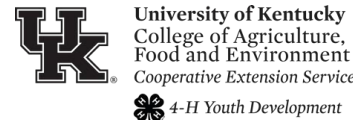


September 2022—August 2023 4-H Enrollment Form



Preferred Contact Method: U.S. Mail E-Mail

Note: Enrollment begins in September, similar to a school year. Previous years' forms will not be accepted for the 2021-2022 year. 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: _____ Birthdate: _____ Age: _____
Last First

Female Male Address: _____ City: _____ State: KY Zip: _____

Do you live on a farm? No Yes Family Phone: _____ Family Email: _____

School Name: _____ Grade: _____ T-Shirt Size: _____

Race (Check all that apply): Asian White Black American Indian Hawaiian & Pacific Islander Ethnicity: Hispanic Non-Hispanic

Military Family: No Yes Family Member: _____ Branch: _____ Active Reserve National Guard

Parent/Guardian 1: _____ Phone: _____ Email: _____

Parent/Guardian 2: _____ Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

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) Serious Allergy to Nuts..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 12) Serious Allergy to Gluten..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 13) Serious Allergy to Dairy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 14) Wear Glasses/Contacts..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 15) Other Conditions..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 16) Drug Allergy (please explain)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 17) Food Allergy (please explain)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 18) Other Allergy (please explain)..... | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain any "Yes" responses:

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

List any conditions requiring medication:

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

- | | | | |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Antihistamine Pills | <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) |

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

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 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/PARTICIPANT: _____ NO, I do not permit.

Fill out other side

2022-2023 DAVIESS COUNTY 4-H ENROLLMENT FORM

This Enrollment Form must be completed in order to enter projects in the 4-H classes of the Daviess County Fair in July.

This form must also be completed to participate in clubs and/or projects and to attend 4-H Camp.

4-H CLUB INTEREST

Placing a check by a club only indicates your *interest* in the club. To become a member of the club, you must attend a club meeting.

Call the Extension Office at 270-685-8480 for more information.

Please check the clubs you are *interested* in joining.

The 4-H newsletter will include dates of club meetings and activities.

Once you have completed this enrollment form, you may begin attending meetings.

- Cloverbud (ages 5-8)
- Crushers (Trap Shooting Sports)
- Home School Club
- Feeder Calf Project
- Horticulture Club
- Marksmen (BB, Air Rifle, and .22 Rifle)
- Rabbit Club
- Goat Club
- Teen Leadership Board
- Young Riders Horse Club
- Other club not listed above

4-H YOUTH DEVELOPMENT CODE OF CONDUCT (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 other attending.

WHILE ATTENDING ALL 4-H MEETINGS, PROJECTS, PROGRAMS, ACTIVITIES, & 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, & 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 or 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, (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 any or all of the penalties listed above.

Child Signature: _____ Date: _____

★ Parent/Guardian Signature: _____

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.