

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/program/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 off 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.
- Gambling of any type is prohibited.
- 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. Each county may adopt additional Code of Conduct guidelines.
- Additional expectations may be required based on the activity/program/event the 4-H members 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. Chaperone/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-H participants 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: **Nelson**

Parent/Guardian: _____ Date: ____/____/____

Should any of the information on this form change during the program year, it is the responsibility of the parent/guardian(s) to notify the Extension Personnel in writing.

I. 4-H Member Information

Name _____ Preferred Name _____ Grade _____

County **Nelson** T-shirt Size _____ School _____

Birthdate ____/____/____ # years in 4-H _____ Hispanic/Latino Y N SEX M F

Race American Indian Asian Black Native HI/Pacific Islander White Prefer not to say Not Listed:

Residence: Farm Town <10,000/Rural Non-Farm Town/City/Suburb 10,000-50,000 City/Suburb >50,000

II. 4-H Member Family Information

Family Name: _____ Family Email: _____

Family Phone: (____) _____ - _____ Family Address: _____

III. Parent/Guardian/Emergency Contact/Authorized Adults

| | |
|---|---|
| <p>Parent/Guardian 1 Information</p> <p>Last Name _____</p> <p>First Name _____</p> <p>Phone (____) _____ - _____</p> <p>May we release personal information to this person? Y N</p> | <p>Parent/Guardian 2 Information</p> <p>Last Name _____</p> <p>First Name _____</p> <p>Phone (____) _____ - _____</p> <p>May we release personal information to this person? Y N</p> |
| <p>Emergency Contact</p> <p>Last Name _____</p> <p>First Name _____</p> <p>Phone (____) _____ - _____</p> <p>May we release personal information to this person? Y N</p> | <p>OTHER authorized persons to pick up this 4-Her (not already listed)</p> <p>Name _____</p> <p>Phone (____) _____ - _____ Relation to 4-Her _____</p> <p>Name _____</p> <p>Phone (____) _____ - _____ Relation to 4-Her _____</p> |

In addition to the parent/guardian(s) and emergency contact listed, please list the names of two additional authorized persons to pick up the above mentioned child. The additional authorized persons will not be contacted in case of an emergency; the parent/guardian(s) or emergency contact information will 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.

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

Branch: _____ Status: Active Duty National Guard Reserves Other: _____



V. Health History

Does the 4-H member have, or at any time has had, any of the following? Check YES or NO for each item.
Please explain any YES items in the space provided. Reporting conditions allow Extension personnel and approved volunteer to best support your young person and all information will be kept confidential.

SERIOUS ALLERGIES TO:

Insects Y N Please explain any YES responses, including medications for any allergies.
Dairy Y N
Gluten Y N
Nuts Y N
Other: _____

MEDICAL CONDITIONS

Asthma Y N Fainting Y N
Bronchitis Y N Headaches Y N
Convulsions Y N Heart Condition Y N
Diabetes Y N Hypoglycemia Y N
Ear Infection Y N Other: _____
Contacts/Glasses Y N _____

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

| | | | |
|---------------|-----|----------------------|-----|
| Acetaminophen | Y N | Decongestant | Y N |
| Ibuprofen | Y N | Antihistamine Pill | Y N |
| Antacid | Y N | Hydrocortisone Cream | Y N |
| Dramamine | Y N | Polysporin Ointment | Y N |

Please explain any YES responses, including all current medications.

Please explain any dietary, physical, etc. restrictions.

Please disclose and explain social, emotional, and/or behavioral health information, including current medications.

VI. 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 SIGNATURE: _____ DATE: / /

VII. SURVEY AND 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 Initials

VIII. 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 the 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 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 the 4-H program.

Initials

IX. PUBLICITY RELEASE

I hereby grant the 4-H program, University of Kentucky, and their agents, the right to user, 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 SIGNATURE: _____ DATE: / /



Check out & follow our
NEW Nelson County
4-H Facebook page!



If you are interested in volunteering
please call the office at 502-348-9204
or email samjok12@uky.edu!

What are YOU interested in!?

Please check 4-H Project(s) that you are currently a part of or would like to join or receive an invitation to the first meeting.

Available Curriculum:

- Cooking*
- Ham*
- Horse
- Livestock
- Photography
- Sewing
- Shooting Sports*
- Nature/Forestry
- Teen Council*
- Helping Hands (community service)
- Cloverbud Day Camp/Club
- Homeschool Group

- Arts/Fair Projects
- SET (Science, Engineering & Technology)
- Babysitting Day Camp
- Junior Homemakers
- Communications (Speech/Demo)
- Electricity Day Camp

Leadership Conferences:

- 4-H Summit (Middle School Age)
- Issues Conference (High School Age)
- Teen Conference (High School Age)
- Southern Region Teen Leadership Conference (High School Age)

Cloverbud (5-8 year olds):

- This form is for a Cloverbud (5-8 year old) that wants to participate in the previously selected clubs—if allowed by policies/leaders. By checking this box, I understand adult must accompany & assist Cloverbud at all times.

Please call the office if interested in enrolling with a club an asterisks

Please note: Availability of project(s) offerings varies based on volunteer availability. Call our office for information if you would like to a lead club.