



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



**MASON COUNTY 4-H ENROLLMENT FORM**

Club/Project: \_\_\_\_\_ School Year: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

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

Address: \_\_\_\_\_  
Street City State Zip

Military Family: *Yes/No* If yes, which branch: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to 4-Her: \_\_\_\_\_

Ethnicity (please circle): *Non-Hispanic or Hispanic* Gender: *Male or Female*

Residence (please circle): *Farm or Town or Rural* (not in town, but not on a farm.)

Race (circle): *White, Black, Asian, Hawaiian/Pacific Islander, American Indian, or Other*  
 If other, please specify: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Phone Number

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**Authorization of Use**

I, \_\_\_\_\_ (Print Full Name), (\*) hereby grant permission to the University of Kentucky and its affiliates and subsidiaries, including, but not limited to the College of Agriculture Extension and Agricultural Alumni Association, to interview, photograph and/or videotape me, or my minor child and/or supervise any others who may do the interview, photography and/or videotaping, and/or to use and/or permit others to use information from the aforementioned interview and/or the aforementioned images in educational and promotional activities for the following without compensation:

- University Educational Publications/Videos
- University Electronics Publishing (e.g. World Wide Web)
- University Promotion/Advertising
- Local/regional/national news media (w/permission of the University of Kentucky)

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

4-H Clubs available at this time in Mason County: Livestock, Horse, Shooting Sports, Robotics, Orangeburg Community Club, Teen Club and school clubs. Most clubs meet once a month.

**4-H offers youth many opportunities. You may sign up for any clubs and / or projects that you are interested in taking. For horse, livestock and country hams there is a 6 hour educational requirement to complete the project. For some projects like hams, horse, livestock and shooting sports there can be club dues and / or costs associated with the project or club. Most other projects are free. Most project books now are furnished by National 4-H Council and there is a fee for them. We have some at the office that we can loan out.**

#### Animal Science

- Vet Science
- Beef- heifer, steer, feeder calf
- Dairy
- Horse
- Lambs
- Hogs
- Rabbit
- Dog Care
- Goat

#### Plants & Crops

- Crops
- Vegetable / Fruit Gardening
- Terrariums
- Desert Dish Garden
- Flower Gardens

#### Science/ Engineering

- Tractor / small engines
- Bicycle
- Electric

#### Science / Eng. continued

- Woodcraft
- Photography
- Geology (rocks & gems)
- Entomology (bugs)
- Forestry (leaves)
- Rocketry
- Robotics

#### Personal Skills

- Babysitting (6<sup>th</sup> grade & older)
- Safety
- Home Furnishings
- Arts & Crafts
- Leadership
- Public Speaking

#### Sewing: There are clothing and non – clothing options.

##### Juniors: 9 - 13

- Unit 1 – Learn to sew
- Unit 2 – Let's get to the bottom
- Unit 3 – Top It Off
- Unit 4- Stretch Your Knit Skills
- Unit 5 – Put It all together

##### Seniors: 14 – 19

- Unit 1 Let's Be Casual (14)
- Dress It Up (14 – 15)
- Match It Up (14 – 16)
- Creative Expressions (15 – 16)
- Unit 2 Level
- Leisure Time (15 – 16)

#### Sewing Continued

- Formal Affair
- Tailor Made (17 – 19)
- Wearable Art (17 – 19)

#### Needlework

- Embroidery
- Knitting
- Crochet
- Needlepoint
- Hand Quilting

#### Foods:

- Level A Six Easy Bites (cookies, brownies, muffins)
- Level B Tasty Tidbits (cakes, pretzels, biscuits, cheese straws)
- Level C You're the Chef (banana bread, tea ring, yeast rolls)
- Level D Foodworks (apple pie, baklava, apple cake)

#### Food Preservation

- Level A Freezing
- Level B Drying
- Level C Canning
- Level D Cooked Jelly

#### Country Hams

#### Shooting Sports

- Archery
- Rifle
- Shotgun or Trap



**4-H Participant Information/Enrollment Form** (NOT FOR RESIDENTIAL CAMP)

Note: 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.

Name: \_\_\_\_\_ County/District: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_  
 Youth  Female  
 Adult  Male

City: \_\_\_\_\_ State: KY Zip: \_\_\_\_\_ Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Farm:  Yes  No

Race:  Asian  White  Black  American Indian  Hawaiian & Pacific Islander  Hispanic  Non-Hispanic Grade: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Phone  H  W  C \_\_\_\_\_ Phone  H  W  C \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Phone  H  W  C \_\_\_\_\_ Phone  H  W  C \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of Policy Holder/Relationship to Participant: \_\_\_\_\_ Member ID: \_\_\_\_\_

**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) Wear Glasses/Contacts.....	<input type="checkbox"/>	<input type="checkbox"/>
12) Other Conditions.....	<input type="checkbox"/>	<input type="checkbox"/>
13) Drug Allergy (please explain) .....	<input type="checkbox"/>	<input type="checkbox"/>
14) Food Allergy (please explain) .....	<input type="checkbox"/>	<input type="checkbox"/>
15) Other Allergy (please explain) .....	<input type="checkbox"/>	<input type="checkbox"/>

Please Explain Any "Yes" Responses:

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

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

<input type="checkbox"/> Antihistamine Pill	<input type="checkbox"/> Antacid	<input type="checkbox"/> Ibuprofen (Advil)	<input type="checkbox"/> Hydrocortisone Cream
<input type="checkbox"/> Acetaminophen (Tylenol)	<input type="checkbox"/> Decongestant	<input type="checkbox"/> Dramamine	<input type="checkbox"/> Polysporin (topical antibiotic)

**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/PARTICIPANT:** \_\_\_\_\_ **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 PARENT:** \_\_\_\_\_  **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 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, 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 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/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 \_\_\_\_\_