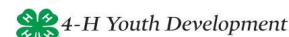


# 2022-2023 Nelson County 4-H Enrollment Card



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



## 4-H Participant Information/Enrollment Form (NOT FOR RESIDENTIAL CAMP)

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. *Form Updated: August 2022*

Name: \_\_\_\_\_ County/Area: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_ School Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Grade: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Gender:  Female  Male  
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  Hispanic  Non-Hispanic  Native Hawaiian or Pacific Islander  White  Prefer Not to Say  Not Listed: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Parent/Guardian 2: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Email: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Phone  H  W  C: \_\_\_\_\_  
Email: \_\_\_\_\_  
Emergency Contact #2: \_\_\_\_\_ Phone  H  W  C: \_\_\_\_\_  
Email: \_\_\_\_\_

Is any member of your family a current or former member of the United States Military or National Guard?  Yes  No

## What are YOU interested in!?

Please check 4-H Project(s) that you are currently a part of or would like to join or receive an invitation to the first meeting.

### Available Curriculum:

- |                                           |                                                       |
|-------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Cooking          | <input type="checkbox"/> Arts                         |
| <input type="checkbox"/> Dog              | <input type="checkbox"/> SET                          |
| <input type="checkbox"/> Ham*             | <input type="checkbox"/> Scrapbooking                 |
| <input type="checkbox"/> Horse            | <input type="checkbox"/> Babysitting Day Camp         |
| <input type="checkbox"/> Livestock        | <input type="checkbox"/> Meat Judging Series/Club     |
| <input type="checkbox"/> Photography      | <input type="checkbox"/> Junior Homemakers            |
| <input type="checkbox"/> Sewing           | <input type="checkbox"/> Cloverbud Day Camp           |
| <input type="checkbox"/> Shooting Sports* | <input type="checkbox"/> Communications (Speech/Demo) |
| <input type="checkbox"/> Nature/Forestry  | <input type="checkbox"/> Electricity                  |
| <input type="checkbox"/> Teen Council     | <input type="checkbox"/> Healthy Living               |
| <input type="checkbox"/> Helping Hands    |                                                       |

### Leadership Conferences:

- Teen Summit (Middle School Age)
- Issues Conference (High School Age)
- Teen Conference (High School Age)

### Cloverbud (5-8 year olds):

- This form is for a Cloverbud (5-8 year old) that wants to participate in the previously selected clubs—if allowed by policies/leaders. By checking this box, I understand an adult must accompany and assist Cloverbud at all times.

School Attend: \_\_\_\_\_

\*Please call the office if interested in enrolling with a club an asterisks\*

Please note: Availability of project(s) offerings varies based on volunteer availability. Call our office for information if you would like to a lead club.

### 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

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.

Please return completed form to: Nelson County Extension Service 4-H, 317 South Third St, Bardstown, KY 40004

**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:

Please 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) |

List any conditions requiring medication: \_\_\_\_\_

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/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**4-H Youth Development CODE OF CONDUCT FORM (NOT FOR RESIDENTIAL CAMPS)**

All 4-H members & family/friends associated with 4-H members must respect the individual rights, safety & property of others & 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 &/ or others. The following guidelines are designed to make all 4-H events safe, meaningful, & satisfying to youth & others 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, & meetings of the event, & to be in appropriate attire. Dress codes will be specific to individual events. Delegation chaperones &/or volunteers are responsible for ensuring that members participate in all aspects of the planned program activities.
- The possession & use of alcoholic beverages, tobacco products, vape juice &/or devices, &/or drugs (except for medications prescribed to the participant by a licensed physician) are prohibited. Delegation chaperones &/or volunteers shall limit use of tobacco products to designated areas.
- Possession of firearms not for educational use is prohibited.
- Setting off fire alarms & tampering with fire extinguishing & 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 & harassment can include the use of social media.
- Obscene, discriminatory &/or inappropriate language, roughhousing, & 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 & 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 & comply with quiet hours, lights out, & 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 & 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 & 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 | • Released to nearest law enforcement authority |
| • Barred from participation from future 4-H events            | • Termination of 4-H membership                 |
| • Assessed the cost of damages for destruction of property    |                                                 |

I, \_\_\_\_\_, have read the Code of Conduct & agree to abide by its rules. I understand & that infraction of this Code of Conduct will result in an or all of the penalties listed above.

\_\_\_\_\_  
Member/Volunteer Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date