

2023 Campbell County 4-H Enrollment Form (ages 9-18 by 1/1/2023)

(Enrollment is from September 1, 2022 to August 31, 2023. Re-enrollment is required each year to be an active 4-H Member.) **Must be enrolled in project by June 1, 2023 to be eligible to show at the Alexandria and/or State Fair.** **Livestock enrollment due by animal tagging date(s); 6 hours of education required before animal tagging date(s). Horse enrollment requires 6 hours of education by April 15.**



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

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 2022-23 school year): _____

☐ Male ☐ Female Residence (select one): ☐ Farm ☐ Town/City Ethnicity (select one): ☐ Not Hispanic ☐ Hispanic

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

(Select One): ☐ New 4-H Member ☐ Returning Member Including this year, I have been in 4-H _____ years.

4-H Club(s) Membership: _____

4-H Sibling Names: _____

Primary Parent: First Name: _____ Last Name: _____

Address: _____ City: _____ State KY Zip: _____

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

Secondary Parent: First Name: _____ Last Name: _____

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

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

Are you a Military Family: ☐ Yes ☐ No (If yes, what branch) _____

Project Name (see back)

Number of Years completed
this Project



**Please fill out enrollment form and return
to 4-H office to receive 4-H Newsletter
with details to upcoming events and
club information!**

Call Campbell County Extension Office to
get more information!

(859) 572-2600

or check out our website

campbell.ca.uky.edu

Campbell County Extension Office
3500 Alexandria Pike Highland Heights, KY



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

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LEXINGTON, KY 40546



Disabilities
accommodated
with prior notification.



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

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.

Form Updated: August 2022

Name: _____ County/Area: _____
Preferred Name: _____ School Name: _____
Address: _____ Birth Date: _____ Age: _____
City: _____ State: _____ Zip: _____ Grade: _____
Phone: _____ Email: _____
Gender: ☐ Female ☐ Male
Residence: ☐ Farm ☐ Town < 10,000 or Rural Non-Farm ☐ Town/City/Suburb 10,000-50,000 ☐ City/Suburb > 50,000 ☐ City– Central > 50,000
Race (please choose more than one if applicable): ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Non-Hispanic ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Prefer Not to Say ☐ Not Listed: _____ T-Shirt Size: _____

Parent/Guardian 1: _____ Phone number: _____
Email: _____
Parent/Guardian 2: _____ Phone number: _____
Email: _____

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

Is any member of your family a current or former member of the United States Military or National Guard? ☐ Yes ☐ No

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) Serious Allergy to Nuts..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 12) Serious Allergy to Gluten..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 13) Serious Allergy to Dairy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 14) Wear Glasses/Contacts..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 15) Other Conditions..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 16) Drug Allergy (please explain) | <input type="checkbox"/> | <input type="checkbox"/> |
| 17) Food Allergy (please explain) | <input type="checkbox"/> | <input type="checkbox"/> |
| 18) Other Allergy (please explain) | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain any "yes" responses:

Please 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 ☐ Polysporin (topical antibiotic)

List any conditions requiring medication: _____

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

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/GUARDIAN: _____ 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 /GUARDIAN: _____ ☐ 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 attire. 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, vape juice and/or devices, and/or drugs (except for medications prescribed to the participant by a licensed physician) are prohibited. Delegation chaperones and/or volunteers shall limit use of tobacco products to designated areas.
- Possession of firearms not for educational use is prohibited.
- Setting off 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.
- 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.
- 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 they 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 _____

Must be enrolled in project by June 1, 2023 to be eligible to show at the Alexandria and/or State Fair.

Livestock enrollment due by animal tagging date(s); 6 hours of education required before animal tagging date(s). Horse enrollment requires 6 hours of education by April 15.

Project Books Available at 4-H Office

Aerospace (Model Airplanes)

Animal Science:

Beef Cattle
Country Ham
Dog
Goat
Horse
Poultry
Rabbits
Sheep
Hog

Arts & Crafts

Babysitting

Bicycle Safety

Cake Decorating

Cut Flowers

Citizenship

Electric

Entomology

Honey

Foods

Food Preservation

Forestry

Garden

General

Home Environment

Exploring Your Home
Living with Others
Where I Live
In My Home

Horticulture

Kentucky 4-H Trends

Cake Decorating
Cup cakes
Clover Photography
Recording History
Upcycling Projects

Leadership and Communication

Speech
Demonstrations

Needlework

Crochet
Embroidery
Knitting
Lacework-Tatting
Quilting

Photography

Natural Resources
Agriculture
Leadership
Family & Consumer Sciences
Science, Engineering, Technology
Health
Communication/Expressive Arts
Horticulture

Record Books (Junior & Senior)

Project
Secretary

Sewing

- Junior level (ages 9-13)

Lets Learn to Sew (beginner)
Lets Get to the Bottom (beginner)
Top It Off (beginner)
Stretch Your Knit Skills (beginner)
Moving on Up (intermediate)
Put It All Together (intermediate)
Up Cycle It! (intermediate)

- Senior level (ages 14-18)

Lets Be Casual
Dress It Up
Match It Up
Creative Expressions
Leisure Time (advanced skills)
Formal Affair (advanced skills)
Tailor Made (advanced skills)
Up Cycle It! (advanced skills)

Shooting Sports

Wood Science

After choosing your project(s), contact the 4-H Office for the Project Book(s) and Fair Exhibit Requirements.

Completed project books are required with the exhibit for entry at the Alexandria Fair.

4-H Clubs Offered:

- ☐ 4-H Cloverbuds (K-3rd grade)
- ☐ 4-H Prepare for Fair (4th-8th grade)
- ☐ 4-H Foods Club (11-16 years)
- ☐ 4-H Teen Leadership (6th-12th grade)
- ☐ 4-H Dog Club (5-18 years)
- ☐ 4-H Shooting Sports (9-18 years)
- ☐ 4-H Horse Club (9-18 years)
- ☐ 4-H Community Clovers Club (9-18 years)
- ☐ 4-H Horse Judging (9-18 years)
- ☐ 4-H Livestock Club (9-18 years)
- ☐ 4-H Livestock Judging (9-18 years)
- ☐ 4-H Nature Club (5-15 years)
- ☐ 4-H Poultry/Rabbit Club (9-18 years)
- ☐ 4-H Fishing Club (7-15 years)
- ☐ 4-H School Break Day Camps (Fall, Winter, Spring & Summer)

Call Campbell County Extension Office to get more information!

(859) 572-2600

or check out our website

campbell.ca.uky.edu

Campbell County Extension Office
3500 Alexandria Pike Highland Heights, KY

