

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.

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I. Re-Enrollment														
If re-enrolling, please complete section I. Re-Enrollment, then review sections II through IX and verify review by signing and dating.														
Name:		School Name:						County:						
Grade:														
II. Famil	y Inform	nation	ì											
This is the p	rimary infor	mation	we w	ill use to com	municate	with	your 4-H member							
Family Na	mily Name:			Fan	nily Email:									
Family Phone:		F			Fan	Family Address:								
III. Member Information														
First Name: Last Name:														
Preferred 1	Name (optio	onal):					Birthdate:			# of	Previous Years in	4-H:		
Sex:						n Town <10,000 or Rural Non-Farm Town/City/Suburb 10,000-50,000 /Suburb >50,000 City-Central >50,000								
Hispanic/L	Hispanic/Latino: Yes No Race: American Indian Asian Black Native Hawaiian or Pacific Islander White Prefer not to say Not Listed:													
IV. Paren	t/Guardia	ın 1 Ir	ıfor	mation										
Last Name	: First Name:													
Phone:	Phone:			M	lay we release pe	rsonal i	nformation to t	his per	rson?	Yes	No			
V. Parent	/Guardia	n 2 Int	forn	nation										
Last Name:					F	irst Name:								
Phone:			M	Iay we release pe	rsonal i	information to t	his per	rson?	Yes	No				
VI. Other	Emergen	cy Co	ntac	ct										
Name:						R	elationship:							
Phone:					M	May we release personal information to this person? Yes No								
VII. Picl	k Up Info	orma	tion	1										
In addition to the parent/guardian(s) and emergency contacts listed, please list the names of up to two additional people authorized to pick up the														
above referenced child. These individuals will not be contacted in case of an emergency, the parent/guardian(s) or emergency contact information														
will only be used. If an individual who is not listed on this form is permitted to pick up your child/children, the parent/guardian(s) will need to														
provide written permission (letter or email) to Extension personnel or approved volunteer responsible for the event/activity.														
Name of Fi	rst Person:							Relat	ionship to 4-H N	Membe	er:			
Phone:														

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

Relationship to Mem			Branc	ch of service			
Service Status:	Active Duty Natio		onal Guard	Rese	rves	Other:	

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Name of Second Person:

Phone:

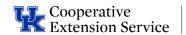
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Relationship to 4-H Member:

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.







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.

	gies

llergies				_								
		Yes	No	Pleas	e explair	any "yes	" responses, in	cluding r	nedica	tions for a	ny allergies:	
		Yes	No	1								
		Yes	No									
		Yes	No	1								
		Yes	No	1								
he following over th	ne counter medicati	ions may be adm	inistered to r	ny child wit	hout con	acting me						
	Voc	No		Vac	No					Vac	No	\neg
		No		Yes						Yes	No	
	Yes	No		Yes	No					Yes	No	
	Ye	es No					Yes	No]		
onditions 1.Asthma	Yes No			Yes	No	11 Woor	Glasses/Contac	-09	Yes	No	\neg	
		7.11 1 1				11.wear	Giasses/Contac	Sf	res	NO		
2.Bronchitis	Yes No	7.Headaches		Yes	No							
3.Convulsions	Yes No	8.Heart Condi		Yes	No							
4.Diabetes	Yes No	9.Hypoglycen		Yes	No							
5.Ear Infection	Yes No	10.Other Cond	ditions	Yes	No							
Social, emotion	al, and/or behav	vioral health ii	nformation	:								
. REVIEW COM Il information pro ereby give permiss mergency medical pe reached in an en	vided on this forn sion to the event d treatment if warn	n is correct and esignee to provi ranted. I agree t	de routine h o the release	ealth care, e of all reco	administ rds neces	er prescri	iption and over nedical treatm	the cour ent, billir	nter m ıg, or i	edications a	as noted and s In the event I	seek
PARENT/GUARDI	IAN:]	DATE:					
II. SURVEY & F hereby establish m hild (under 18 year nderstand that par nd evaluations with	y willingness to p rs of age) to compl ticipation in surve	articipate as an lete surveys and eys and evaluati	evaluations ons is volun	that will be tary and th	used to at my ch	determin	e program effe may choose not	ctiveness to parti	or to p	promote the	e program. I ithdraw from	surveys

XII. PERMISSION TO PARTICIPATE

before completing a survey or an evaluation.

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.

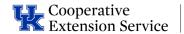
(Initials)

XII. PUBLICITY RELEASE

I hereby grant the 4-H program, University of Kentucky and their agents, 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

NO, I DO NOT PERMIT PARENT/GUARDIAN

No I am willing to participate or give permission for my child to participate in any program evaluation.



4-H Youth Development

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.
- 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 Co	anduct will result in any or all of the penalties listed above.
Member:	County:
Parent/Guardian:	Date:

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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



