Allergy to Insects..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Wear Glasses/Contacts | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Other Conditions..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Drug Allergy (please explain)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Food Allergy (please explain)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Other Allergy (please explain) | <input type="checkbox"/> | <input type="checkbox"/> |

Please Explain Any "Yes" Responses:

List and explain any restrictions (dietary, physical, etc.):

The following over the counter medications may be administered to my child without contacting me:

Antihistamine Pill Antacid Ibuprofen (Advil) Hydrocortisone Cream

Acetaminophen (Tylenol) Decongestant Dramamine Polyprion (topical antibiotic)

MEDICAL TREATMENT PERMISSION:

All information provided on this form is correct and complete to the best of my knowledge. This person has permission to engage in all events and activities. I hereby give permission to the event designee to provide routine health care, administer prescription and over the counter medications as noted and seek emergency medical treatment if warranted. I agree to the release of all records necessary for medical treatment, billing or insurance. In the event I cannot be reached in an emergency, I give permission to the attending physician to secure and administer treatment, including hospitalization.

★ SIGNATURE OF PARENT/PARTICIPANT: _____ DATE: _____

PUBLICITY RELEASE:

I hereby grant the 4-H program, University of Kentucky and their agents, the right to use, reproduce, assign and/or distribute still pictures, video, and sound recordings of myself or my minor child without compensation for use in promotion, advertising, educational publications, or online content.

★ SIGNATURE OF PARENT: _____

-or- NO, I do not permit.

Cooperative Extension Service
Agriculture and Natural Resources
Family and Consumer Sciences
4-H Youth Development
Community and Economic Development

Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, or physical or mental disability. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.

LEXINGTON, KY 40546



Fill out other side

Disabilities accommodated with prior notification.

2023-2024 Pendleton County 4-H ENROLLMENT FORM

4-H Youth Development CODE OF CONDUCT FORM (NOT FOR RESIDENTIAL CAMPS)

This Enrollment Form must be completed before May 31, 2024, to enter projects & record books in the Pendleton County Youth Fair in June.

Without the completion of this form, no projects will be accepted in the 4-H classes at the fair.



Lydia Gosney
Pendleton County Extension Agent for
4-H /Youth Development

4-H CLUB INTEREST

Placing a check by a club only indicates your *interest* in the club. To become a member of a club, you must attend a club meeting. Contact the Extension Office at 859-654-3395 for more information.

Please check the clubs you are interested in joining. The 4-H newsletter will include dates of club meetings and activities. Once you have completed this enrollment form you may begin attending meetings. (Clover Buds are for members ages 5 to 8.)

- | | |
|--|---|
| <input type="checkbox"/> Art Club | <input type="checkbox"/> Poultry Club |
| <input type="checkbox"/> Clover Buds | <input type="checkbox"/> Rabbit Club |
| <input type="checkbox"/> Cooking Club | <input type="checkbox"/> Country Ham |
| <input type="checkbox"/> Sewing | <input type="checkbox"/> Garden Club |
| <input type="checkbox"/> Livestock Judging | <input type="checkbox"/> Archery |
| <input type="checkbox"/> Skill-a-thon | <input type="checkbox"/> Teen Club |
| <input type="checkbox"/> Photography Club | |
| <input type="checkbox"/> Project Days | |
|
 | |
| <input type="checkbox"/> Livestock – or – | <input type="checkbox"/> Novice Livestock |
| <input type="checkbox"/> Goat Club | <input type="checkbox"/> Goat Club |
| <input type="checkbox"/> Lamb Club | <input type="checkbox"/> Lamb Club |
| <input type="checkbox"/> Steer Club | <input type="checkbox"/> Steer Club |
| <input type="checkbox"/> Swine Club | <input type="checkbox"/> Swine Club |

All 4-H members and family/friends associated with 4-H members must respect the individual rights, safety and property of others and adhere to this Code of Conduct. A 4-H member may be prohibited from participating in a specific event/program if the participation by the individual poses a danger to the 4-H member and/or others. The following guidelines are designed to make all 4-H events safe, meaningful, and satisfying to youth and others attending.

WHILE ATTENDING ALL 4-H MEETINGS, PROJECTS, PROGRAMS, ACTIVITIES, & EVENTS:

- Each 4-H participant is expected to attend all planned sessions, workshops, field trips, and meetings of the event, and to be in appropriate dress. Dress codes will be specific to individual events. Delegation chaperones and/or volunteers are responsible for ensuring that members participate in all aspects of the planned program activities.
- The possession and use of alcoholic beverages, tobacco products, and/or drugs (except for medications prescribed to the participant by a licensed physician) are strictly prohibited. Delegation chaperones and/or volunteers shall limit use of tobacco products to designated areas.
- Setting off fire alarms, tampering with fire extinguishing and other emergency equipment are strictly prohibited.
- Gambling of any type is strictly prohibited.
- Obscene, discriminatory and/or inappropriate language, roughhousing, and insubordination are prohibited at all times.
- Respect toward others and facilities shall be demonstrated. Bullying, harassment of others or destruction of property shall not be tolerated. Bullying and harassment can include the use of social media.
- Display of overly affectionate or inappropriate attention between participants is strictly prohibited.
- Technological equipment (including but not limited to cell phones, laptops or mp3 players) shall not interfere with the program and may not be allowed in certain situations.
- Each county may adopt additional Code of Conduct guidelines.

WHILE ATTENDING OVERNIGHT CONFERENCES, CAMPS, & EVENTS, THE FOLLOWING WILL ALSO APPLY:

- All participants are to be in their assigned area at curfew and comply with quiet hours, lights out, and other rules of the event.
- No member or volunteer may leave the grounds without the permission of the conference director or adult in charge. An adult shall accompany a 4-H member any time he/she leave the grounds. Adults shall notify another adult in the delegation before leaving the grounds.
- At overnight events, only Conference participants may be in sleeping areas. Lounges or common areas may be used only for working committees and social activities.
- Room service such as phone calls, food, laundry, or others shall not be permitted without chaperone permission.

Any violations of this Code of Conduct shall be reported promptly to the adult in charge of the delegation/program and to the person in charge of the event. The person in charge of the event shall have the final responsibility for disciplinary action. **Failure to comply with the Code of Conduct by 4-H'ers and family/friends associated with the 4-H participant may result in penalty, including, but not limited to, the following:**

- Sent home from the activity or event at his or her own expense
- Barred from participation from future 4-H events
- Assessed the cost of damages for destruction of property
- Released to nearest law enforcement authority
- Termination of 4-H membership

I, (Print Name) _____ have read the Code of Conduct and agree to abide by its rules. I understand that infraction of this Code of Conduct will result in any or all of the penalties listed above.

Child Signature: _____

Parent/Guardian: _____

Date: _____ County: Pendleton