

4-H Youth Development

All pages must be filled out for enrollment packet to be complete!

NOT FOR RESIDENTIAL CAMPS

4-H Participant Information/Enrollment Form

Should this information change during the program year, it is the responsibility of the parent/guardian(s) to notify the Extension Personnel in writing

I. Re-En	rollmen	t			-				ough IX and ve						
Name:		School Name:					County:								
Grade:		School (vaine.								· J					
II. Fami	ily Inform	nation													
This is the primary information we will use to communicate with your 4-H member.															
						amily Email:									
					Fan	nily Address	3:								
III. Member Information															
First Name:			Last Na			Last Name	:								
Preferred	Name (opti	ional):				Birthdate:		# of Previous Years in 4-H				4-H:			
						n □ Town <10,000 or Rural Non-Farm □ Town/City/Suburb 10,000-50,000 /Suburb >50,000 □ City-Central >50,000									
Hispanic/Latino: Yes No Race: American Indian Asian Black Native Hawaiian or Pacific Islander White Prefer not to say Not Listed:															
V. Parer	nt/Guardi	an 1 Info	ormat	ion											
Last Nam	ie:					Fi	rst Name:								
Phone:						M	ay we relea	se per	sonal informat	tion to th	nis pers	on?		☐ Yes [No
V. Parent	t/Guardia	n 2 Info	rmatio	on											
Last Name: First Name:															
Phone:					М	ay we relea	se per	sonal informa	tion to th	his pers	son?		☐ Yes	No	
VI. Other Emergency Contact															
Name: Relationship:															
Phone:			M	ay we releas	se pers	sonal informat	ion to th	is pers	on?		☐ Yes [□No			
VII. Pick Up Information															
In addition to the parent/guardian(s) and emergency contacts listed, please list the names of up to two additional people authorized to pick up the above referenced child. These individuals will not be contacted in case of an emergency, the parent/guardian(s) or emergency contact information will only be used. If an individual who is not listed on this form is permitted to pick up your child/children, the parent/guardian(s) will need to provide written permission (letter or email) to Extension personnel or approved volunteer responsible for the event/activity.															
Name of First Person:							Relationship	to 4-H M	1embei	::					
Phone:	Phone:														
Name of Second Person:								Relationship	to 4-H N	1embei	:				
Phone:															
VIII. Military Service (if none, skip this section)															
	hip to Mem	•							h of service						
Service Status: Active Duty National Guard Reserves Other:															

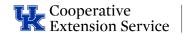
Cooperative Extension Service

MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

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, physical or mental disability or reprisal or retaliation for prior civil rights activity. Reasonable accommodation of disability may be available with prior notice. Program information may be made available in languages other than English. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.







4-H Youth Development

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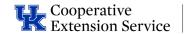
IX. Health History

PARENT/GUARDIAN_

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 allow Extension personnel and approved volunteers to best support your young person and will be kept confidential

person and will be kept co		ionai snc	et ii necessary. Repo	iting conditions and	w Extens	non perso	milei and approved voidi	iteers to best s	upport your your	.g	
Allergies											
1.Serious Allergy to Insects Yes No				Please explain any "yes" responses, including medications for any allergies:							
2.Serious Allergy to Dai	ry	Yes No	7								
3.Serious Allergy to Glu	Yes No	1									
4.Serious Allergy to Nut	☐ Yes ☐ No	1									
5.Other Allergy(Please e	Yes No	1									
The following over the co	ounter medica	tions ma	y be administered to	my child without con	ntacting 1	me:					
Acetaminophen:	Acetaminophen: Yes No Antacid:		☐ Yes ☐ No	, ,	Antihistamine Pill:			☐ Yes ☐ No			
Decongestant:			☐ Yes ☐ No		Hydrocortisone Cream:		☐ Yes ☐ No				
Ibuprofen (Advil)		es 🛮 N	No Polyspo	rin (topical antibi	iotic)		☐ Yes ☐ No				
Conditions			J. J.	(1.1)				_			
1.Asthma	Yes No	6.Fai	nting	Yes No	11.We	ear Glasse	es/Contacts? Yes	No	7		
2.Bronchitis	Yes No	7.He	adaches	Yes No	Pleas	Please explain any "yes" responses, including medications taken for					
3.Convulsions	Yes No	8.He	art Condition	Yes No any conditions:							
4.Diabetes	Yes No	9.Hy	poglycemia	Yes No							
5.Ear Infection	Yes No	10.O	ther Conditions	Yes No	1						
Places and the same		(diata	ny physical ata								
Please explain any restrictions (dietary, physical, etc)											
Social, emotional, a	and/or beha	vioral l	health information	n:							
X. REVIEW CONFI											
All information provide			_	-	_	_	_			ies. I	
hereby give permission emergency medical trea		_	_		_	-				not	
be reached in an emerg			-		-		_		the event I cam	iot	
				. •				•			
PARENT/GUARDIAN: DATE:											
XI. SURVEY & EVA	LUATION	RELE	ASE								
I hereby establish my w										my	
child (under 18 years of understand that particip										vevs	
and evaluations without											
before completing a sur	vey or an eva	luation.									
Yes No I am willing	g to participate	e or give	permission for my cl	nild to participate in a	any prog	ram evalı	uation. (Initials)				
XII. PERMISSION TO			in 4 II musquams fo	u thair aren nausana	l banafi	t and tha	e my abild will nautiain	ata in maanaa	tional and other	a ativitia a a	
I acknowledge that my opart of 4-H programs. I											
can completely eliminat											
authorize my child's participation in reliance upon my own judgment and knowledge of my child's experience and capabilities. I hereby agree to indemnify and											
hold harmless the University of Kentucky Cooperative Extension Service and all related parties from any liability, losses, costs, damages, claims or causes of action of any kind or nature arising from or related in any way to my child's participation in 4-H program. (Initials)											
,			,, to my t	r rpawon	1	5	(
XII. PUBLICITY RELI	EASE										
I hereby grant the 4-H]	program, Uni									ound	
recordings of myself or	my minor ch	ild with	out compensation fo	r use in promotion,	advertis	sing, edu	cational publications or	online conte	nt		

