

2023-2024 4-H Enrollment

4-H Program year is September 1-August 31



College of Agriculture, Food and Environment Cooperative Extension Service

Cooperative Extension Service				
*Last Name:	What are YOU interested in?			
*First Name: MI	(Please check all 4-H Clubs that you are currently part of or would like to join.)			
I Prefer to be called:	Shooting Sports (please select the disciplines			
*Birth date://///	you will be shooting)RifleArcheryTrap			
*Grade (on 8/2/23): Age:	Livestock Club (Dairy/ Market)			
*School:	Wild at Art Craft Club			
For Returning members: MY INFORMATION HAS NOT CHANGED:	Dog Club			
New Members (or to update changes)– Continue Here:				
Please provide a valid email address! REQUIRED	I am interested in these additional activities:			
Email:	Cloverbuds (5-8 year olds)			
Mailing Address:	Day Camps/workshops			
City: KY Zip	Upon completing the enrollment form, you will receive a			
GENDER:BoyGirl	newsletter with information on clubs and activities; if participating in a club, see club information.			
Ethnicity (Check one):	Parent Information			
Hispanic Non Hispanic	PARENT 1:			
Race (check all that apply):	Last Name:			
White	First Name:			
Black Asian	Preferred Contact Phone:			
Alaskan/American Indian Hawaiian/Pacific Island	Occupation (optional):			
	Parent Type (circle one): Primary Parent Other			
Residence (check one): on a farm other	Legal Guardian: YES NO			
Do you have a disability?yesno If yes, describe the disability and any accommodations needed:	Email: Parent 2:			
in yes, describe the disability and any decommodations needed.	Last Name First Name			
	Do you have a parent in Military Services? yesno Branch: Who? (ex: dad)			
Cooperative Extension Service Educational programs of Kentucky Cooperative E	ixtension serve all people regardless of economic			

Cooperative Extension Service Agriculture and Natural Resources Family and Consumer Sciences 4-H Youth Development Community and Economic Development Educational programs of Remucky Cooperative Extension serve an people regardings 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. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating. LEXINGTON, KY 40546



