



# OCTOBER



## 4-H Pumpkin Patch

All of our pumpkins are missing and we need YOUR help!!!!

Stop by the Extension Office to pick up a pumpkin to decorate and return it by OCTOBER 30 to be added back to the Halloween Pumpkin Patch!

Be sure to give it a good disguise!

Be sure to put child's name (first and last) and age, parent name and phone number on the back.

You may pick you pumpkins back up beginning NOVEMBER 6 through NOVEMBER 15.

-Any Grayson County youth

-Any age through age 18

-This is just for fun, NOT a contest!

\* While supplies last \*



Cooperative Extension Service

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

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, 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.



Disabilities accommodated with prior notification.

Blank pumpkins should be ready for pick up by FRIDAY OCT 4 from our office.

## It's RE-ENROLLMENT TIME!

On the next pages, you will find the enrollment forms for the program year that will begin SEPTEMBER 1.

NEW this year, fillable pdf! If you don't want to print and fill in by hand, you can fill in the pdf and email it back!

To remain enrolled and to continue to receive your newsletter, please complete and return by October 31.

Clubs will begin meeting for the new program year; if interested, see the Club News page and make plans to attend those meetings.



Cooperative Extension Service

## DID YOU KNOW?

Youth who experience a high-quality developmental context in 4-H tend to score higher across the four program outcome areas of civic engagement, college and career readiness, healthy living and science.

#amplifyky4h

Source: 2023 National 4-H Index Study  
An Equal Opportunity Organization.

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University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.

Lexington, KY 40506



Disabilities accommodated with prior notification.

# HEALTH BULLETIN



**OCTOBER 2024**

Download this and past issues of the Adult, Youth, Parent, and Family Caregiver Health Bulletins: <https://fcs-hes.ca.uky.edu/content/health-bulletins>

NAME County Extension Office  
000 Street Road  
City, KY  
Zip (000) 000-0000

## THIS MONTH'S TOPIC GET ACTIVE WITH SPORTS!

**W**hat is your favorite sport? There are lots of sports to choose from: team sports like basketball, baseball, tennis, or lacrosse, and individual sports like swimming, cross-country, gymnastics, or archery. As well as many more! Each sport has its own set of rules and special skills to learn, but most sports have a few things in common. They help kids to be active, move their bodies, and have fun! See if you can name a sport or activity that starts with each letter below:

- A: \_\_\_\_\_
- C: \_\_\_\_\_
- T: \_\_\_\_\_
- I: \_\_\_\_\_
- V: \_\_\_\_\_
- E: \_\_\_\_\_



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University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating



Lexington, KY 40506

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It is important for kids to move their bodies at least 60 minutes — or 1 hour — every day! Being active helps your bones to be strong, your muscles to be powerful, and your organs to work the way they should. To put it simply, our bodies are made to move. It feels good when we run, jump, and climb!

Sports are good for your body, but more than that, you can learn skills like teamwork, how to make a plan and follow through with it, and how to be a good winner and loser. Playing sports can also help with focus, memory, and coordination. Have you ever had an idea in your mind about how you want to move (like being able to jump and kick in the air), but you couldn't make your body move that way? Sports help your mind and body work together better.

Are you thinking of trying a new sport? It is great to try new things! You may feel a bit nervous or unsure, but there are lots of sports out there to try, if you are signing up for a new sport, your coach will be a great help. They will teach you the rules and the skills you need to learn to play well. Your teammates will help encourage you and show you how to play. Your parents or siblings can even help you to practice at home to learn even faster.

GOOD GAME!

WIN OR LOSE... FLAG FOOTBALL IS ALWAYS FUN!



Fill in the blanks below, then talk to your parent or caregiver about getting involved in a sport this year.

These are the sports I have played:

---



---



---

I would like to play this sport on a team:

---



---

I would like to keep playing this sport:

---



---

If I could try a new sport, I would like to try:

REFERENCE:

[https://www.aacap.org/AACAP/Families\\_and\\_Youth/Facts\\_for\\_Families/FFF-Guide/Children-And-Sports-061.aspx](https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Children-And-Sports-061.aspx)

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Edited by: Alyssa Simms

Designed by: Rusty Manseau

Cartoon illustrations by: Chris Ware © University of Kentucky School of Human Environmental Sciences

ADULT HEALTH BULLETIN

Written by: Katherine Jury, MS  
Edited by: Alyssa Simms  
Designed by: Rusty Manseau  
Cartoon illustrations by: Chris Ware © University of Kentucky School of Human Environmental Sciences



### 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.

<b>Name:</b>		<b>School Name:</b>		<b>County:</b>	
<b>Grade:</b>					

#### II. Family Information

This is the primary information we will use to communicate with your 4-H member.

<b>Family Name:</b>		<b>Family Email:</b>	
<b>Family Phone:</b>		<b>Family Address:</b>	

#### III. Member Information

<b>First Name:</b>		<b>Last Name:</b>	
<b>Preferred Name (optional):</b>		<b>Birthdate:</b>	
<b>Sex:</b>	<input type="checkbox"/> M <input type="checkbox"/> F	<b>Residence:</b>	<input type="checkbox"/> Farm <input type="checkbox"/> Town <10,000 or Rural Non-Farm <input type="checkbox"/> Town/City/Suburb 10,000-50,000 <input type="checkbox"/> City/Suburb >50,000 <input type="checkbox"/> City-Central >50,000
<b>Hispanic/Latino:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Race:</b>	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Not Listed:

#### IV. Parent/Guardian 1 Information

<b>Last Name:</b>		<b>First Name:</b>	
<b>Phone:</b>		<b>May we release personal information to this person?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### V. Parent/Guardian 2 Information

<b>Last Name:</b>		<b>First Name:</b>	
<b>Phone:</b>		<b>May we release personal information to this person?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### VI. Other Emergency Contact

<b>Name:</b>		<b>Relationship:</b>	
<b>Phone:</b>		<b>May we release personal information to this person?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> 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.

