

# 2022-2023 Shelby County 4-H Enrollment Form



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

Enrollment is from September 1, 2022 to August 31, 2023. Re-enrollment is required each year to be an active 4-H Member (ages 9-18). Must be age 9 as of January 1, 2023.

First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name: \_\_\_\_\_

Primary E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male Female

Primary Parent's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone : \_\_\_\_\_

Secondary Parent's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone : \_\_\_\_\_

## **Check any that apply to the member:**

Ethnicity (check one):

Hispanic Non-Hispanic

Race (check all that apply):

Asian Black White

Hawaiian/Pacific Island Native American

Member Lives:

Farm

Rural (non-farm, town under 10,000)

In Town (Shelbyville)

Other: \_\_\_\_\_

## **Member's School:**

Grade 2022-2023: \_\_\_\_\_ School Name: \_\_\_\_\_

I attend: home school private school public school Other: \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE MUST ACCOMPANY THIS FORM TO BE VALID!!**

My child has my permission to join 4-H. I will do my best to help my child complete their 4-H projects and attend club meetings.

\_\_\_\_\_  
Signature of Parent/Guardian if 4-Her is under 18

## **Please complete ALL forms front and back and return to:**

Shelby County Cooperative Extension Office  
c/o Shelby County 4-H  
1117 Frankfort Road  
Shelbyville, KY 40065

CEA for 4-H Youth Development  
Regina Browning & Candice Hollingsworth  
rbrownin@uky.edu or cmfu227@uky.edu  
Phone: (502) 633-4593  
Fax: (502) 633-6713



# 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

### 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:
- Antihistamine Pill     Antacid     Ibuprofen (Advil)     Hydrocortisone Cream
- Acetaminophen (Tylenol)     Decongestant     Dramamine     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:** \_\_\_\_\_

### 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.
- 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 \_\_\_\_\_

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

## 4-H CLUBS

**INSTRUCTIONS:** Enroll 4-H member in club(s) they wish to participate in this year. The clubs listed meet on a regular basis, led by an adult volunteer & elected officers. Contact Shelby County Extension Office for meeting details. \*\*Members who wish to show Dairy, Beef, Sheep, Goat, Swine, Horse, Rabbit or Poultry Projects must complete a minimum of 6 educational hours provided by certified club leaders. Resource books are also available for these projects by request.

Cloverbud Club  
(Grades K-3/Ages 5-8)

Country Ham  
(Requires Contract & Fee)

Dairy Club

Equus Horse Club

Fur & Feathers Club

Rabbit

Poultry

Imagination Club

Livestock Club

Beef

Goat

Sheep

Swine

Livestock Judging

Livestock Skillathon

Saddles'N'Spurs Horse Club

Shooting Sports  
(Requires Waiver & Fee)

Teen Council (Grades 9-12)  
(Application Required by Sept. 1)

Zappy Zippers

## 4-H INDIVIDUAL PROJECTS

**INSTRUCTIONS:** Enroll 4-H member in project(s) they wish to complete this year or would like more information on. Project books for the subjects listed below are available by request. All projects completed by 4-H members can be entered in the Shelby County Fair. Projects must be completed during the 2021-2022

4-H year. Specific guidelines can be found in the Shelby County 4-H Fair Guide or requested from the Shelby County Extension Office.

Aerospace

Art

Beekeeping

Bicycle

Citizenship

Communication

Consumer & Financial Education

Computer

Dog

Electricity

Entomology

Fishing

Foods

Forestry

Geology

Health

Home Environment

Horticulture/Gardening

Natural Resources

Needlework

Petroleum Power

Photography

Leadership

Robotics

Sewing

Theatre Arts

Wood Working

## 4-H SPECIAL ACTIVITIES

**INSTRUCTIONS:** Select from the list below any special activities 4-H member wishes to participate in. These activities are

4-H Camp (Camper/Teen/Adult Volunteer application released first business day in February each year)

Day Camp (Campers grades: 3-7, Teen Leaders grades 9-12)

Communications Contest (Public Speaking, Demonstration, Variety Act, Mock Interview)

Project Day (Spring and/or Fall Break)

Food-A-Rama (Annual Cooking/Recipe Contest)