



University of Kentucky
College of Agriculture,
Food and Environment
Cooperative Extension Service

Jessamine County 4-H



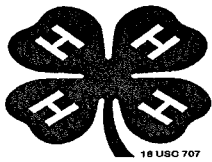
Enrollment Packet 2016-17

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

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. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.
LEXINGTON, KY 40546



Disabilities
accommodated
with prior notification.



Year 2016-17
Jessamine County 4-H Enrollment
4-H Club: _____



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Enrollment type (circle one) N- New Enrollment R- Re-Enrollment

Last Name: _____ First Name: _____ M.I. _____ I prefer to be called: _____ Address: _____ City: _____ State: <u>KY</u> Zip: _____ School: _____ E-mail address: _____ Phone Number: (____) _____ Including this year, you have been in 4-H _____ year(s). Birthday: ____/____/____ Age: ____ Grade ____	Gender: _____ Boy _____ Girl Ethnic (check one): Race ____ Hispanic ____ White ____ Non Hispanic ____ Black ____ Alaskan/American Indian ____ Asian ____ Hawaiian/ Pac. Island Residence (check one): You live: ____ On a farm ____ Other Do you have a disability? ____ yes ____ no If yes, describe the disability and any accommodations needed:
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Parent/Guardian Information

Primary Parent/Guardian: _____	
Address: _____ City: _____ State: _____ Zip: _____	
Home Phone: (____) _____	Work Phone: (____) _____
Cell Phone: (____) _____	Occupation (optional) _____
Legal Guardian: Yes/No	E-mail: _____
Secondary Parent/Guardian: _____	
Home Phone: (____) _____	Work Phone: (____) _____
Cell Phone: (____) _____	Occupation (optional) _____
E-mail: _____	
Are you willing to volunteer with 4-H? ____yes ____no	
If yes check all that apply ____club ____projects ____awards ____fair ____camp ____trips	

<p align="center">Projects, Activities and Clubs What are YOU interested in?</p> <p align="center">(Please check all 4-H clubs that you are currently part of or would like to join.)</p> <p>4-H clubs</p> <p>____ Hoof Prints Livestock Club (please select animals you have or are interested in)</p> <p>____ Beef ____ Dairy ____ Hog ____ Sheep ____ Goat</p> <p>____ Colonel's Horse Club</p> <p>____ Shooting Sports</p> <p><i>(please select the disciplines you are interested in)</i></p> <p>____ Rifle ____ Archery ____ Shotgun/trap</p> <p>____ Junior Leadership Team (Middle School club)</p> <p>____ Teen Council</p> <p>____ Home School Club</p> <p>____ Dog</p>	<p>Please check all projects & Activities that you would like more information about:</p> <p>Activities:</p> <table style="width:100%;"> <tr> <td>____ Babysitting Clinic</td> <td>____ Tractor Driving</td> </tr> <tr> <td>____ Fairs</td> <td>____ Day Camp</td> </tr> <tr> <td>____ 4-H Camp</td> <td>____ Honors</td> </tr> <tr> <td>____ Speech & Demo</td> <td>____ Fashion Revue</td> </tr> <tr> <td>____ Issues Conf. (Soph. & Jr)</td> <td>____ State Teen Conf.</td> </tr> <tr> <td>____ KY Teen Summit (Middle School)</td> <td></td> </tr> </table> <p>Projects:</p> <table style="width:100%;"> <tr> <td>____ Bicycle</td> <td>____ Photography</td> </tr> <tr> <td>____ Cooking</td> <td>____ Entomology</td> </tr> <tr> <td>____ Citizenship</td> <td>____ Weather</td> </tr> <tr> <td>____ Electric</td> <td>____ Sewing</td> </tr> <tr> <td>____ Forestry</td> <td>____ Making Crafts</td> </tr> <tr> <td>____ Knitting</td> <td>____ Geology</td> </tr> <tr> <td>____ Cross Stitching</td> <td>____ Gardening</td> </tr> <tr> <td>____ Woodworking</td> <td>____ Sewing</td> </tr> <tr> <td>____ Livestock</td> <td>____ Crocheting</td> </tr> </table>	____ Babysitting Clinic	____ Tractor Driving	____ Fairs	____ Day Camp	____ 4-H Camp	____ Honors	____ Speech & Demo	____ Fashion Revue	____ Issues Conf. (Soph. & Jr)	____ State Teen Conf.	____ KY Teen Summit (Middle School)		____ Bicycle	____ Photography	____ Cooking	____ Entomology	____ Citizenship	____ Weather	____ Electric	____ Sewing	____ Forestry	____ Making Crafts	____ Knitting	____ Geology	____ Cross Stitching	____ Gardening	____ Woodworking	____ Sewing	____ Livestock	____ Crocheting
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4-H Participant Information/Enrollment Form (NOT FOR RESIDENTIAL CAMP)

Note: 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.

