

Enroll Now for... 2023 Campbell County



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

 4-H Youth Development



4-H Cloverbuds



**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): _____

Gender (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

Primary Parent: First Name: _____ Last Name: _____

E-mail: _____ Phone (_____) _____

Address: _____ City: _____ State: ____ Zip: ____

Secondary Parent: First Name: _____ Last Name: _____

E-mail: _____ Phone: (_____) _____

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

**Make Sure to fill out the
inside enrollment form!
Fill out ALL INFORMATION
on ALL FORMS!**

Return completed form to:

Campbell County Cooperative Extension
3500 Alexandria Pike
Highland Heights, KY 41076

Campbell County Extension

(859)572-2600 campbell.ca.uky.edu

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 race, color, age, sex, religion, disability, or national origin. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.

LEXINGTON, KY 40546



Disabilities
accommodated
with prior notification.

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



University of Kentucky
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4-H Youth Development

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 Adult Female 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
- 2) Bronchitis.....
- 3) Convulsions.....
- 4) Diabetes.....
- 5) Ear Infection.....
- 6) Fainting.....
- 7) Heart Condition.....
- 8) Headaches.....
- 9) Hypoglycemia.....
- 10) Serious Allergy to Insects.....
- 11) Wear Glasses/Contacts.....
- 12) Other Conditions.....
- 13) Drug Allergy (please explain)
- 14) Food Allergy (please explain)
- 15) Other Allergy (please explain)

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	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 give permission.

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/vaping products, and/or drugs (except for medications prescribed to the participant by a licensed physician) are strictly prohibited. Delegation chaperones and/or volunteers shall refrain from the use of tobacco/vaping products or limit their use 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 at all times. Threats of physical violence, 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 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
- Barred from participation from future 4-H events
- Assessed the cost of damages for destruction of property
- Released to nearest law enforcement authority
- Suspension or termination of 4-H membership

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.



College of Agriculture,
Food and Environment

Campbell County 4-H CLOVERBUDS

YOUR CHILD WILL LEARN TO BE
CREATIVE, BECOME A LEADER,
AND MEET NEW FRIENDS!

Meetings are
the 3rd
Tuesday of
each month

Open to
Youth
Grades
K-3rd

**JOIN US FOR FUN & CREATIVE
HANDS ON ACTIVITIES**

REGISTRATION IS REQUIRED EACH MONTH!

WHEN REGISTERING PLEASE CREATE AN ACCOUNT FOR EACH CHILD!

REGISTRATION DEADLINES END 1 WEEK PRIOR TO CLASS.



Meetings take place at
3500 Alexandria Pike
Highland Heights, KY 41071



Contact us for registration
859-572-2600

OR Register online at
<https://campbell.ca.uky.edu>

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