NO, I DO NOT PERMIT



4-H Youth Development Code of Conduct Form

All 4-H members and family/friends/caretakers 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. Safety of all involved in 4-H programs is top priority, the following guidelines are designed to ensure all involved understand their role in participating in a safe and educational environment for all.

WHILE ENROLLED AS A 4-H MEMBER:

- To be a member in good standing it is expected that the 4-H participant attends planned sessions, workshops, field trips, and meetings associated with their enrollment. To be eligible for cumulative events in 4-H, members must complete at least six hours of education in the core program area they are participating in under the expectations laid out by the 4-H program.
- Dress codes will be specific to individual events/programs/activities.

4-H Youth Development

- The possession and use of alcoholic beverages, tobacco products, vape juice and/or devices, and/or drugs (except for
 medications prescribed to the participant by a licensed physician, with proper paperwork and accommodations made)
 are prohibited.
- Possession of firearms not for educational use is prohibited.
- · Setting of fire alarms and tampering with fire extinguishing and other emergency equipment are prohibited.
- Gambling of any type is prohibited.
- 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.
- Physical violence is not tolerated.
- Obscene, discriminatory and/or inappropriate language, roughhousing, and insubordination are prohibited at all times.
- Display of overly affectionate or inappropriate attention between participants is 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.
- Articles of clothing which display profanity, products, or slogans which promote tobacco, alcohol, drugs, sex, or are in any other way distracting, are prohibited.
- Additional expectations may be required based on the activity/program/event the 4-H member is participating in.

WHILE ATTENDING OVERNIGHT 4-H EXPERIENCES THE FOLLOWING WILL ALSO APPLY:

- All participants must follow the agenda and expectations that are set forth by the program planners. Chaperones/adult volunteers will actively monitor all participants.
- All participants are to be in their assigned area at curfew and comply with quiet hours, lights out, and other rules of the event. Chaperones/adult volunteers will actively monitor all participants.
- No member or volunteer may leave the event/activity/program without the permission of the event planner or adult in charge. An adult shall accompany a 4-H member at any time they leave the grounds. Adults shall notify another adult before leaving the grounds.
- At overnight events, only conference participants may be in sleeping areas. Individuals may only be in their assigned sleeping area. Lounges or common areas may be used only for working committees and social activities.

Any violations of this Code of Conduct shall be reported promptly to the chaperone for the individual 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-Hers and family/friends/caretakers 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 their own expense.
- Barred from participation from future 4-H events.
- Assessed the cost of damages for destruction of property.

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	n any or all of the penalties listed above.
Member:	County:
Parent/Guardian:	Date:

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PLEASE INDICATE WHAT CLUB YOU WILL BE A REGULAR MEMBER IN THIS 4-H YEAR



After School (select school) Country Ham Art Club/State Fair Project Livestock (select species) Area Teen Club	Cloverbuds Riverside Rideers Cooking Club Shooting Sports County Teen Club
Cairo S East Heights S Jefferson Holy Name	Niagara Spottsville South Heights Bend Gate South Middle HCHS
LIVESTOCK CLUB ME Species: Cattle Rabbit Swine Swine	Poultry Goat Sheep

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