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

University of Kentucky College of Agriculture, Food and Environment

Cooperative Extension Service

4-H Youth Development

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:	Nama				County/Aroos	
Address:	Professed Name:		County/Area:			
Phone: Email: Gender: Limail: Residence: Limail: Residence: Limail: Resciptase Cookes more than one if appliciable: Limail: Parent/Guardian 1: Phone number: Email:			School Name:			
Phone: Email: Gender: Limail: Residence: Limail: Residence: Limail: Resciptase Cookes more than one if appliciable: Limail: Parent/Guardian 1: Phone number: Email:	Address:	Chata	7:	Birth Date:	Ag	je:
Gender: Dremale Male Revidenc: Dremale Male Revidenc: Dremale Male Revidenc: Dremale Male Parent/Guardian 1: 	City:	State:	Zip:		Grade:	
Besidence: LiFarm DTown < 10,000 or Rural Non-Farm DTown/City/Suburt 10,000-50,000 City/Suburb >50,000 City/Suburb =50,000 City/Suburb =50,0000 City/Suburb =50,000 City/Suburb =50,000 City/Suburb		Er	nail:			
Parent/Guardian 1: Phone number: Email: Phone DHDWDC: Desche participant have, or at any time back any orf the following? Vac* 70a* to each tem. Orderstand: Please explain any "yes" responses: 1) Action Please explain any "yes" responses: 2) Brochkies Please explain any restrictions (dietary, physical, etc): 3) Convisions Please explain any restrictions (dietary, physical, etc): 1) Action Please explain (time	Residence: □Farm □Town < 10,0 Race (please choose more than or	ne if applicable): 🛛 Americar	n Indian 🗆 Asian 🗆 B	Black 🛛 Hispani	c 🗆 Non-Hispanic 🕻	Native Hawaiian or Pacific
Email:						
Parent/Suardian 2:Phone number:				Phone	e number:	
Phone □H□W□C: P	Parent/Guardian 2:			Phone	e number:	
Email:						
Email:	Emergency Contact #1:			v D c·		
Emergency Contact II2: Phone HUWC: gmail:						
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 "vers" or No't oeach 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. 1) Astima Image: No 2) Bronchitis Image: No 2) Bronchitis Image: No 3) Convulsions Image: No 4) Diabetes Image: No 9) Hypogivenia Image: No 1) Bear Indiction Image: No 9) Hypogivenia Image: No 1) Bear Indiction Image: No 9) Hypogivenia Image: No 1) Bear Indiction Image: No	Email:					
s any member of your family a current or former member of the United States Military or National Guard? \Pes \No Health History Desthe 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. Astima	- ··			vuc:		
Health History Des 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. 1) Astima	Email:					
Desche 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. 1) Asthma Yes	Is any member of your family a curre	ent or former member of tl	he United States Mil	litary or Nation	ial Guard? 🛛 Yes	□ No
Desche 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. 1) Asthma Yes						
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. 1) Asthma Yes Yes 2) Bronchtits Person Yes 2) Bronchtits Person Person 2) Bronchtits Person Person 3) Convulsions Person Person 4) Diabetes Person Person 5) Ear Infection Person Person 6) Hainting Person Person 9) Hypoglycemia Person Person 1)Serious Allergy to Instext Person Person 2)Serious Allergy to Dairy The following over the counter medications may be administered to my child without contacting me: 2)Serious Allergy to Bairy Person Person 2)Serious Allergy to Bairy Person Person 2)Sorter Conditions Person Person Person 1)Sipter Conditions Person Person Person Person 1)Star Infection Person						
1) Astima. Please explain any "yes" responses: 2) Bronchitis. Please explain any "yes" responses: 4) Diabetes. Please explain any restrictions (dietary, physical, etc): 6) Fainfred. Please explain any restrictions (dietary, physical, etc): 7) Heat Condition. Please explain any restrictions (dietary, physical, etc): 9) Hapdates. Please explain any restrictions (dietary, physical, etc): 1)Serious Allergy to Biuten. The following over the counter medications may be administered to my child without contacting me: 13)Serious Allergy to Biuten. Antihistamine Pill Antacid 16)Orug Allergy (please explain) List any conditions requiring medication: Polysporin (tepkal antiblexc) 17)Food Allergy (please explain) List any conditions requiring medication: Member ID: Name of Family Doctor: Policy H: Member ID: Name of Policy Holder/Relationship to Participant: 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 medica treatment if warrance. In the event designee to provide notine health care, administer prescription and over the counther medication.	of the item) in the space below or on a	an additional sheet if necessary.				
2) Bronchits			plain any "ves" respons	ses:		
3) Convulsions	-		·····, , ··-, -··			
4) Diabetes	,					
5) Ear Infection 7) Haart fordition 7) Heart Condition 8) Headaches 9) Hypoglycemia 10)Serious Allergy to Insects 11)Serious Allergy to Insects 11)Serious Allergy to Buts 13)Serious Allergy to Dairy 13)Serious Allergy to Dairy 16)Drug Allergy (Dasses/Contacts 16)Drug Allergy (please explain) 17)Food Allergy (please explain) 18)Other Conditions 18)Other Allergy (please explain) 19)Other Allergy (please explain) 10)Decongestant 10)De	4) Diabetes					
