Cooperative Extension Service | 4-H Youth Development

YOUTH (2025-2026)

NOT FOR RESIDENTIAL CAMPS

4-H Participant Information/Enrollment Form

New Enrollment - Please complete **ALL** sections.
Re-Enrollment - Please complete *"green"* sections and any updated information if needed.(Sections I, X-XV)

I. General Information

Name:		**School Name:**		**County:**	
Grade:		**T-Shirt:**			

II. Family Information

This is the primary information we will use to communicate with your 4-H member.

Family Name:		**Family Email:**	
Family Phone:		**Family Address:**	

III. Member Information

First Name:		**Last Name:**			
Preferred Name (optional):		**Birthdate:**		**# of Previous Years in 4-H:**	
Biological Sex:	☐ M ☐ F	**Residence:**	☐ Farm ☐ Town <10,000 or Rural Non-Farm ☐ Town/City/Suburb 10,000-50,000 ☐ City/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:		

IV. Parent/Guardian 1 Information

Last Name:		**First Name:**	
Phone:		**May we release personal information to this person?**	☐ Yes ☐ No

V. Parent/Guardian 2 Information

Last Name:		**First Name:**	
Phone:		**May we release personal information to this person?**	☐ Yes ☐ No

VI. Other Emergency Contact

Name:		**Relationship:**	
Phone:		**May we release personal information to this person?**	☐ 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 Member:**	
Phone:			
Name of Second Person:		**Relationship to 4-H Member:**	
Phone:			

VIII. Military Service (if none, skip this section)

Relationship to Member serving:		**Branch of service**	
Service Status:	☐ Active Duty ☐ National Guard ☐ Reserves ☐ Other:		

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IX. Health History

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 in the space below or an additional sheet if necessary. Reporting conditions allow Extension personnel and approved volunteers to best support your young person and will be kept confidential.

Allergies

1.Serious Allergy to Insects	☐ Yes ☐ No
2.Serious Allergy to Dairy	☐ Yes ☐ No
3.Serious Allergy to Gluten	☐ Yes ☐ No
4.Serious Allergy to Nuts	☐ Yes ☐ No
5.Other Allergy(Please explain)	☐ Yes ☐ No

Please explain any "yes" responses, including medications for any allergies:

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

Acetaminophen:	☐ Yes ☐ No	**Antacid:**	☐ Yes ☐ No	**Antihistamine Pill:**	☐ Yes ☐ No
Decongestant:	☐ Yes ☐ No	**Dramamine:**	☐ Yes ☐ No	**Hydrocortisone Cream:**	☐ Yes ☐ No
Ibuprofen (Advil)	☐ Yes ☐ No	**Polysporin (topical antibiotic)**	☐ Yes ☐ No		

Conditions

1.Asthma	☐ Yes ☐ No	6.Fainting	☐ Yes ☐ No	11.Wear Glasses/Contacts?	☐ Yes ☐ No
2.Bronchitis	☐ Yes ☐ No	7.Headaches	☐ Yes ☐ No		
3.Convulsions	☐ Yes ☐ No	8.Heart Condition	☐ Yes ☐ No		
4.Diabetes	☐ Yes ☐ No	9.Hypoglycemia	☐ Yes ☐ No		
5.Ear Infection	☐ Yes ☐ No	10.Other Conditions	☐ Yes ☐ No		

Please explain any "yes" responses, including medications taken for any conditions:

Please explain any restrictions (dietary, physical, etc) OR social, emotional, and/or behavioral health information needed:

X. Communication

I acknowledge and agree that, although my child may participate in 4-H programs delivered in school settings, the University of Kentucky Cooperative Extension Service is a separate entity from my child's school and school district. I understand and agree that employees and approved volunteers of the Cooperative Extension Service may communicate electronically with my child outside the school's traceable communication system regarding 4-H clubs, programs, activities, and events following guidelines established by the University of Kentucky, state, and federal regulations for the Land Grant Cooperative Extension Service. (Initials)

XI. REVIEW CONFIRMATION SIGNATURE

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.

PARENT/GUARDIAN:_____ **DATE:**_____

XII. SURVEY & EVALUATION RELEASE

I hereby establish my willingness to participate as an adult (i.e., 4-H leader, other volunteer, parent/ guardian, site manager, etc.) and give permission for my child (under 18 years of age) to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program. I understand that participation in surveys and evaluations is voluntary and that my child and I may choose not to participate and may withdraw from surveys and evaluations without impact on my or my child's eligibility to participate in the 4-H program. I understand that my child or I may be asked for consent before completing a survey or an evaluation.

☐ Yes ☐ No I am willing to participate or give permission for my child to participate in any program evaluation. ☐ (Initials)

XIII. PERMISSION TO PARTICIPATE

I acknowledge that my child is participating in 4-H programs for their own personal benefit and that my child will participate in recreational and other activities as part of 4-H programs. I understand that some activities may have inherent dangers and physical risks and that no amount of care, caution, instruction, or expertise can completely eliminate them. I assume responsibility for all risks, known and unknown, involving my child's participation in 4-H programs and I voluntarily 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)

XIV. 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.

PARENT/GUARDIAN_____ ☐ **NO, I DO NOT PERMIT**

XV. 6th-12th Grade Participants:

Want more information from the University of Kentucky, Martin-Gatton College of Agriculture, Food and Environment?

☐ YES, please share my information!

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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 Code of Conduct, University, state and federal guidelines. 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.
- 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, cameras, 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 based on Client Protection and Risk Management Standards.
- 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, University, state and federal policies 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 with support from UK CES administration Failure to comply with the Code of Conduct, University, state and federal policies 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, _____, have read the Code of Conduct and agree to abide by its rules.
(Print Name)

I understand that infraction of this Code of Conduct will result in any or all of the penalties listed above.

Member:_____ County:_____

Parent/Guardian:_____ Date:_____

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 ☐

AFTER SCHOOL MEMBERS ONLY

- A.B. Chandler ☐
- Cairo ☐
- East Heights ☐
- Jefferson ☐
- Holy Name ☐
- North Middle ☐
- Niagara ☐
- Spottsville ☐
- South Heights ☐
- Bend Gate ☐
- South Middle ☐
- HCHS ☐

LIVESTOCK CLUB MEMBERS ONLY

Species:

- Cattle ☐
- Rabbit ☐
- Swine ☐
- Poultry ☐
- Goat ☐
- Sheep ☐

All pages must be completed for enrollment packet to be complete!