



2023-2024 CALLOWAY 4-H PROGRAM YEAR

Youth's Name _____

****Please return this packet and any dues owed to the Calloway County Cooperative Extension Office.**

Please mark the box next to your child's 4-H age.

For the 2023-2024 4-H year, if a young person's date of birth is in the year...

- | | |
|--|---|
| <input type="checkbox"/> 2015-2018, they are a Cloverbud | <input type="checkbox"/> 2009, their 4-H age is 14 |
| <input type="checkbox"/> 2014, their 4-H age is 9 | <input type="checkbox"/> 2008, their 4-H age is 15 |
| <input type="checkbox"/> 2013, their 4-H age is 10 | <input type="checkbox"/> 2007, their 4-H age is 16 |
| <input type="checkbox"/> 2012, their 4-H age is 11 | <input type="checkbox"/> 2006, their 4-H age is 17 |
| <input type="checkbox"/> 2011, their 4-H age is 12 | <input type="checkbox"/> 2005, their 4-H age is 18 |
| <input type="checkbox"/> 2010, their 4-H age is 13 | <input type="checkbox"/> 2004, their 4-H age is 19 and are no longer a 4-H member |

*Please mark the box next to the Calloway 4-H Clubs in which you want your child to be enrolled. Fine Art and Sewing clubs have enrollment limits and will operate on a first come, first served basis. You must be 4-H age 9 to join all clubs, unless otherwise noted *OPEN TO CLOVERBUDS.*

- | | |
|---|--|
| <input type="checkbox"/> Chess Club MCC 4H Chess Club
Meets every Thursday from 6-7:30 pm in the Meeting Hall/Cabin 3 | <input type="checkbox"/> Area Teen Council - Open to 8th grade and up
Meets bi-monthly on the second Monday of the Month at various locations in the Purchase Area |
| <input type="checkbox"/> Fine Arts Club - \$30 dues *LIMITED SPACE*
Meets every third Thursday of the month at 5 pm in Cabin 3 | |
| <input type="checkbox"/> Sewing Club - \$5 dues *LIMITED SPACE*
Meets every first Tuesday of the month at 4 pm in Cabin 1 | |
| <input type="checkbox"/> Horse Club - \$30 dues Dusty Spurs-Calloway County 4-H Horse Club
Meets every first Thursday of the month at 6:30 pm in Cabin 4 | |
| <input type="checkbox"/> Junior Livestock Club - *OPEN TO CLOVERBUDS THROUGH 4-H AGE 13
Meets every second Monday of the month at 4-5:30 pm in the Meeting Hall | |
| <input type="checkbox"/> Shooting Sports (Rifle) Club - \$30 dues; meets at Extension Rifle Range
Flexible schedule; next meeting dates are Aug 30, Sept 13, Sept 27 at 6pm | |
| <input type="checkbox"/> Livestock Judging & Skillathon Teams
Flexible schedule; will start meeting in late fall to prep for competitions | Total Dues Owed: \$ _____ |

Once your child is enrolled in 4-H, you will be added to our email and mailing list. Please follow our Calloway County 4-H Facebook page to receive the most up-to-date info on seasonal programs like speeches & demonstrations, day camps, 4-H camp, etc.

Cooperative Extension Service

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MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

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Disabilities accommodated with prior modification.

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/Area: _____
 Preferred Name: _____ School Name: _____
 Address: _____ Birth Date: _____ Age: _____
 City: _____ State: _____ Zip: _____ Grade: _____
 4-Her Phone: _____ 4-H Year: _____ Gender: Female Male
 4-Her Email: _____
 Residence:
 Farm Town < 10,000 or Rural Non-Farm Town/City/Suburb 10,000-50,000 City/Suburb >50,000 City- Central >50,000
 Race (please choose more than one if applicable): American Indian Asian Black Native Hawaiian or Pacific Islander
 White Prefer Not to Say Not Listed: _____
 Ethnicity: Hispanic Non-Hispanic T-Shirt Size: _____

Parent/Guardian 1: _____ Phone number: _____
 Email: _____ Emergency Contact? Yes No
 Parent/Guardian 2: _____ Phone number: _____
 Email: _____ Emergency Contact? Yes No

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 "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) Other Allergy (please explain) | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain any "yes" responses, including medications taken for any conditions:

Please explain any restrictions (dietary, physical, etc):

Social, emotional, and/or behavioral health information:

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

Antihistamine Pill Antacid Ibuprofen (Advil) Hydrocortisone Cream

Acetaminophen (Tylenol) Decongestant Dramamine 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/GUARDIAN: _____ 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 /GUARDIAN: _____ 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 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.
- All clothing shall be neat, clean, and acceptable in repair and appearance and shall be worn within the bounds of decency and good taste as appropriate for 4-H events. Articles of clothing which display profanity, products, or slogans which promote tobacco, alcohol, drugs, sex or are in any other way distracting, are prohibited. *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
- 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/Volunteer _____ County _____

Parent/Guardian _____ Date _____