Name: _____ County/District: _____
Last First

Address: _____ Birth date: _____ Age: _____
 Youth Female
 Adult Male

City: _____ State: KY Zip: _____ Email: _____ Home Phone: _____ Farm: Yes No

Race: Asian White Black American Indian Hawaiian & Pacific Islander Hispanic Non-Hispanic Grade: _____

Emergency Contact #1: _____ Phone H W C _____ Phone H W C _____

Emergency Contact #2: _____ Phone H W C _____ Phone H W C _____

Name of Family Doctor: _____ Doctor's Phone: _____

Health Insurance Company: _____ Policy #: _____

Name of Policy Holder/Relationship to Participant: _____ Member ID: _____

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 will not prevent a person from attending and will be kept confidential.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1) Asthma | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Bronchitis..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Convulsions..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Diabetes..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Ear Infection..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Fainting..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Heart Condition..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Headaches..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) Hypoglycemia..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) Serious Allergy to Insects..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 11) Wear Glasses/Contacts..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 12) Other Conditions..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 13) Drug Allergy (please explain) | <input type="checkbox"/> | <input type="checkbox"/> |
| 14) Food Allergy (please explain) | <input type="checkbox"/> | <input type="checkbox"/> |
| 15) Other Allergy (please explain) | <input type="checkbox"/> | <input type="checkbox"/> |

Please Explain Any "Yes" Responses:

List and explain any restrictions (dietary, physical, etc):

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

- | | | | |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Antihistamine Pill | <input type="checkbox"/> Antacid | <input type="checkbox"/> Ibuprofen (Advil) | <input type="checkbox"/> Hydrocortisone Cream |
| <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Decongestant | <input type="checkbox"/> Dramamine | <input type="checkbox"/> Polysporin (topical antibiotic) |

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 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/PARTICIPANT:** _____ **DATE:** _____

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 PARENT: _____ **NO, I do not permit.**

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, meaningful, 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 dress. 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, and/or drugs (except for medications prescribed to the participant by a licensed physician) are strictly prohibited. Delegation chaperones and/or volunteers shall limit use of tobacco products to designated areas.
- Setting off fire alarms, tampering with fire extinguishing and other emergency equipment are strictly prohibited.
- Gambling of any type is strictly prohibited.
- Obscene, discriminatory and/or inappropriate language, roughhousing, and insubordination are prohibited at all times.
- 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.
- Display of overly affectionate or inappropriate attention between participants is strictly 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 he/she 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
- Assessed the cost of damages for destruction of property
- Released to nearest law enforcement authority
- Termination of 4-H membership

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/Volunteer _____ County _____
Parent/Guardian _____ Date _____

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Permission to Participate in the Jessamine County 4-H Program
September 1, 2016 to August 31, 2017

I give permission for my child, _____, to attend and participate in the Jessamine County 4-H Program, during the 4-H program year September 1, 2016 through August 31, 2017. I understand that activities may include, but are not strictly limited to the following activities: 4-H club meetings, hands-on learning activities, field trips, and other educational events.

Participation in the club is designed to expose 4-H members to new skills and experiences and to enable participants to be challenged to try new ideas and activities in a safe, nurturing environment. Club involvement will lead to contact with individuals, both youth and adults, who have differing levels of experience. I understand that participating in the club is strictly voluntary but members are expected to attend club meetings and complete at least six (6) hours of instruction.

I am aware and have discussed with my child that:

- During 4-H meetings and activities, he/she is to accept supervision and guidance from Extension volunteers and personnel.
- Working on a 4-H project in an unsafe manner or unstructured environment may result in injury to him/herself and others in the club.
- Other participants may act in a negligent manner which otherwise may result in harm to my child or my child's animal/property.
- While being transported to 4-H activities or field trips, my child may be involved in a collision with another automobile, person, or object which may result in harm to my child. Use of a seat belt is required.
- Swimming may result in accidental drowning;
- Certain activities may involve use of objects, equipment, tools, devices, or compounds that can result in harm to my child, if they are used by my child or another individual in a manner other than that which was intended.
- Certain risks associated with common activities can occur, including, but not limited to contact with food or environmental allergens or poisonous compounds.
- Certain risks associated with outdoor activities can occur, including, but not limited to contact with poisonous plants, stinging insects, wild animals or reptiles.
- Use of technology (including social media) can lead to dangerous situations. Technology is to be used only in a safe and appropriate manner.
- The use of firearms in an unsafe manner, and NOT in accordance to the 4-H policies and precedures may result in injury.
- Working with Livestock and Horse may result in injury.

I recognize that the above outlined activities and potential resulting risks may cause harm, accident, loss, injury or death to participants or other persons in the immediate vicinity. I have discussed with my child the importance of following directions and prescribed safety procedures, which will be outlined by the 4-H volunteers and professionals prior to and during the activities. I have also advised my child to follow posted directions and instructions at and during 4-H meetings, activities, and events.

I understand that my child is not required to participate in competitive activities in order to participate in the club but grant permission for him/her to do so, and to participate in all club activities and learning opportunities despite the possible risks.

I recognize that by participating in this activity, as with any physical activity, my child may risk potential injury. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity and that I assume any expenses that may be incurred in the event of a loss, an accident, illness or other incapacity, regardless of whether I have authorized such expenses.

4-H Member's Signature _____

Date _____

Parent/Guardian's Signature _____

Date _____

Liability Shield 11-17-2012

