STUCK IN THE MIDDLE REGISTRATION FORM





@ WKY 4-H CAMP

PARTICIF	PANT'S NAME:			
AGE:	GENDER:	RACE:	_ COUNTY:	
GUARDIA	N'S NAME:			
CELL:				
T-SHIRT	SIZE (CIRCLE C	NE): S M L X	L 2XL 3XL OTHER:	
SPECIFIC	NEEDS/ALLE	RGIES:		
	RATION FEE: \$ S PAYABLE TO YOUR CO			
FORMS:		SHOULD BE COMPLETED A	BE RETURNED WITH REGISTRA AND KEPT BY THE COUNTY AGE PLEASE CHECK BELOW THAT IRED FORMS:	NT OR CHAPERONE FOR
		PARTICIPAN	ON FORM (ONLY SEND THIS FORM INFORMATION FORM & CODE OF FORM (FOLLOWING TEEN CONFE	F CONDUCT (PIE FORM)
<u>CLASS O</u>		THURSDAY. SOME CLASSE	NSHOPS WILL BE OFFERED. SIGN S MAY REQUIRE A SMALL FEE, S LIDE CLASS MONEY IN THIS DAYN	O BE SURE TO BRING

AGENTS, RETURN REGISTRATION FORM(S) ALONG WITH ONE PAYMENT (MADE PAYABLE TO LIVINGSTON COUNTY 4-H) ON OR BEFORE MARCH 14, 2025 TO:

LIVINGSTON COUNTY EXTENSION

803 US 60 EAST

SMITHLAND, KY 42081

EMAIL REGISTRATION FORMS TO: SHAREE.SCHOONOVER@UKY.EDU







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

I. Re-Enrollment			. F8	, ,	the responsionity of	Ţ	8	(=) := :	<i>)</i>			
If re-enrolling, please co	mplete	section I.	Re-Enroll	ment, ther	review sections II	through IX	K and ve	rify revi	ew by	signing and dating		
Name:	School Name:				County:							
Grade:												
II. Family Inform	ation	l										
This is the primary inform	mation	we will u	ise to comn	nunicate v	vith your 4-H memb	er.						
Family Name:	me:											
Family Phone:	y Phone:			Family Address:								
II. Member Inform	nation	1										
First Name:					Last Name:							
Preferred Name (option	onal):				Birthdate:				# of 3	Previous Years in	4-H:	
Sex:	M F Residence: Farm				m Town <10,00 y/Suburb >50,000							
					rican Indian Asian Black Native Hawaiian or Pacific Islander							
V. Parent/Guardia	n 1 In	ıforma	tion	•								
Last Name: First Name:												
Phone:					May we release	personal i	nforma	tion to t	his per	son?	Yes	No
. Parent/Guardiai	n 2 Inf	formati	ion									
Last Name:					First Name:							
Phone:					May we release	personal i	nforma	tion to t	his per	son?	Yes	No
I. Other Emergen	cy Co	ntact										
Name:					Relationship:							
Phone:					May we release j	ersonal ii	nforma	tion to th	is per	son?	Yes	No
VII. Pick Up Info In addition to the parent above referenced child. will only be used. If an provide written permiss Name of First Person: Phone:	/guardia These i individu	an(s) and ndividua ual who i	ls will not is not listed	be contact on this fo	ed in case of an em rm is permitted to p	ergency, the ick up you wolunteer r	ne paren ır child/ responsi	t/guardia children,	n(s) or the pa	emergency contar rent/guardian(s) w t/activity.	ct inform	nation
Name of Second Person	n:					Relati	onship	to 4-H N	1embe	r:		
Phone:												

Cooperative Extension Service

Relationship to Member serving:

Service Status:

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

Active Duty

MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

Branch of service

Other:

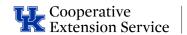
Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, 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.

Reserves





National Guard



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.

Allergies

1.Serious Allergy to Insects	Yes	No	Please explain any "yes" responses, including medications for any allergies:
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	
The following over the counter medications m	av be admi	nistered to n	y child without contacting me:

Cetaminophen: Decongestant:		Yes No Yes No		Antacid: Dramamine:		Yes Yes		Antihistamine Pill: Hydrocortisone Cream:		Yes No Yes No			
Ibuprofen (Adv	dvil) Yes No		Polysporin		in (topica	(topical antibiotic			Yes No				
onditions												_	<u></u>
1.Asthma	Yes	No	6.Fain	6.Fainting			No	11.W	Vear Glasse	s/Contacts?	Yes	No	
2.Bronchitis	Yes	No	7.Head	7.Headaches			No	Please explain any "yes" responses, including medications taken for					
3.Convulsions	Yes	No	8.Hear	8.Heart Condition			No	any	condition	s:	_		
4.Diabetes	Yes	No	9.Нур	9.Hypoglycemia			No						
5.Ear Infection	Yes	No	10.Other Conditions			Yes	No						
Please explain		• ,•	(11. 4		• ()		<u> </u>						

X. REVIEW CONFIRMATION SIGNATURE

Social, emotional, and/or behavioral health information:

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

DATE:

 $be\ reached\ in\ an\ emergency, I\ give\ permission\ to\ the\ attending\ physician\ to\ secure\ and\ administer\ treatment,\ including\ hospitalization.$

\mathbf{v}	CIID	VITV	O_ '	TALAT	TIATION	DEL	TACE
ΛI	. DUK	V P.Y	a.	r, v A I	JUATION	KEL	TASE.

PARENT/GUARDIAN:

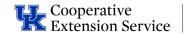
I hereby establish my willingness to participate as an adult (i.e., 4-H leader, other volunteer, parent/ guardian, site manager, etc.) and give permission for my child (under 18 years of age) to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program. I understand that participation in surveys and evaluations is voluntary and that my child and I may choose not to participate and may withdraw from surveys and evaluations without impact on my or my child's eligibility to participate in the 4-H program. I understand that my child or I may be asked for consent before completing a survey or an evaluation.

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

XII. 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, 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	s, 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 I	promotion, advertising, educational publications or online content
DADENT/CHADDIAN	NO. I DO NOT PERMIT



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.

4-H Youth Development

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

Cooperative Extension Service

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, everan 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