7) Heart Condition 8) Headcohes 9) Hypoglycemia 10)Serious Allergy to Insects 11)Serious Allergy to Nuts 13)Serious Allergy to Dairy 13)Serious Allergy to Dairy 14)Waar Glasses/Contacts 15)Other Conditions 16)Drug Allergy (please explain) 17)Food Allergy (please explain) 18)Other Allergy (please explain) 19)Other Allergy (please explain) 11)Serious Difference 11)Sortion Company: Policy H: Name of Family Doctor: Health Insurance Company: Policy H: Name of Policy Holder/Relationship to Participant: 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, including hospitalization. SigNATURE OF PARENT/GUARDIAN: 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 myelf or my mior child without compensation for use in promotion, advertising, educational publications or online content.	5) Far Infection					
7) Heart Condition 8) Headcohes 9) Hypoglycemia 10)Serious Allergy to Insects 11)Serious Allergy to Nuts 13)Serious Allergy to Dairy 13)Serious Allergy to Dairy 14)Waar Glasses/Contacts 15)Other Conditions 16)Drug Allergy (please explain) 17)Food Allergy (please explain) 18)Other Allergy (please explain) 19)Other Allergy (please explain) 11)Serious Difference 11)Sortion Company: Policy H: Name of Family Doctor: Health Insurance Company: Policy H: Name of Policy Holder/Relationship to Participant: 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, including hospitalization. SigNATURE OF PARENT/GUARDIAN: 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 myelf or my mior child without compensation for use in promotion, advertising, educational publications or online content.	6) Fainting		alain any restrictions (c	lietary physical	etc):	
8) Headaches 9) Hypoglycemia 10)Serious Allergy to Insects 11)Serious Allergy to Nuts 13)Serious Allergy to Nuts 14)Wear Giasses/Contacts 15)Other Conditions 15)Other Conditions 17)Food Allergy (please explain) 17)Food Allergy (please explain) 18) Other Allergy (please explain) 19) Hypoglycemia 10) Prove Allergy (please explain) 11) Serious Allergy (please explain) 11) Serious Allergy (please explain) 11) Berious Allergy (please explain) 11) 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. 11) formation 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 extending physician to secure and admini	7) Heart Condition		bianti any rescrictions (c	iletary, priysical,	etc).	
9) Hypoglycemia	8) Headaches					
10)Serious Allergy to Insects	9) Hypoglycemia					
11)Serious Allergy to Nuts	10)Serious Allergy to Insects					
12)Serious Allergy to Gluten	11)Serious Allergy to Nuts					
13)Serious Allergy to Dairy	12)Serious Allergy to Gluten				—	
14/Wear Glasses/Contacts	13)Serious Allergy to Dairy			Antacio	Libuproten (Advil)	
15)Other Conditions	14)Wear Glasses/Contacts		nophen (Tylenol)	Decongestant	Dramamine	Polysporin (topical antibiotic)
17)Food Allergy (please explain)	15)Other Conditions			-		
18)Other Allergy (please explain) Dector's Phone: Name of Family Doctor:	16)Drug Allergy (please explain)	List any conditions	requiring medication:			
Name of Family Doctor:		님 님				
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 medica 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: 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	18)Other Allergy (please explain)					
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 medica 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: 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						
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 medica 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: 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	Name of Family Doctor:		Docto	r's Phone		
Name of Policy Holder/Relationship to Participant:	· · ·					
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 medicat 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:	· · · · · · · · · · · · · · · · · · ·					
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 medica 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: 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	Name of Policy Holder/Relationsh	ip to Participant:			Viember ID:	
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:	give permission to the event designee to treatment if warranted. I agree to the re give perm	provide routine health care, ac lease of all records necessary for ission to the attending physicia	est of my knowledge. The dminister prescription a or medical treatment, l	and over the cou billing, or insurar	nter medications as n nce. In the event I can including hospitalizati	oted and seek emergency medical not be reached in an emergency, I ion.
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:	>		Dublicity Delegat			~
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	I hereby grant the 4-H program, Univers	sity of Kentucky and their agent	-	oduce, assign an	d/or distribute still pic	tures, video and sound recordings
	of myself or my minor child without cor			-	or online content.	-
	\					

ope | Agi 5 | 4 elopi ent | (1 ity эþ

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, meaning-ful, 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
- Barred from participation from future 4-H events
- Released to nearest law enforcement authority
- Termination of 4-H membership
- Assessed the cost of damages for destruction of property

, 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.