

# 2025—2026 4-H Enrollment Form

**Note:** Enrollment begins in September, similar to a school year. Previous years' forms will not be accepted for the current year.

This 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 – use N/A when applicable.** Failure to complete this form in its entirety will result in the person being ineligible to participate in 4-H activities. Should this information change during the program year, it is the responsibility of the parent/guardian(s) to notify the Extension Personnel in writing. Please print in blue or black ink to allow for photocopying.

## Family Information

This is the primary information we will use to communicate with your 4-H member.

### Preferred Contact Method:

☐ U.S. Mail ☐ E-Mail

Family Name: \_\_\_\_\_ Family Phone: \_\_\_\_\_ Family Email: \_\_\_\_\_

Family Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

## Member Information

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
Last First

Biological Sex: ☐ Female ☐ Male School Name: \_\_\_\_\_ Grade: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Please specify Youth or Adult size

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 (Check all that apply): ☐ Asian ☐ White ☐ Black ☐ American Indian ☐ Hawaiian & Pacific Islander

☐ Prefer Not To Say ☐ Not Listed: \_\_\_\_\_

Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Prefer Not To Say

## Parent/Guardian Information

### Parent/Guardian 1

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Parent/Guardian 2

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Emergency Contact Information

Please list anyone other than a parent/guardian that we may contact regarding your 4-H member.

### Emergency Contact 1

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

May we release personal information to this person? ☐ Yes ☐ No May this person pick up the above mentioned 4-H member? ☐ Yes ☐ No

### Emergency Contact 2

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

May we release personal information to this person? ☐ Yes ☐ No May this person pick up the above mentioned 4-H member? ☐ Yes ☐ No

## Military Service

Does the 4-H Member have family serving in the military? ☐ Yes ☐ No (if no, skip this section)

Relationship to 4-H Member: \_\_\_\_\_ Branch: ☐ Active ☐ Reserve ☐ National Guard ☐ Other: \_\_\_\_\_

## Cooperative Extension Service

Agriculture and Natural Resources  
Family and Consumer Sciences  
4-H Youth Development  
Community and Economic Development

## MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

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



Disabilities  
accommodated  
with prior notification.

## 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.

### Allergies

- 1) Serious Allergy to Insects ..... ☐ Yes ☐ No  
2) Serious Allergy to Dairy..... ☐ Yes ☐ No  
3) Serious Allergy to Gluten..... ☐ Yes ☐ No  
4) Serious Allergy to Nuts..... ☐ Yes ☐ No  
5) Other Allergy (please explain)..... ☐ Yes ☐ No

Please explain any "Yes" responses, including medications taken for allergies:

### Conditions

- 1) Asthma ..... ☐ Yes ☐ No  
2) Bronchitis..... ☐ Yes ☐ No  
3) Convulsions..... ☐ Yes ☐ No  
4) Diabetes..... ☐ Yes ☐ No  
5) Ear Infection.... ☐ Yes ☐ No  
6) Fainting ..... ☐ Yes ☐ No  
7) Headaches ..... ☐ Yes ☐ No  
8) Heart Condition ☐ Yes ☐ No  
9) Hypoglycemia .. ☐ Yes ☐ No  
10) Other ..... ☐ Yes ☐ No  
11) Wear Glasses ... ☐ Yes ☐ No  
12) Wear Contacts .. ☐ Yes ☐ No

Please explain any "Yes" responses, including medications taken for any conditions:

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

- Acetaminophen... ☐ Yes ☐ No  
Antacid ..... ☐ Yes ☐ No  
Antihistamine Pill.. ☐ Yes ☐ No  
Decongestant..... ☐ Yes ☐ No  
Dramamine ..... ☐ Yes ☐ No  
Hydrocortisone ..... ☐ Yes ☐ No  
Ibuprofen ..... ☐ Yes ☐ No  
Polysporin ..... ☐ Yes ☐ No

List and explain any restrictions (dietary, physical, etc):

Social, emotional, and/or behavioral health information:

**This Enrollment Form must be completed to enter projects in the 4-H classes of the Daviess County Fair in July.  
This form must also be completed to participate in clubs and/or projects and to attend 4-H Camp.  
Dates for club meetings and activities will be in the monthly 4-H Newsletter.**

## 4-H CLUB INTEREST

Placing a check by a club only indicates your ***interest*** in the club. To become a member of the club, you must attend a club meeting. Call the Extension Office at 270-685-8480 for more information.

Please check the clubs you are ***interested*** in joining.

- |   |   |
|---|---|
| <input type="checkbox"/> Cloverbud Cooking Club<br>(ages 5-8) | <input type="checkbox"/> Market Lamb Club                           |
| <input type="checkbox"/> Crushers<br>(Trap Shooting Sports)   | <input type="checkbox"/> Marksmen<br>(BB, Air Rifle, and .22 Rifle) |
| <input type="checkbox"/> Feeder Calf Project                  | <input type="checkbox"/> Poultry Club                               |
| <input type="checkbox"/> Dairy Goat Club                      | <input type="checkbox"/> Rabbit Club                                |
| <input type="checkbox"/> Homeschool Club                      | <input type="checkbox"/> St. Mary of the Woods Club                 |
| <input type="checkbox"/> Horticulture Club                    | <input type="checkbox"/> Other club not listed above                |
| <input type="checkbox"/> Livestock Club                       | _____   |

### Review Confirmation Signature

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 prescriptions 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 (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 other 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, 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, & 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 or 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, (print name) \_\_\_\_\_ have read the Code of Conduct and agree to abide by its rules. I understand that infraction of this Code of Conduct will result in any or all of the penalties listed above.

Child Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Communication

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 prescriptions 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: \_\_\_\_\_

### Survey & Evaluation Release

I acknowledge and agree that, although my child may participate in 4-H programs delivered in school settings, the University of Kentucky Cooperative Extension Service is a separate entity from my child's school district. I understand and agree that employees and approved volunteers of the Cooperative Extension Service may communicate electronically with my child outside the school's traceable communication system regarding 4-H clubs, programs, activities, and events following guidelines established by the University of Kentucky, state, and federal regulations for the Land Grant Cooperative Extension Service.

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

(Initials)

### Permission To Participate

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, cautions, 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 judgement 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)

### 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/GUARDIAN: \_\_\_\_\_

☐ NO, I DO NOT PERMIT