

# KY 4-H Participant Information/Enrollment Form

(NOT FOR RESIDENTIAL CAMP)



## Meade County 4-H Enrollment Form (for ages 5-18 as of 1/1/2026)

Enrollment is from September 1, 2025 to August 31, 2026.

Re-enrollment is required each year to be an active Meade County 4-H Member.

**Note:** 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, even if the response is not applicable – indicate by using N/A (i.e. no health insurance).** Should this information change during the program year, it is the responsibility of the parent/guardian(s) to notify Extension personnel in writing.

**2025-2026**  
**School Year**

School Name: \_\_\_\_\_

(Select One):

New Member

Returning Member, including this year,  
I have been in 4-H \_\_\_\_\_ years.

Grade: \_\_\_\_\_

|  |              |   |            |
|--|--------------|---|------------|
| 4-H'er Last Name: _____  |              | First Name: _____   |            |
| Family Last Name: _____  |              | Preferred Name: _____   |            |
| Family Email: _____  |              |   |            |
| Mailing Address: _____   |              | Birth Date: _____   | Age: _____ |
| City: _____  | State: _____ | Zip Code: _____   |            |
| Family Phone: (____) _____   |              | Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male |            |
| Residence (select one): <input type="checkbox"/> Farm <input type="checkbox"/> Town < 10,000 or Rural Non-Farm <input type="checkbox"/> Town / City / Suburb 10,000-50,000 <input type="checkbox"/> City-Central >50,000 |              |   |            |
| Race (please choose more than one if applicable): <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian or Pacific Islander    |              |   |            |
| <input type="checkbox"/> White <input type="checkbox"/> Prefer Not to Say Not Listed: _____  |              |   |            |
| Ethnicity (select one): <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Hispanic  |              | T-Shirt Size: _____   |            |

|                            |   |                     |                      |
|----------------------------|---|---------------------|----------------------|
| Parent / Guardian 1: _____ |   | Phone: (____) _____ |                      |
| E-mail: _____              | May we release personal information to this person? |                     | <b>Yes</b> <b>No</b> |
| Parent / Guardian 2: _____ |   | Phone: (____) _____ |                      |
| E-mail: _____              | May we release personal information to this person? |                     | <b>Yes</b> <b>No</b> |

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

**Pick Up Information:** In addition to the parent/guardian(s) and emergency contacts listed, please list the names of up to two additional people authorized to pick up the above referenced child. These individuals will not be contacted in case of an emergency, the parent/guardian(s) or emergency contact information will only be used. If an individual who is not listed on this form is permitted to pick up your child/children, the parent/guardian(s) will need to provide written permission (letter or email) to Extension personnel or approved volunteer responsible for the event/activity.

|                        |                             |        |
|------------------------|-----------------------------|--------|
| Name of First Person:  | Relationship to 4-H Member: | Phone: |
| Name of Second Person: | Relationship to 4-H Member: | Phone: |



## 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 |
| 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 for any allergies:

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 Cream: | Yes | No |
| Ibuprofen (Advil) | Yes | No | Polysporin (topical antibiotic) | Yes | No |                       |     |    |

### Conditions

|                 |     |    |                     |     |    |   |     |    |
|-----------------|-----|----|---------------------|-----|----|---|-----|----|
| 1.Asthma        | Yes | No | 6.Fainting          | Yes | No | 11.Wear Glasses/Contacts?   | Yes | No |
| 2.Bronchitis    | Yes | No | 7.Headaches         | Yes | No | Please explain any “yes” responses, including medications taken for any conditions: |     |    |
| 3.Convulsions   | Yes | No | 8.Heart Condition   | Yes | No |   |     |    |
| 4.Diabetes      | Yes | No | 9.Hypoglycemia      | Yes | No |   |     |    |
| 5.Ear Infection | Yes | No | 10.Other Conditions | Yes | No |   |     |    |

Please explain any restrictions (dietary, physical, etc)

Social, emotional, and/or behavioral health information:

## X. 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 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.

PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

## XI. SURVEY & EVALUATION RELEASE

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, 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

PARENT/GUARDIAN \_\_\_\_\_

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.
- 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, \_\_\_\_\_, 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: \_\_\_\_\_ County: \_\_\_\_\_

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



Youth **MUST** be an enrolled 4-H member to be eligible to participate at county, area, regional and state level events and to show at the Meade County and/or KY State Fair.

