

4-H Participant Information/Enrollment Form

County:
I. General Information

First Name:	<input type="text"/>	Last Name:	<input type="text"/>	Preferred Name:	<input type="text"/>
School:	<input type="text"/>	Grade:	<input type="text"/>	Birthdate:	<input type="text"/>
Age as of Jan. 1, 2026:	<input type="text"/>				
# of Previous Years in 4-H:	<input type="text"/>	T-Shirt Size:	<small>Please circle</small>	YS	YM
				YL	AS
				AM	AL
				AXL	A2XL
				A3XL	

Biological Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/Pacific Islander
Hispanic/Latino:	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> White <input type="checkbox"/> Prefer Not to Say <input type="checkbox"/> Not Listed: <input type="text"/>
Residence:	<input type="checkbox"/> Farm <input type="checkbox"/> Town <10,000 or Rural Non-Farm <input type="checkbox"/> Town/City/Suburb 10,000-50,000 <input type="checkbox"/> City/Suburb >50,000		

II. Club Information

Primary Club:	<input type="text"/>	Other Clubs Attending:	<input type="text"/>
Primary Project:	Projects: Please enter "Exploring 4-H" if you are not part of the Steer Show, Hog 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:	<input type="text"/>	Family Email:	<input type="text"/>
Address:	<input type="text"/>		
City, State, Zip:	<input type="text"/>	Phone #:	<input type="text"/>

IV. Parent/Guardian 1 Information

Please provide the best phone number for us to call or TEXT

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Phone #:	<input type="text"/>	May we release personal information to this person:	<input type="checkbox"/> Yes <input type="checkbox"/> No

V. Parent/Guardian 2 Information

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Phone #:	<input type="text"/>	May we release personal information to this person:	<input type="checkbox"/> Yes <input type="checkbox"/> No

VI. Other Emergency Contact:

First Name:	<input type="text"/>	Last Name:	<input type="text"/>	Relationship:	<input type="text"/>
Phone #:	<input type="text"/>	May we release personal information to this person:	<input type="checkbox"/> Yes <input type="checkbox"/> 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:	<input type="text"/>	Last Name:	<input type="text"/>
Phone #:	<input type="text"/>	Relationship to 4-H Member:	<input type="text"/>
First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Phone #:	<input type="text"/>	Relationship to 4-H Member:	<input type="text"/>

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

Person Serves Relationship to 4-H Member:	<input type="text"/>	Branch of Service:	<input type="text"/>
Service Status:	<input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves <input type="checkbox"/> Other: <input type="text"/>		



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:

1. Serious Allergy to Insects	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please explain any "yes" responses, including medications for any allergies:
2. Serious Allergy to Dairy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Serious Allergy to Gluten	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Serious Allergy to Nuts	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Other Allergy (Please Explain)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Acetaminophen:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Antacid:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Antihistamine Pill:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Decongestant:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dramamine:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hydrocortisone Cream:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ibuprofen (Advil):	<input type="checkbox"/> Yes <input type="checkbox"/> No	Polysporin (topical antibiotic):	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Conditions:

1. Asthma:	<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Fainting:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Wears Glasses/Contacts:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Bronchitis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Headaches:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please explain and "yes" responses, including medications taken for any condition:	
3. Convulsions:	<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Heart Condition:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Diabetes:	<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Hypoglycemia:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Ear Infection:	<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Other Condition:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Please explain any restrictions (dietary, physical, etc) OR social, emotional, and/or behavioral health information needed:

X. Communication

I acknowledge and agree that, although my child may participate in 4-H programs delivered in school settings, the University of Kentucky Cooperative Extension Service is a separate entity from my child's school and school district. I understand and agree that employees and approved volunteers of the Cooperative Extension Service may communicate electronically with my child outside the school's traceable communication system regarding 4-H clubs, programs, activities, and events following guidelines established by the University of Kentucky, state, and federal regulations for the Land Grant Cooperative Extension Service. ☐ (Initials)

XI. 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: _____

XII. 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 evaluation 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 evaluation.

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

XIII. 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)

XIV. 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

XV. 6th-12th Grade Participants

Want more information from the University of Kentucky, Martin-Gatton College of Agriculture, Food and Environment? ☐ YES, please share my information!

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) 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, 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, _____, 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: _____



4-H ENROLLMENT FORM

Please bubble the clubs you are interested in below. The 4-H Newsletter will include dates of club meetings and activities. We'll also send information out about clubs/activities to those who indicate interest once they are ready to begin. Once you have returned this enrollment form you may begin attending meetings.

*Muhlenberg County 4-H also offers a variety of one time 4-H classes/day camps/projects. Follow us on Facebook at Muhlenberg County 4-H, check your 4-H Newsletter, or visit the Upcoming Events section of our website (muhlenberg.ca.uky.edu) to keep up with current happenings.



The following is a list of clubs/projects that are currently available for our 4-H members to join. These clubs make their own decisions regarding their meetings—when they meet, how often they meet, etc.

Please be aware that some clubs have restrictions on the age of participants, limits on how many can participate, and when you can join the club.

If you are interested in joining, use the information below to contact the club leader for further details.

To receive text message reminders about upcoming club events, text the appropriate Remind code below to the number 81010 to enroll.

4-H CLUB NAME	REMIND CODE	NOTES	MEETING DATES
CloverBud Club	@clover2021	Open to youth ages 5-8 only; all meetings 5:00-6:00 PM; \$15 dues.	September 9, 2025 October 14, 2025 November 11, 2025 January 13, 2026 February 10, 2026 March 10, 2026 April 14, 2026
Cooking around the World	@4hinter	Open to youth 9+. All meetings 9AM-12PM.	January 19, 2026 February 16, 2026 March 16, 2026
Gardening Club	@4hgardeni	Open to youth ages 9+.	Seasonal
Horse Club	@horseclub9	Open to youth ages 9+; all meetings 6:00 PM.	Meets 1 st Thursday of each month
Homeschool Club	@8kg7f4	Open to Muhlenberg County youth ages 5+ who are home-schooled. All meetings 1:00-3:30 PM.	October 15, 2025 November 19, 2025 December 17, 2025 January 21, 2026 February 18, 2026 March 18, 2026 April 15, 2026
Woodworking	@4hwoo	Open to youth ages 9+; all meetings 5:30-7:00 PM; \$10 fee per project. Participants must contact the Extension Office monthly to sign up.	October 7, 2025 November 18, 2025 December 16, 2025 January 13, 2026 February 10, 2026 March 24, 2026
Sewing Club	@6c9gac	Open to youth ages 9+; all meetings 5:30-7:00 PM.	October 28, 2025 November 18, 2025 December 16, 2025 January 20, 2026 January 27, 2026 February 3, 2026 February 17, 2026
Shooting Sports Club	@g347hd	Open to youth ages 9+; all meetings 5:30 PM.	Meets 3 rd Thursday of each month. New members accepted January 15, 2026.
Teen Club	@a0683c	Open to youth in grades 7-12 only; all meetings 7:15 AM.	Meets 1 st Friday of each month
Tot Time	@dd39eb	Open to youth ages 5 & under only. Parent/guardian must stay with child. All meetings 10:00-11:00 AM.	June 6, 2025 July 11, 2025 August 8, 2025 September 19, 2025 October 17, 2025 November 21, 2025 December 19, 2025

Don't forget to bookmark our website:
Muhlenberg.ca.uky.edu. Here you can find current and past issues of the 4-H Newsletter, links to forms needed for special awards and scholarships, as well as updates on meetings, events, and our 4-H Summer Camp.

