

4-H Youth Development

YOUTH (2025-2026)

4-H Participant Information/Enrollment Form

County:	Logan

		•	
I.	General	Information	

First Name:	Last Nar	ne:			Pre	eferred Na	me:				
School: Gr	rade:	Birtho	date:			Age as	of Jan	. 1, 202	6:		
# of Previous Years in 4-H:	T-Shirt S	ize: Please circle	YS Y	M YL	AS	AM	AL	AXL	A2XL	A3XL	
Biological Sex: Male Femal	lo	Americ	an Indiar	n Asia	n \square Bla	ck \square N	ative Ha	awaiian/F	Pacific I	slander	
Hispanic/Latino: Yes No	Race:	White									
Residence: Farm Town <10,000	0 or Rural N	<u> </u>	 Town	/Citv/Subu		_	Citv/	Suburb >	>50.000		
Residence: Farm Town <10,000 or Rural Non-Farm Town/City/Suburb 10,000-50,000 City/Suburb >50,000											
Primary Club:	Other CI	ubs Atte	ending:								
Primary Project:		Projects: F	Please ent	er "Explorin	ig 4-H" if y	ou are not p	oart of th	ne Steer S	Show, Ho	g Show,	
Summit, Entrepreneurship, Teen Conference, or Country Ham Project. III. Family Information This is the primary information we will use to communicate with your 4-H member and family.											
Family Name:		Family E	Email:								
Address:		•									
City, State, Zip:			F	hone #:							
IV. Parent/Guardian 1 Information	า			Ple	ase provid	e the best p	hone nu	umber for	us to ca	ll or TEXT	
First Name:		Last Nar	me:								
Phone #:		May we r	May we release personal information to this person: Yes No								
V. Parent/Guardian 2 Information											
First Name:		Last Na	me:								
Phone #:			release p	ersonal in	formation	to this pe	rson:	Ye	s	No	
VI. Other Emergency Contact:											
First Name: L	ast Name:				R	elationsh	ip:				
Phone #:		May we	release p	personal ir	formation	n to this pe	erson:	Ye	s [] No	
VII. Pick Up Information In addition to the parent/guardian(s)and emergency contacts listed, please list the names of up to two additional people authorized to pick up the above referenced child. These individuals will not be contacted in case of an emergency, the parent/guardian(s) or emergency contact information will only 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.											
First Name:		Last Nar	me:								
Phone #:		Relation	ship to 4	-H Membe	er:						
First Name:		Last Nar	me:								
Phone #:		Relation	ship to 4	-H Membe	er:						
VIII. Military Service (if none, skip this section)											
Person Servings Relationship to 4-H Member: Branch of Service:											
Service Status: Active Duty Nation	nal Guard	Reserve	es C	Other:							

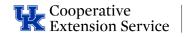
Cooperative Extension Service

MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

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.







