

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 | | J | | | | • | , , | | | | | |
|---|---------------------------------|------------------------------------|-------------|--------------------------|---------------|---|---------------------------------------|--------------------------------------|--------------------|---|----------|--------|
| If re-enrolling, please co | mplete | section I. | Re-Enroll | ment, ther | n revie | ew sections II th | rough IX and ve | rify revi | ew by | signing and dating. | | |
| Name: | School Name: | | | | | | Cou | nty: | | | | |
| Grade: | | | | | | | | | | | | |
| II. Family Inform | | | | | | | | | | | | |
| This is the primary infor | mation | we will u | se to comn | nunicate v | with yo | our 4-H membe | r. | | | | | |
| Family Name: | | | | | | ily Email: | | | | | | |
| Family Phone: | none: | | | | | ily Address: | | | | | | |
| III. Member Inform | nation | 1 | | | | | · | | | | | |
| First Name: | | | | | | Last Name: | | | | | | |
| Preferred Name (option | me (optional): | | | | | Birthdate: | | | # of | Previous Years in | 4-H: | |
| Sex: | | | | | | Town <10,000 urb >50,000 | or Rural Non-l City-Central | | Town | /City/Suburb 10,0 | 000-50,0 | 00 |
| Hispanic/Latino: | | | | | | erican Indian Asian Black Native Hawaiian or Pacific Islander | | | | | | |
| V. Parent/Guardia | n 1 Ir | ıforma | tion | | | | | | | | | |
| Last Name: | | | | | Fir | st Name: | | | | | | |
| Phone: | | | | | Ma | y we release p | ersonal informa | tion to t | his per | rson? | Yes | No |
| V. Parent/Guardiai | ı 2 Int | formati | ion | | | | | | | | | |
| Last Name: | | | | | Fir | st Name: | | | | | | |
| Phone: | | | | | | y we release p | ersonal informa | tion to t | his pe | rson? | Yes | No |
| /I. Other Emergen | cy Co | ntact | | | | | | | | | | |
| Name: | | | | | Rel | ationship: | | | | | | |
| Phone: | | | | | _ | May we release personal information to this person? | | | | | Yes | No |
| VII. Pick Up Info In addition to the parent above referenced child. will only be used. If an provide written permiss Name of First Person: Phone: | /guardia These i individu | an(s) and ndividua ual who i | ls will not | be contact on this fo | ted in orm is | case of an emer permitted to pi | gency, the paren ck up your child/ | t/guardia children, ble for th | nn(s) on the pa | emergency contact rent/guardian(s) w tt/activity. | t inform | nation |
| Name of Second Person | n: | | | | 1 | | Relationship | to 4-H N | Membe | er: | | |
| Phone: | | - | | | | | | | | | | |

Cooperative Extension Service

Relationship to Member serving:

Service Status:

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

Active Duty

MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

Branch of service

Other:

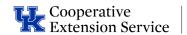
Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, 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 | av be admi | nistered to n | y child without contacting me: |

| Decongestant: | | Yes Yes | No Antacid: No Dramamine: | | Yes Yes | | | Antihistamine Pill: Hydrocortisone Cream: | | Yes No Yes No | | | |
|-----------------|-----|------------|---------------------------|-------------------|------------|-----|----------------------|---|--|---------------|----|---|----------|
| Ibuprofen (Adv | il) | Y | es No | No Polyspor | | | rin (topical antibio | | | Yes | No | | |
| onditions | | | | | | | | | | | | _ | <u> </u> |
| 1.Asthma | Yes | No | 6.Fain | 6.Fainting | | | No | 11.Wear Glasses/Contacts? Yes | | | No | | |
| 2.Bronchitis | Yes | No | 7.Head | 7.Headaches | | | No | Please explain any "yes" responses, including medications taken for any conditions: | | | | | |
| 3.Convulsions | Yes | No | 8.Hear | 8.Heart Condition | | | No | | | | | | |
| 4.Diabetes | Yes | No | 9.Нур | 9.Hypoglycemia | | | No | | | | | | |
| 5.Ear Infection | Yes | No | 10.Oth | er Cond | itions | Yes | No | | | | | | |
| Please explain | | | (1) | | 1 4) | | | | | | | | |

X. REVIEW CONFIRMATION SIGNATURE

Social, emotional, and/or behavioral health information:

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

DATE:

 $be\ reached\ in\ an\ emergency, I\ give\ permission\ to\ the\ attending\ physician\ to\ secure\ and\ administer\ treatment,\ including\ hospitalization.$

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PARENT/GUARDIAN:

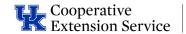
I hereby establish my willingness to participate as an adult (i.e., 4-H leader, other volunteer, parent/ guardian, site manager, etc.) and give permission for my child (under 18 years of age) to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program. 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 | s, 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 I | promotion, advertising, educational publications or online content |
| | |
| DADENT/CHADDIAN | 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 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. Lexington, KY 40506





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 |

email is completed pdf document to: Kindra.ewing@uky.edu

sure to answer the questions!