<b>Name of First Person:</b>		<b>Relationship to 4-H Member:</b>	
<b>Phone:</b>			
<b>Name of Second Person:</b>		<b>Relationship to 4-H Member:</b>	
<b>Phone:</b>			

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

<b>Relationship to Member serving:</b>		<b>Branch of service</b>	
<b>Service Status:</b>	<input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves <input type="checkbox"/> Other:		



**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	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.Serious Allergy to Dairy	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.Serious Allergy to Gluten	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.Serious Allergy to Nuts	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.Other Allergy(Please explain)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please explain any "yes" responses, including medications for any allergies:

The following over the counter medications may be administered to my child without contacting me:

Acetaminophen:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Antacid:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Antihistamine Pill:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Decongestant:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dramamine:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hydrocortisone Cream:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ibuprofen (Advil)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Polysporin (topical antibiotic)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Conditions**

1.Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	6.Fainting	<input type="checkbox"/> Yes <input type="checkbox"/> No	11.Wear Glasses/Contacts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.Bronchitis	<input type="checkbox"/> Yes <input type="checkbox"/> No	7.Headaches	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please explain any "yes" responses, including medications taken for any conditions:	
3.Convulsions	<input type="checkbox"/> Yes <input type="checkbox"/> No	8.Heart Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	9.Hypoglycemia	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5.Ear Infection	<input type="checkbox"/> Yes <input type="checkbox"/> No	10.Other Conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Please explain any restrictions (dietary, physical, etc)

**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, including hospitalization.

PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

**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 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

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.
- 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, \_\_\_\_\_, 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: \_\_\_\_\_ County: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## What are YOU interested in?

(Please check all 4-H Clubs that you are currently part of or would like to join.)

Shooting Sports (*please select the disciplines you will be shooting*)

Archery  Trap

Livestock Club (  Dairy/  Market)

Wild at Art Craft Club

Dog Club

SET Club

Homeschool Club

Project Newsletter Activities

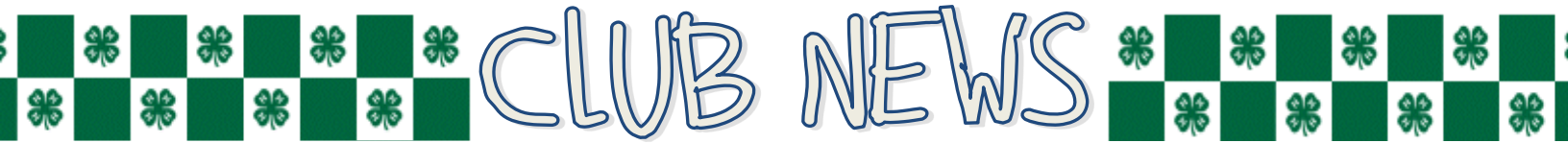
Upon completing the enrollment form, you will receive a newsletter with information on clubs and activities; if participating in a club, see club information. CHECKING on this form, does NOT automatically put you in that club, you MUST attend meetings!

Follow us on Grayson County Kentucky 4-H Facebook group for the most up to date information. Request to join group, be sure to answer the questions!

Fillable pdf is available online (Facebook group or [graysonext.org](http://graysonext.org) on the 4-H page).

You can email the document back, mail or drop off to the Extension Office.

Email: [Kindra.ewing@uky.edu](mailto:Kindra.ewing@uky.edu)



# CLUB NEWS

## Dog Club

Meeting will be October 21 at 6:00 at the Extension Office.  
They will meet in the Project Room, please enter at the back of the building.

## Home School Club

The next meeting will be October 17 at 10:00, the group will meet at Leitchfield City Park for this meetings activities

## Livestock Club

Meetings will be on November 5 at 5:00 in Room A of the Extension Office. Please enter at the back of the building.

If anyone has questions or needs assistance, please contact Hope.

## Shooting Sports

Meetings and practices are wrapped up until after Spring Break with the weather turns warmer and days get longer.

October 1 will be the last Archery practice for this season.

Monday Oct 7 will be the last Trap practice for the season.

## SET Club

The next meeting will be October 3 at 6:00 at the Extension Office.  
These will be in Project Room, please enter at the back of the building.

## Wild at Art Club

Meetings will begin October 17 at 4:00 in the Project Room of the Extension Office.  
Please park at the back and enter at the back door of the building.



Don't forget to request to join the Facebook group:

Grayson County Kentucky 4-H

Also follow:

Grayson County 4-H Shooting Sports

Grayson County 4-H Livestock Club

Grayson County Ky Cooperative Extension



College of Agriculture,  
Food and Environment  
Cooperative Extension Service



Kindra Ewing Jones

Grayson County Extension Agent for 4-H Youth Development

# October clubs & programs at a glance

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		<b>1</b> • Archery 5:00	<b>2</b>	<b>3</b> • SET Club 6:00	<b>4</b>	<b>5</b>
<b>6</b>	<b>7</b> Last Trap practice	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>
<b>Fall Break: Oct 4-14</b>						
<b>13</b>	<b>14</b> No School (Teacher PD day) Columbus Day	<b>15</b>	<b>16</b>	<b>17</b> • Homeschool Club 10:00 • Wild at Art 4:00	<b>18</b>	<b>19</b>
<b>20</b>	<b>21</b> • Dog Club 6:00	<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>
<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>	<b>31</b> 		