2025 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.

Should this information change during the program year, it is the responsibility of the parent guardian(s) to hearly the Extension Fersonner in writing.														
I. Re-En	rollment													
If re-enrolling	ng, please co	mplete	secti	ion I. Re-Enro	lment, the	n rev	view sections II t	rough IX and vo	erify revi	ew by s	signing and	dating.		
Name:		School Name:				County:								
Grade:														
II. Famil	ly Inform	nation	1											
This is the primary information we will use to communicate with your 4-H member.														
Family Na]					nily Email:								
Family Phone:						Far	mily Address:							
III. Meml	ber Inforr	nation	1											
First Name:					Last Name:									
Preferred Name (optional):							Birthdate:	date: # of Previous Ye			ears in	4-H:		
Sex: M I			F	Residence:	Fai	rm	Town <10,000 or Rural Non-Farm Town/City/Suburb 10,00						00-50,0	00
						//Suburb >50,000 City-Central >50,000								
Hispanic/Latino: Yes				No Race:	Am Wh	erican Indian Asian Black Native Hawaiian or Pacific Islander ite Prefer not to say Not Listed:								
IV. Paren	t/Guardia	ın 1 Ir	ıfor	rmation										
Last Name:					F	First Name:								
Phone:					N	May we release personal information to this person? Yes No							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	Emergen	cy Co	nta	ct								•		
Name:	<u> </u>						elationship:							
Phone:						M	May we release personal information to this person?					Yes	No	
VII. Pic	k Un Infe	orma	tior	n										
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														
							n case of an eme	~ .	_	` '				
•							is permitted to pi			•	_	an(s) wi	ll need t	io
provide written permission (letter or email) to Extension personnel or approved volunteer responsible for the event/activity.														
Name of Fi	rst Person:							Relationship	to 4-H N	Aembe	r:			
Phone:								D. I. d						
	econd Perso	n:						Relationship	to 4-H N	Aembe	r:			
Phone:						1								

Cooperative Extension Service

Service Status:

Relationship to Member serving:

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

Active Duty

MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

Branch of service

Other:

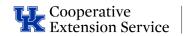
Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, 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



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 m	ov be adm	inictored to n	w child without contacting me

Acetaminophen: Decongestant:		Yes No		Antacid: Dramamine:			Yes No Yes No		Antihistamine Pill: Hydrocortisone Cream:			Yes Yes	No No
Ibuprofen (Advi	Yes No		D	Polysporin		(topical antibio			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		ia	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

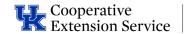
I hereby establish my willingness to participate as an adult (i.e., 4-H leader, other volunteer, parent/ guardian, site manager, etc.) and give permission for my child (under 18 years of age) to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program.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





Must be enrolled in project by June 1, 2025 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 for:

- Aerospace (Model Airplanes)
- Animal Science:

Beef Cattle Country Ham

Dog

Goat

Horse

Poultry

Rabbits

Sheep

Hog

- Arts & Crafts
- Bicycle Safety
- Cake Decorating
- Cut Flowers
- Citizenship
- Dog Poster
- 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

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)

Wood Science



4-H Clubs Available:

If you would like more information about these clubs, or how to join, please call the Campbell County Extension Office at (859) 572-2600

- **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 (7th-12th grade)
- 4-H Dog Club (5-18 years)
- 4-H Photography Club (9-14 years)
- 4-H Shooting Sports (9-18 years)
- **4-H Horse 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 Entomology Club (9-18 years)
- 4-H School Break Day Camps (Fall, Winter, Spring & Summer)



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.