



Kentucky 4-H Enrollment System

Woodford County 4-H - Member Form



Personal Info

First Name: _____ **Last Name:** _____

Street: _____

City: _____ **State:** KY **Zip:** _____

Gender (Circle One): Male Female **Birth Date (MM/DD/YYYY)** ____/____/____

Primary Phone (____) _____ - _____ **Email Address** _____

Parent /Guardian Info

Name: _____ **Primary Phone** (____) _____ - _____ **Relation:** _____

Name: _____ **Primary Phone** (____) _____ - _____ **Relation:** _____

Demographic Info

Ethnicity (circle one): 1. Hispanic 2. Not Hispanic

Race (circle all that apply): 1. Asian 2. White 3. Black 4. American Indian 5. Hawaiian/Pacific Islander

Residence (circle one): 1. Farm 2. Town <10K 3. Town 10K-50K 4. Suburbs >50K 5. Cities >50K

Do you require an accommodation for a disability to participate in this program? _____

Please list any health considerations: _____

Military Family? If yes, please indicate your branch: _____

School: _____

Grade _____

Over →



Authorization of Use

I, (print full name) _____ (*) hereby grant permission to the University of Kentucky and its affiliates and subsidiaries, including but not limited to the College of Agriculture Cooperative Extension and Agricultural Alumni Association, to interview, photograph and/or videotape me, or my minor child, and/or to supervise any others who may do the interview, photography, and/or videotaping and/or to use and/or permit others to use information from the aforementioned interview and/or the aforementioned images in educational and promotional activities for the following without compensation:

- University Educational Publications/Videos
- University Electronics Publishing (e.g. World Wide Web)
- University Promotion/Advertising
- Local/regional/national news media (w/permission of the University of Kentucky)

Signature of Parent or Guardian: _____ Date: _____ Relationship: _____

Educational programs of the Kentucky Cooperative Extension Service serve all people regardless of race, color, age, sex, religion, disability, or national origin.

Ares of Interest (✓Check all the apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Bicycle Rodeo | <input type="checkbox"/> Horse & Pony Club | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Cake Decorating | <input type="checkbox"/> Horticulture | <input type="checkbox"/> Shooting Sports (Rifle, Shotgun, Archery) |
| <input type="checkbox"/> Country Ham Project | <input type="checkbox"/> Issues Conference for Teens | <input type="checkbox"/> Teen Conference (High School Students) |
| <input type="checkbox"/> Dog Club | <input type="checkbox"/> Land Judging | <input type="checkbox"/> Teen Summit (Middle School Conference) |
| <input type="checkbox"/> Entomology | <input type="checkbox"/> Livestock Club (Beef, Sheep, Goat, Poultry) | <input type="checkbox"/> Tractor School |
| <input type="checkbox"/> Entrepreneurship | <input type="checkbox"/> Electricity, Robotics | <input type="checkbox"/> Youth Expo |
| <input type="checkbox"/> Foods | <input type="checkbox"/> Needlecraft (Knitting, Crochet, Quilting) | <input type="checkbox"/> Woodworking |
| <input type="checkbox"/> Forestry | <input type="checkbox"/> Photography | <input type="checkbox"/> 4-H Camp |

Other _____

Child Pick-Up Form

Name of child/youth: _____

The youth named above has my permission to be picked up by person or persons listed below. I understand my child cannot be picked up from the designated camp or 4-H program by anyone except his/her guardians unless they are on this list.

Individuals other than legal guardian /parent(s) authorized to pick up my child from the University of Kentucky Cooperative Extension Service are:

Name: _____

Name: _____

Address: _____

Address: _____

Phone Number: _____

Phone Number: _____

By signing this, I acknowledge that I have read all the above information related to picking up my child when he/she returns from the 4-H activity, and I have instructed my child that they are to leave with no one unless listed above. He/she also has been told to report immediately to the agent if the designated person(s) are not present at the time the central drop off is reached.

Signature _____

Date _____

Relationship to Child _____

Return this form to:

Woodford County Cooperative Extension Service

184 Beasley Road

Versailles, KY 40383

Office: (859) 873-4601 Fax: (859) 873-8936

4-H Participant Information 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: _____

Race: Asian White Black American Indian Hawaiian & Pacific Islander Ethnicity: 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"/> |
| • Serious Allergy to Insects..... | <input type="checkbox"/> | <input type="checkbox"/> |
| • Wear Glasses/Contacts..... | <input type="checkbox"/> | <input type="checkbox"/> |
| • Other Conditions..... | <input type="checkbox"/> | <input type="checkbox"/> |
| • Drug Allergy (please explain) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Food Allergy (please explain) | <input type="checkbox"/> | <input type="checkbox"/> |
| • 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. The following guidelines are designed to make your experience at 4-H events safe, meaningful and satisfying to you and all 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 _____