### Project Books Available for Order or Pick up at 4-H Office

*Note: some books may have associated costs*

- **Aerospace**
- **Agriculture**
- **Animal Science**
  - Beef Cattle
  - Country Ham
  - Goat
  - Horse
  - Poultry
  - Rabbit
  - Sheep
  - Swine
- **Babysitting**
- **Citizenship/Civic Engagement**
- **Cloverbuds (ages 5-8)**
- **Communication**
  - Demonstrations
  - Speeches
  - Mock Interviews
- **Electric**
- **Entomology**
- **Expressive Arts**
  - Painting
  - Clay
  - Fiber Arts
  - Mixed Media
  - KY 4-H Trends
- **Family & Consumer Sciences**
- **Foods/Food Preservation**
- **Forestry**
- **Health & Well-being**
- **Home Environment**
- **Horticulture/Gardening**
- **Leadership**
  - Achievement Program
  - Teen Leadership Academy
  - Jr. Teen Leadership Academy
- **Needlework**
  - Crochet
  - Embroidery
  - Knitting
  - Quilting
- **Photography**
  - Agriculture
  - Communications & Expressive Arts
  - Family & Consumer Sciences
  - Health & Well-Being
  - Leadership
  - Natural Resources
  - Science, Engineering & Technology
- **Record Books (Junior & Senior)**
  - Animal Science Projects
  - Club Secretary
- **STEAM**
  - Science
  - Technology
  - Engineering
  - Art
  - Math
- **Sewing**
  - Junior level (ages 9-13)
  - Senior level (ages 14-18)
- **Wood Science**

**Not all of these topics are available in a club format, many can be studied and completed at home as a 4-H independent project.**

### 4-H Clubs/Activities:

- Must live or attend school in Meade County
- Animal project deadline: October 31, 2024
- Re-enrollment deadline: December 21, 2024
- NEW enrollments accepted year-round.

Please check the clubs/subjects you are interested in below. The 4-H newsletter will include dates of club meetings and activities and you will receive an initial invitation once the club/program begins. To remain a member of a club, you must attend club meetings.

**As of January 1, 2026:  
4-H Age is 9-18 years old and  
Clover Bud Age is 5-8 years old.**

#### Volunteer Led Clubs:

- \_\_\_\_\_ Beef Club
- \_\_\_\_\_ Goat Club
- \_\_\_\_\_ Horse Club
- \_\_\_\_\_ Poultry & Rabbit Club
- \_\_\_\_\_ Sheep Club
- \_\_\_\_\_ Swine Club

#### General Programs:

- \_\_\_\_\_ Art Projects
- \_\_\_\_\_ Cloverbuds (ages 5-8)
- \_\_\_\_\_ Cooking Projects
- \_\_\_\_\_ Country Ham Project
- \_\_\_\_\_ Gardening/Horticulture Projects
- \_\_\_\_\_ Homeschool Programs
- \_\_\_\_\_ Leadership Projects
- \_\_\_\_\_ Public Speaking Project
- \_\_\_\_\_ STEAM Programs
- \_\_\_\_\_ Summer Camp (ages 9-18)
- \_\_\_\_\_ Teen Programs (ages 13-18)

Note: Enrollment is taken year-round, but some projects/clubs have specific deadlines (i.e. animal science enrollment is October 31, 2025) and 6 hours of education is required for all animal science projects (i.e. livestock, rabbit & poultry) by tagging verification deadline(s) and horse enrollment requires 6 hours of education by April 15, 2026. Check with office for additional participation deadlines.