





4-H is a youth organization committed to building outstanding leaders with marketable skills to succeed in today's global society. 4-H empowers youth to reach their full potential, working and learning in partnership with caring adults. Join Cumberland County 4-H today!

WHO CAN JOIN?

Any youth who are between the ages of 9-18 that reside in Cumberland County.

HOW TO JOIN

Fill out the attached enrollment form and turn it in at the Cumberland County Extension Office.

WAYS YOUTH CAN PARTICIPATE

- In School Programs
 - o 4th Grade School Club
 - o 5th Grade School Club
 - Teen Councils (6th-12th Grade)
- After School Programs
 - 21st Century at CCES and CCMS
- Project Groups and Clubs
 - Shooting Sports
 - Animal Science Club
- Camps and Conferences
 - Teen Summit (Middle School)
 - ISSUES Conference (High School)
 - Teen Conference (8th grade-High School)
 - Jr. MANNRS (Middle and High School)
 - 4-H Camp (9-18)

HOW DO I FIND OUT ABOUT UPCOMING EVENTS AND PROJECTS?

- Fill out an enrollment form.
- Join TeamReach & Remind notification groups for enrolled members.
- Follow the Cumberland County 4-H page on Facebook.
- Visit the Cumberland County Extension Office website <u>cumberland.ca.uky.edu</u>

FOR MORE INFORMATION

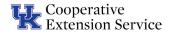
Dr. Elijah Wilson , Extension Agent for 4-H Youth Development

Cumberland County Cooperative Extension Service

90 Smith Grove Rd. Burkesville, KY 42717 Phone: (270) 433-7700

Email: elijah.wilson@uky.edu

Website: cumberland.ca.uky.edu



Cooperative
Extension Service

Agriculture and Natural Resources
Family and Consumer Sciences



and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sexcentual orientation, general feativity, gender orgeresion, prepagnars, martial status, generic information, age, vertices, polysical or mental disability or reprisal or retallation for prior civil rights activity. Reasonable accommodation of disabssay be available with prior notice. Program information may be made available in languages other than English, University of Kentacky, Kentacky State University, US. Department of Agriculture, and Kentacky Counties, Cooperation





CHECK ALL YOU LIKE)

NATURAL RESOURCE -

RELATED PROJECTS, CLUBS, TRIPS, ACTIVITIES, AND PROGRAMMING, INCLUDING FORESTRY, ENTOMOLOGY, AND GEOLOGY PROJECTS. HIKING, CAMPING, CANOEING/KAYAKING, AND OUTDOOR LIVING SKILLS, STREAM BIOLOGY, WILDLIFE, REPTILES, AND POSSIBLE ZOO TRIPS, NATURE PHOTOGRAPHY, SHOOTING SPORTS CLUB.

LEADERSHIP —

RELATED PROJECTS, CLUBS,
TRIPS, ACTIVITIES, AND
PROGRAMMING, INCLUDING TEEN
COUNCIL, CAPITOL EXPERIENCE
(TRIP TO FRANKFORT, KY), TEEN
CONFERENCE (HIGH SCHOOL
SUMMER CONFERENCE), SUMMIT
(MIDDLE SCHOOL CONFERENCE),
ISSUES CONFERENCE (SERVICE
LEARNING CONFERENCE); AREA
MIDDLE AND HIGH SCHOOL
COUNCILS AND CONFERENCES;
WORKFORCE PREPARATION
(RESUME WRITING, ETC.)

FAMILY & CONSUMER SCIENCES

RELATED PROJECTS, CLUBS, TRIPS, ACTIVITIES, AND PROGRAMMING, INCLUDING COOKING CLUB, BAKING PROJECTS FOR COUNTY AND STATE FAIR. WORKFORCE PREPARATION (FOOD HANDLERS CERTIFICATION, RESUME WRITING, PRACTICAL LIVING SKILLS (FIRST AIG, CPR, SEWING, NEEDLEWORK, CANNING, BUDGETING, ETC.)

AGRICULTURE—

BASED PROJECTS, CLUBS, TRIPS, ACTIVITIES, AND PROGRAMMING, INCLUDING LIVESTOCK PROJECTS, COUNTRY HAM PROJECT, POULTRY PROJECTS, AND HORSE PROJECTS, AGRICULTURE PHOTOGRAPHY, HORTICULTURE PROJECTS FOR COUNTY AND STATE FAIR

COMMUNICATION -

RELATED PROJECTS, CLUBS, TRIPS, ACTIVITIES, AND PROGRAMMING, INCLUDING SPEECH AND DEMONSTRATION CONTEST AND WRITTEN COMMUNICATION CONTEST, BOOK CLUB, WRITING CLUB.

