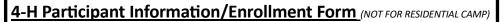
4-H YOUTH Participant

CLUB/PROJECT:



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. Form Updated: August 2022

Martin-Gatton College of Agriculture,

Food and Environment University of Kentucky.

2023-24

Name:	County/Area: <u>Montgomery</u>
Perferred Name:	School Name:
Address:State: K	Birth Date:Age:
City: State: K	Zip: Grade:
Phone:	
Email:	Gender: 🛛 Female 🖵 Male
Residence: 🛛 Farm 🖵 Town < 10,000 or Rural Non-Farm 📮 Race (p	lease choose more than one if applicable): 🗖 American Indian 📮 Asian
□BlackWhit □Hispanic □Non-Hispanic □Native	Hawaiian or Pacific Islander Prefer Not to Say
□Not Listed: T-S	hirt Size:
\mathcal{C}	Phone number:
Email:	
	Phone number:
Email:	—
Emergency Contact #1: Pl	none 🛛 H 🗆 W 🗆 C:
Email:	
Emergency Contact #2: Pl	none 🛛 H 🗆 W 🖵 C:
Email:	
Is any member of your family a current or former member of the Unit	ed States Military or National Guard? Yes No BRANCH:
Не	Ith History
	eck "Yes" or "No" to each item. Please explain any "y es" answers (noting the number
of the item) in the space below or on an additional sheet if necessary. Report	ing conditions will not prevent a person from attending and will be kept confidential.
1) Asthma	"vor" rosponsos:
1) Asthma Please explain any 2) Bronchitis Image: Constraint of the second	yes responses.
3) Convulsions	
4) Diabetes	
5) Ear Infection	
6) Fainting Please explain any	restrictions (dietary, physical, etc):
7) Heart Condition	
8) Headaches 9) Hypoglycemia	
10)Serious Allergy to Insects	
11)Serious Allergy to Nuts	
12)Serious Allergy to Gluten	er the counter medications may be administered to my child without contacting me:
13)Serious Allergy to Dairy	I Antacid Ibuprofen (Advil) Hydrocortisone Cream
14)Wear Glasses/Contacts	(Tylenol) Decongestant Dramamine Polysporin (topical antibiotic)
15)Other Conditions	
16)Drug Allergy (please explain) List any conditions requirir	g medication:
18)Other Allergy (please explain)	/
Name of Family Doctor:	Doctor'sPhone:
Health Insurance Company:	Policy #:
Name of Policy Holder/Relationship to Participant:	Member ID:
All information provided on this form is correct and complete to the best of my give permission to the event designee to provide routine health care, administe treatment if warranted. I agree to the release of all records necessary for media give permission to the attending physician to see	al Treatment knowledge. This person has permission to engage in all events and activities. I hereby r prescription and over the counter medications as noted and seek emergency medical cal treatment, billing, or insurance. In the event I cannot be reached in an emergency, I ure and administer treatment, including hospitalization. DATE:
Publ	icity Release
	, sht to use, reproduce, assign and/or distribute still pictures, video and sound recordings
SIGNATURE OF / GUARDIAN:	NO, I do not permit
Cooperative Extension Service Agriculture and Natural Resources Family and Cons	umer Sciences 4-H Youth Development Community and Economic Development

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, meaning-ful, 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 attire. 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, vape juice and/or devices, and/or drugs (except for medications prescribed to the participant by a licensed physician) are prohibited. Delegation chaperones and/or volunteers shall limit use of tobacco products to designated areas.
- 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.
- 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.
- 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 they 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
 - ·
- Barred from participation from future 4-H events
- Termination of 4-H membership

Released to nearest law enforcement authority

• Assessed the cost of damages for destruction of property

____, 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

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, or physical or mental disability.