

# 4-H Participant Information/Enrollment Form – 2022-2023

Note: The form must be completed by the participant and/or parent or guardian in order to participate in the 4-H program. **All item 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: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_ Yrs In 4-H \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Club: \_\_\_\_\_ School I Attend \_\_\_\_\_ Grade \_\_\_\_\_

Please Check One:  Female  Male  Prefer Not To State  
 Hispanic  Non-Hispanic  Prefer Not To State  
 I Live On A Farm

Race:  American Indian or Alaskan Native  Asian  Black or African American  Hawaiian or Pacific Islander  Other  White  Prefer Not To State  
 We are a military family. Which branch? \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

## 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.

Serious Allergy to Insects:  Yes  No Allergy to Nuts:  Yes  No  
 Allergy to Dairy:  Yes  No Any Other Allergies:  Yes  No  
 Allergy to Gluten:  Yes  No List: \_\_\_\_\_

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

Acetaminophen (Tylenol)  Antacid  Antihistamine Pill  Decongestant  Dramamine  
 Hydrocortisone Cream  Ibuprofen (Advil)  Polysporin (topical antibiotic)

Name of Family Doctor \_\_\_\_\_ Doctor's Phone Number \_\_\_\_\_

	YES	NO
1) Allergies.....	<input type="checkbox"/>	<input type="checkbox"/>
2) Asthma.....	<input type="checkbox"/>	<input type="checkbox"/>
3) Bronchitis.....	<input type="checkbox"/>	<input type="checkbox"/>
4) Convulsions.....	<input type="checkbox"/>	<input type="checkbox"/>
5) Diabetes.....	<input type="checkbox"/>	<input type="checkbox"/>
6) Ear Infection.....	<input type="checkbox"/>	<input type="checkbox"/>
7) Fainting.....	<input type="checkbox"/>	<input type="checkbox"/>
8) Headaches.....	<input type="checkbox"/>	<input type="checkbox"/>
9) Heart Condition.....	<input type="checkbox"/>	<input type="checkbox"/>
10) Hypoglycemia.....	<input type="checkbox"/>	<input type="checkbox"/>
11) Other Conditions.....	<input type="checkbox"/>	<input type="checkbox"/>
12) Any Other Conditions.....	<input type="checkbox"/>	<input type="checkbox"/>

List: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Health Insurance

Health Insurance Company \_\_\_\_\_  
 Policy # \_\_\_\_\_  
 Member ID \_\_\_\_\_  
 Name of Policy Holder \_\_\_\_\_  
 Relationship to Participant \_\_\_\_\_  
 List & Explain any restrictions (dietary, physical, etc.)

## 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 see 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, 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 DATE: \_\_\_\_\_

Over Please



2022-2023 Kenton County  
4-H Enrollment Form

4-H Project & Club Interest:\*\*

Please check the project/club you are interested in joining. The 4-H Newsletter will include dates of club meetings and activities. Once you are completed this enrollment form you may begin attending meetings. (Cloverbuds are for members ages 5 to 8.)

CLUB INTEREST:

- Big Cats (Arts & Craft Club)
- Ghost Riders (Horses)
- Blazin' Bridles (Horses)
- Lamb Club
- Lego Club
- Livestock Club-Must have 6 Education Hours
  - Country Ham
  - Dairy
  - Dog
  - Goat
  - Horse
  - Lamb
  - Steer
  - Swine
- Poultry Club (Community Club)
- Rough Riders (Community Club)
- Purrfect Pals (Livestock)
- Shooting Sports (Community Club)
- Soaring Eagles (Homeschool Club)
- Wondermakers

**Projects Available:** Interested in specific projects? Call our office and you will be put in touch with the agent in charge of that area.

- |                    |                    |
|--------------------|--------------------|
| Archery            | Home Environment   |
| Arts & Crafts      | Knitting           |
| Babysitting        | Land Judging       |
| Communication      | Leadership         |
| Consumer Education | Lego               |
| Electric           | Outdoor Adventures |
| Entomology         | Photography        |
| Cooking            | Poultry            |
| Country Ham        | Quilting           |
| Crochet            | Rabbit             |
| Embroidery         | Rifle              |
| Entrepreneur       | Sewing             |
| Fitness            | Shotgun            |
| Forestry           | Teens              |
| Garden             | Tractor Driving    |
| Geology            | Woodworking        |

To become a participating member of a club, you must attend a club meeting. Check newsletters for club meeting dates or contact the club leader directly.

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 pre-scribed 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.
- 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
- 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 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   Kenton  

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