



Kentucky 4-H Enrollment System Participant Information Form



University of Kentucky
College of Agriculture,
Food and Environment
Cooperative Extension Service
4-H Youth Development

County _____ Club _____
 Last Name _____ First Name _____
 Address _____ City _____ State _____
 Zip _____ Email _____ Phone _____
 Years in 4-H _____ School _____ Grade _____
 Gender _____ Age _____ Birthday _____ / _____ / _____

| Project Name | Youth Leader | Need Lit. | Year in Project |
|--------------|--------------|-----------|-----------------|
| _____ | Yes / No | Yes / No | _____ |
| _____ | Yes / No | Yes / No | _____ |
| _____ | Yes / No | Yes / No | _____ |
| _____ | Yes / No | Yes / No | _____ |

Race (circle all that apply):
 1.) White 2.) Black 3.) Alaskan/American Indian 4.) Asian 5.) Hawaiian/Pacific Islander
 6.) More than one race
Ethnicity (circle one):
 1.) Hispanic 2.) Not Hispanic
Residence (circle one):
 1.) Farm 2.) Rural 3.) Small Town 4.) City
 Do you require an accommodation for a disability to participate in this program? _____

Health History

Name of Family Doctor _____ Doctor Phone _____
 Health Insurance Company _____ Policy # _____
 Policy Holder _____ Member ID _____
 Does the participant have, or at any time had, any of the following conditions:
 Asthma Fainting Serious Allergy to Insects Food Allergy
 Bronchitis Heart Condition Wear Glasses or Contacts Other Allergy
 Convulsions Headaches Other Conditions
 Diabetes Hypoglycemia Drug Allergy

Guardian 1 Last Name _____ First Name _____
 H W C Phone _____ Secondary Email _____
Guardian 2 Last Name _____ First Name _____
 H W C Phone _____ Secondary Email _____

Please explain any checked responses: _____

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

4-H Youth Development Code of Conduct

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 the Code of Conduct. Please follow the link provided to view the guidelines that are designed to make your experience at 4-H events safe, meaningful, and satisfying to you and all others attending.

View the Code of Conduct at this web address: <http://bit.ly/2cCzklf>

Any violations of this Code of Conduct shall be reported promptly to the adult in charge of the 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 those 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
- Barred from participation from future 4-H events
- Assessed the cost of damages for destruction of property
- Released to nearest law enforcement authority
- Termination of 4-H membership

I, _____, 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 any of the penalties listed above.

Member/Volunteer _____ County _____
 Parent/Guardian _____ Date _____

The following over-the-counter medications may be administered to my child without contacting me: Antihistamine Pill Antacid Ibuprofen Dramamine
 Acetaminophen Decongestant Hydrocortisone Cream Antibiotic Ointment

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 above 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: _____ 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 Projects

Animal Science

Beef
Dairy
Dog
Goats
Horse
Poultry
Rabbit
Sheep
Swine
Veterinary Science (14 yrs. & up)

Plant & Soil Science

Gardening
Terrarium
Vegetable Judging

Mechanical Science

Aero Space
Bicycle
Electricity
Woodworking

Environmental Science

Eco Wonders
Forestry
Insects
Rocks & Fossils
Sportfishing

General

Careers - Specify Grade
Leadership

Home Economics

Babysitting
Consumer - Specify Grade
Crochet
Embroidery
Foods
Home Environment
Knitting
Lacework
Needlepoint
Quilting
Sewing

Communications

Demonstrations
Photography
Posters
Public Speaking