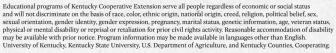
HEALTH —

RELATED PROJECTS, CLUBS, TRIPS, ACTIVITIES, AND PROGRAMMING, INCLUDING WALKING CHALLENGES, COMMUNITY 5K, HIKING, YOGA, HEALTH PHOTOGRAPHY, COMPANION ANIMALS AND STRESS RELIEF.

Cooperative Extension Service

MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

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









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

	nange aaring	5 the program y	car, it is t	ne responsionity of	are parent guarar	un(b) to notify	the Extension reise		······································
I. Re-Enrollment If re-enrolling, please complete section I. Re-Enrollment, then review sections II through IX and verify review by signing and dating.									
If re-enrolling, please co	nent, then	review sections II t	hrough IX and ve	erity review b	y signing and dating.				
Name:	School Name:				County:				
Grade:									
II. Family Inform									
This is the primary inform	mation we w	ill use to comm	unicate w	ith your 4-H memb	er.				
Family Name:				Family Email:					
Family Phone:	amily Phone:			Family Address:					
III. Member Inforn	nation								
First Name:			Last Name:	Last Name:					
Preferred Name (option	onal):			Birthdate:		# of Previous Years i			
Sex:	M F Residence: Farm Town <10,000 or Rural Non-Farm Town/City/Suburb 10,000-50,00 City/Suburb >50,000 City-Central >50,000							00	
Hispanic/Latino:							vaiian or Pacific Isl	ander	
IV. Parent/Guardia	n 1 Infori	mation							
Last Name: First Name:									
Phone:		May we release p	ersonal informa	tion to this p	erson?	Yes	No		
V. Parent/Guardian 2 Information									
Last Name: First Nam									
Phone:			May we release p	ersonal informa	tion to this p	erson?	Yes	No	
VI. Other Emergency Contact									
Name:				Relationship:					
Phone:			May we release personal information to this person?				Yes	No	
VII. Pick Up Info	rmation							l .	
In addition to the parent	/guardian(s)								
above referenced child. will only be used. If an									
provide written permiss								III need	10
Name of First Person:					Relationship	to 4-H Mem	ber:		_
Phone:									
Name of Second Person	n:				Relationship	to 4-H Mem	ber:		
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:

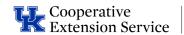
Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, 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	inistered to n	ny child without contacting me:

cetaminophen: Decongestant:			No No			Yes Yes			Antihistamine Pill: Hydrocortisone Cream:		Yes No Yes No		
buprofen (Advi	l)	Y	es No	s No Polyspor		in (topical antibio		tic)		Yes No			
onditions		•										-	
1.Asthma	Yes	No	6.Fain	6.Fainting		Yes	No	11.W	Vear Glasse	s/Contacts?	Yes	No	
2.Bronchitis	Yes	No	7.Head	7.Headaches		Yes	No	Please explain any "yes" responses, including medications taken for					
3.Convulsions	Yes	No	8.Hear	8.Heart Condition		Yes	No	any	condition	s:	- '	Ü	
4.Diabetes	Yes	No	9.Нур	9.Hypoglycemia		Yes	No						
5.Ear Infection	Yes	No	10.Oth	er Cond	itions	Yes	No						
		• .•	(dietary		•								

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

PARENT/GUARDIAN:	DATE:	
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XI. SURVEY & EVALUATION RELEASE

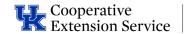
I hereby establish my willingness to participate as an adult (i.e., 4-H leader, other volunteer, parent/ guardian, site manager, etc.) and give permission for my child (under 18 years of age) to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program. 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)

I hereby grant the 4-H program, University of Kentucky and their agents, the right to use, reproduce, assign, and/or distribute still picture.	
recordings of myself or my minor child without compensation for use in promotion, advertising, educational publications or online conten	at
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.

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 resu	alt in any or all of the penalties listed above.
Member:	County:
Parent/Guardian:	Date:

Cooperative Extension Service

MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

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