



4-H Event Registration Form 4-H Project Days

Participant Full Name:		Participant Age as of January 1, 2025	
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Parent/Guardian Full Name:		Parent/Guardian Phone Number:	
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Parent/Guardian Email		Emergency Contact Name & Phone	
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Allergies or other concerns	
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Date	Project Day	Registering Yes/No
June 23	4-H Sewing Workshop	
July 1st	4-H Electricity Workshop	
July 1st	Bread Butter Jam Day Camp Hillsboro Chirstian Chuch	
July 2nd	4-H Bread, butter Jam Workshop Extension Office	

Date	Project Day	Registering Yes/No
July 8th	4-H Arts Workshop	
July14th-16th	ANR Day Camp	

Survey & 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.

_____ (Initials) ☐ Yes ☐ No I am willing to participate or give permission for my child to participate in any program evaluation.

Permission to Participate: I give permission for my child to attend and participate in the event listed above. I acknowledge and understand that participating in this event may include, but is not strictly limited to, the activities listed on the provided agenda. Participation is designed to expose 4-H members to new skills and experiences and to enable participants to be challenged to try new ideas and activities in a safe, nurturing environment. 4-H activity involvement will lead to contact with various individuals. I understand that attending this 4-H event is strictly voluntary and is not a requirement for being a 4-H member. I understand that my child is not required to participate in this event but grant permission for my child to do so despite the possible risks. I recognize that

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Agriculture and Natural Resources
Family and Consumer Sciences
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University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.
Lexington, KY 40506



Disabilities
accommodated
with prior notification.



by participating in this event, as with any extracurricular activity, may risk potential injury. I hereby attest and verify that I have been advised of the potential risks through the risk management plan, that I have full knowledge of the risks involved in this activity, and that I may incur expenses in the event of a loss, an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

_____ (Initials) ☐ Yes ☐ No I as the parent or guardian give permission for my child to participate in this event.

Permission to Register: I hereby give permission for the 4-H professional to use the information provided through the 4-H enrollment process to register my child for the listed 4-H event.

_____ (Initials) ☐ Yes ☐ No the event coordinator has permission to use my 4-H enrollment information to register my child for this event.

Permission to Photograph: I hereby give permission for the 4-H youth registering for this event to be photographed through the event while participating in activities. Photographs will only be used to share the success of the event and future marketing of the event.

_____ (Initials) ☐ Yes ☐ No I give permission for my child to be photographed and the photograph to use used as explained in the above paragraph.

Code of Conduct: Form Attached for Signature

Parent/Guardian:	Print:	Sign:	Date:
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Form Updated: 1-24-24

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4-H Participant Information/Enrollment Form

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

I. Re-Enrollment

If re-enrolling, please complete section I. Re-Enrollment, then review sections II through IX and verify review by signing and dating.

Name:		School Name:		County:	
Grade:					

II. Family Information

This is the primary information we will use to communicate with your 4-H member.

Family Name:		Family Email:	
Family Phone:		Family Address:	

III. Member Information

First Name:		Last Name:			
Preferred Name (optional):		Birthdate:		# of Previous Years in 4-H:	
Sex:	M F	Residence:	Farm	Town <10,000 or Rural Non-Farm	Town/City/Suburb 10,000-50,000
			City/Suburb >50,000	City-Central >50,000	
Hispanic/Latino:	Yes No	Race:	American Indian	Asian	Black
			White	Prefer not to say	Native Hawaiian or Pacific Islander
				Not Listed:	

IV. Parent/Guardian 1 Information

Last Name:		First Name:	
Phone:		May we release personal information to this person?	Yes No

V. Parent/Guardian 2 Information

Last Name:		First Name:	
Phone:		May we release personal information to this person?	Yes No

VI. Other Emergency Contact

Name:		Relationship:	
Phone:		May we release personal information to this person?	Yes 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.

Name of First Person:		Relationship to 4-H Member:	
Phone:			
Name of Second Person:		Relationship to 4-H Member:	
Phone:			

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

Relationship to Member serving:		Branch of service	
Service Status:	Active Duty	National Guard	Reserves Other:



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 (noting the number of the item) in the space below or on 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

1.Serious Allergy to Insects	Yes	No
2.Serious Allergy to Dairy	Yes	No
3.Serious Allergy to Gluten	Yes	No
4.Serious Allergy to Nuts	Yes	No
5.Other Allergy(Please explain)	Yes	No

Please explain any “yes” responses, including medications for any allergies:

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

Acetaminophen:	Yes	No	Antacid:	Yes	No	Antihistamine Pill:	Yes	No
Decongestant:	Yes	No	Dramamine:	Yes	No	Hydrocortisone Cream:	Yes	No
Ibuprofen (Advil)	Yes	No	Polysporin (topical antibiotic)	Yes	No			

Conditions

1.Asthma	Yes	No	6.Fainting	Yes	No	11.Wear Glasses/Contacts?	Yes	No
2.Bronchitis	Yes	No	7.Headaches	Yes	No	Please explain any “yes” responses, including medications taken for any conditions:		
3.Convulsions	Yes	No	8.Heart Condition	Yes	No			
4.Diabetes	Yes	No	9.Hypoglycemia	Yes	No			
5.Ear Infection	Yes	No	10.Other Conditions	Yes	No			

Please explain any restrictions (dietary, physical, etc)

Social, emotional, and/or behavioral health information:

X. 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: _____ DATE: _____

XI. SURVEY & 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 I am willing to participate or give permission for my child to participate in any program evaluation. (Initials)

XII. 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 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 I voluntarily authorize my child’s participation in reliance upon my own judgment 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 4-H program. (Initials)

XII. 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

PARENT/GUARDIAN _____

NO, I DO NOT PERMIT

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. 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) are prohibited.
- 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, 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.
- 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-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, _____, 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: _____

Parent/Guardian: _____ Date: _____

