



2017 Campbell County 4-H Enrollment Form (ages 9-18 by 1/1/2017)

(Enrollment is from September 1, 2016 to August 31, 2017. Re-enrollment is required each year to be an active 4-H Member.) **Must be enrolled in project by June 1, 2017 to be eligible to show at the Alexandria and/or State Fairs. Livestock enrollment due by weigh-in date; 6 hours of training required before weigh-in—Steers (February) Sheep & Pig (April). Horse enrollment requires 6 hours of training by April 15.**

Cooperative Extension Service
Campbell County
3500 Alexandria Pike
Highland Heights, KY 41076
(859) 572-2600
Fax: (859) 572-2619
campbell.ca.uky.edu

ALL BLANKS MUST BE COMPLETED, EVEN IF THE RESPONSE IS NOT APPLICABLE (INDICATE N/A)

Last Name: _____ **First Name:** _____

Birth date: ____/____/____ **School:** _____ **Grade (for 2016-17 school year):** _____

E-mail: _____ **Home Phone** (____) _____ **Cell Phone:** (____) _____

Primary Parent: First Name: _____ **Last Name:** _____

Address: _____ **City:** _____ **State** KY **Zip:** _____

Secondary Parent: First Name: _____ **Last Name:** _____

Address if different: _____ **City:** _____ **State:** _____ **Zip:** _____

E-mail: _____ **Home Phone** (____) _____ **Cell Phone:** (____) _____

(Circle One) Male Female **Residence (circle one):** Farm Town/City **Ethnicity (circle one):** Not Hispanic Hispanic

Race (circle all that apply): White Black Alaskan/American Indian Asian Hawaiian/Pacific Islander

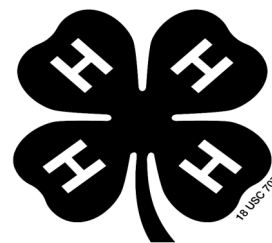
(Circle One): New 4-H Member Returning Member **Including this year, I have been in 4-H** ____ year(s).

4-H Club Membership(s): _____

4-H Sibling Names: _____

Are you a Military Family: (If yes, what type?) _____

Project Name (see back)	Number of Years completed this Project
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



Return completed form to:
Campbell County Cooperative Extension
3500 Alexandria Pike
Highland Heights, KY 41076





4-H Participant Information/Enrollment Form (NOT FOR RESIDENTIAL CAMP)

Note: 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 to allow for photocopying.

Name: _____ County/District: _____
Last First
 Address: _____ Birth date: _____ Age: _____
 Youth Female
 Adult Male
 City: _____ State: KY Zip: _____ Email: _____ Home Phone: _____ Farm: Yes No
 Race: Asian White Black American Indian Hawaiian & Pacific Islander Hispanic Non-Hispanic Grade: _____

Emergency Contact #1: _____ Phone H W C _____ Phone H W C _____
 Emergency Contact #2: _____ Phone H W C _____ Phone H W C _____

Name of Family Doctor: _____ Doctor's Phone: _____
 Health Insurance Company: _____ Policy #: _____
 Name of Policy Holder/Relationship to Participant: _____ Member ID: _____

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 (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:

<input type="checkbox"/> Antihistamine Pill	<input type="checkbox"/> Antacid	<input type="checkbox"/> Ibuprofen (Advil)	<input type="checkbox"/> Hydrocortisone Cream
<input type="checkbox"/> Acetaminophen (Tylenol)	<input type="checkbox"/> Decongestant	<input type="checkbox"/> Dramamine	<input type="checkbox"/> Polysporin (topical antibiotic)

MEDICAL TREATMENT

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: _____ **NO, I do not permit.**

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

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 AND 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, AND 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/her own expense
- Released to nearest law enforcement authority
- Barred from participation from future 4-H events
- Termination of 4-H membership
- 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/Volunteer _____ County _____

Parent/Guardian _____ Date _____

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.

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Aerospace—Model Airplanes	Hobbies or Collectibles	Sewing
Animal Science:	Home Environment	1 Let's Learn to Sew (Beginner)
Beef	Horticulture (choose prefer- ence):	2 Let's Get to the Bottom (Beginner)
Country Ham	Dish Garden	3 Top It Off (Beginner)
Dog	Flowers	4 Stretch Your Knit Skills (Beginner)
Goat	Herb Garden	5 Moving on Up (Intermediate)
Horse	Houseplants	6 Put It All Together (Intermediate)
Poultry	Terrariums	7 Up Cycle It! (Advanced skills)
Rabbits	Vegetable Gardening	Senior level (Sewing) (ages 14-18):
Sheep	Kentucky 4-H Trends	Let's Be Casual
Swine	Cake Decorating	Dress It Up
Arts and Crafts	Cup cakes	Match It Up
Babysitting	Clover Photography	Creative Expressions
Bicycle Safety	Recording History	Leisure Time (Advanced skills)
Citizenship	Upcycling Project	Formal Affair (Advanced skills)
Electric	Leadership and Communication	Tailor Made (Advanced skills)
Entomology	Speech	Up Cycle It! (Advanced skills)
Honey	Demonstrations	Shooting Sports
Foods	Needlework (choose):	Wood Science
Food Preservation	Crochet	
Forestry	Embroidery	
Geology	Knitting	
	Lacework-Tatting	
	Quilting	
	Photography	

After choosing your projects, contact the 4-H office at (859) 572-2600 for the project books and fair exhibit requirements. Completed project books are required with the exhibit for entry at the Alexandria Fair.