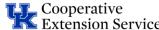
4-H Youth **Development**

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 in the space below or 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:	dentiai.												
1. Serious Allergy to	Insects	☐ Y	es No P	eas	e explain a	any '	'yes" re	esponses, includi	ng medic	ations fo	r any alle	ergies:	
2. Serious Allergy to	Dairy	☐ Y	es No										
3. Serious Allergy to	Gluten	□ Y	es No										
4. Serious Allergy to	Nuts	☐ Ye	es No										
5. Other Allergy (Plea	ase Explain)	□Y€	es No										
The following over t	he counter med	ications	may be administere	d to	my child	l wit	hout c	ontacting me:					
Acetaminophen:	Yes	No	Antacid:		Yes		No	Antihistamine I	Pill:	Ye	s	No]
Decongestant:	Yes	No	Dramamine:		Yes		No	Hydrocortisone	e Cream:	Ye	s	No]
Ibuprofen (Advil):	Yes	No	Polysporin (topical a	ntib	iotic):	Y	es	No					_
Conditions:													
1. Asthma:	Yes	No	6. Fainting:		Yes		No	Wears Glasses	s/Contact	s:	Yes		No
2. Bronchitis:	Yes	No	7. Headaches:		Yes		No	Please explain and taken for any cond		ponses, ir	ncluding m	nedicatio	ons
3. Convulsions:	Yes	No	8. Heart Condition:]Yes		No						
4. Diabetes:	Yes	No	9. Hypoglycemia:]Yes		No						
5. Ear Infection:	Yes	No	10. Other Condition:]Yes		No						
X. Communica I acknowledge and agre separate entity from my communicate electronic established by the Unive	e that, although my child's school and s ally with my child or	school dis utside the	school's traceable comn	gree nunic	that employ ation syste	ees a	and app garding	proved volunteers of 4-H clubs, program	f the Coop s, activities	érative Ex	tension S	ervice m	nay
XI. Review Cor				1	dada T	L:			:0				-hi 1
All information provided permission to the event warranted. I agree to the attending physician Parent/Guardian:	designee to provide e release of all reco	e routine h ords neces	iealth care, administer pi sary for medical treatme	éscr nt, b	iption and o illing, or ins	ver t	he cour	nter medications as ne event I cannot be	noted and	seek eme	ergency m	nedical tı	reatment if
XII. Survey & E							., .						
I hereby establish my wi years of age) to complet and evaluations is volun to participate in the 4-H	te surveys and eval ntary and that my ch	luations th nild and I n	at will be used to determ nay choose not to partici	iine p pate	orogram eff and may w	ective ithdra	eness o aw from	r to promote the pro n surveys and evalua	ogram. I un ation witho luation.	iderstand ut impact	that partic	cipation i	in surveys
Yes No I am	willing to participate	or give p	ermission for my child to	parti	icipate in ar	y pro	ogram e	evaluation.	(lı	nitials)			
XIII. Permissio			ograms for their own pers	cono	l honofit an	d tha	t my oh	ild will participate in	rooroation	al and oth	or activiti	00.00.00	ort of 4. H
programs. I understand eliminate them. I assum in reliance upon my owr	that some activities he responsibility for n judgment and kno Service and all relat	may have all risks, k wledge of ted parties	ograms for their own per e inherent dangers and p nown and unknown, invo my child's experience a s from any liability, losses	hysi dving nd ca	cal risks an g my child's apabilities.	d tha parti here	t no am cipation by agre	nount of care, caution in 4-H programs a see to indemnify and	n, instructi nd I volunt hold harm f any kind	on, or exp arily author less the U	pertise car prize my c University o	n comple hild's pa of Kentu	etely articipation ucky
XIV. Release		-41/-	las and the single state of						-400 - 1 -			-1	dia
1 '			ky and their agents, the lise in promotion, advertis										ııngs ot
Parent/Guardian:									NO,	I DO NO	T PERM	IT	
XV. 6th-12 th Gr			ky, Martin-Gatton Colleg	e of	Agriculture,	Food	d and E	nvironment?	YES	, please	share m	ny info	rmation!





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 Code of Conduct, University, state and federal guidelines. 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.
- 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)
- 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, cameras, 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 based on Client Protection and Risk Management Standards.
- 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, University, state and federal policies 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 with support from UK CES administration Failure to comply with the Code of Conduct, University, state and federal policies 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 result in	any or all of the penalties listed above.
Member:	County:
Parent/Guardian:	Date:

Cooperative **Extension Service**

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University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating Lexington, KY 40506





Logan County 4-H GroupMe Chats

Join the GroupMe Chat for each club your child is involved in. Club meetings, reminders and other information will be posted in the chats.

General 4-H



https://tinyurl.com/LC4hgeneral

Afterschool Clubs



https://tinyurl.com/ LC4Hafterschool

Back to the Roots



https://tinyurl.com/LC4Hroots

Busy Bee Cross Stitch Club



https://tinyurl.com/LC4Hbbcsc

Clean & Green Club



https://tinyurl.com/ LC4Hcleangreen

Cloverbud Club



https://tinyurl.com/LC4Hcloverbud

Homeschool Club



https://tinyurl.com/ LC4Hhomeschool

Horse Club



https://tinyurl.com/LC4Hhorse

Livestock Club



https://tinyurl.com/LC4Hlivestock

Teen Club



https://tinyurl.com/LC4Hteen