CLOVERBUDS2025 Enrollment Form

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-Enrollment If re-enrolling, please complete section I. Re-Enrollment, then review sections II through IX and verify review by signing and dating.																
Name:	School Name:					County:										
Grade:																
II. Family	<u>Inform</u>	ation	1													
This is the primary information we will use to communicate with your 4-H member.																
Family Name:							Fai	nily Email:								
Family Phone:							Fai	Family Address:								
III. Member Information																
First Name:								Last Name:								
Preferred Name (optional):								Birthdate	e:		# of Previous Years i				4-H:	
Sex:		M F Residence:				Far Cit		m Town <10,000 or Rural Non-Farm Town/City/Suburb 10,000-50,000 //Suburb >50,000 City-Central >50,000								00
Hispanic/Latino: Yes No			0	Race:		neric hite	erican Indian Asian Black Native Hawaiian or Pacific Islander ite Prefer not to say Not Listed:									
IV. Parent/Guardian 1 Information																
Last Name: First Name:																
Phone:					N	May we release personal information to this person?						No				
V. Parent/Guardian 2 Information																
Last Name:						F	irst Name:									
Phone:					N	May we release personal information to this person?							Yes	No		
VI. Other En	mergen	cy Co	ntac	et			<u> </u>									
Name: Relationship:																
Phone:					M	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 N	Aembe	r:	_	-	-
Phone:																
Name of Secon	nd Persor	n:								Relationship	to 4-H N	Aembe	r:			
Phone:																
VIII. Military Service (if none, skip this section)																
Relationshin t	Relationship to Member serving:															

Cooperative Extension Service

Service Status:

MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

Other:

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.

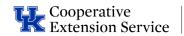
Reserves





National Guard

Active Duty



4-H Youth Development

NOT FOR RESIDENTIAL CAMPS

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 (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.

Allergies

1.Serious Allergy to Insects	Yes	No	Please explain any "yes" responses, including medications for any allergies:					
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						
The following over the counter medications may be administered to my child without contacting may								

Cetaminophen: Decongestant:		Yes Yes	No No	Antacid: Dramamine:		Ye Ye				tamine Pill: ortisone Cream:		Yes Yes	No No
Ibuprofen (Advil)		,	es N	es No		rin (topical antibio		otic)		Yes No			
onditions													
1.Asthma	Yes	No	6.Fain	6.Fainting			No	11.V	Vear Glasse	es/Contacts?	Yes	No	
2.Bronchitis	Yes	No	7.Hea	7.Headaches			No	Plea	ase explain	any "yes" r	esponses, i	ncluding m	edications taken f
3.Convulsions	Yes	No	8.Hea	8.Heart Condition			No	any	condition	s:	•		
4.Diabetes	Yes	No	9.Hypoglycemia			Yes	No						
5.Ear Infection	Yes	No	10.Otl	ner Cond	itions	Yes	No	1					

Social, emotional, and/or behavioral health information:

X. 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, includping hospitalization.

PARENT/GUARDIAN:	DATE:
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XI. SURVEY & EVALUATION RELEASE

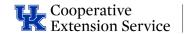
I hereby establish my willingness to participate as an adult (i.e., 4-H leader, other volunteer, parent/ guardian, site manager, etc.) and give permission for my child (under 18 years of age) to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program. 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)

XII. 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)

XII. PUBLICITY RELEASE I hereby grant the 4-H program, University of Kentucky and their agents, the righ recordings of myself or my minor child without compensation for use in promotion	
PARENT/GUARDIAN	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:

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, everan 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. Lexington, KY 40506













EXCITING,
MEMORABLE,
HANDS ON,
LEARNING
EXPERIENCES!

Youth in Grades
KINDERGARTEN3RD

Meets Monthly
ON THE 4TH
MONDAY OF
THE MONTH

Registration Opens
ON THE 4TH
TUESDAY OF
THE MONTH

Activities

- Communications & Expressive Arts
- Science Engineering & Technology
- ✓ Family & Consumer Sciences
- ✓ Health & Wellbeing
- ✓ Natural Resources
- Leadership
- Agriculture

Monthly Registration Required

Online https://campbell.ca.uky.edu/ Phone (859) 572-2600

Cooperative Extension Service

MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMEN

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

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