



Circle The Clubs You Want To Join:			
Bug	Ham	Adventure	
Career	Home School	Photography	
Dog	Horse	Poultry	Shooting Sports (see back)
Family/Friends/Food	Livestock (see back)	Rabbit	
		Robotics	Teen

Note: 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—indicated 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 the 4-H activities.

Name: \_\_\_\_\_ County/District: Breckinridge

Last

First

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: KY Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Home Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  Female  Male

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Residence:  Farm  Other T-Shirt Size \_\_\_\_\_ Circle: Adult OR Youth

Race:  Asian  White  Black  American Indian  Hawaiian/Pacific Islander  Hispanic  Non-Hispanic

I have a parent serving in the Military: \_\_\_\_\_  I have a sibling serving in the Military: \_\_\_\_\_

Parent #1: \_\_\_\_\_ Phone:  H  W  C \_\_\_\_\_ Phone:  H  W  C \_\_\_\_\_

Parent #2: \_\_\_\_\_ Phone:  H  W  C \_\_\_\_\_ Phone:  H  W  C \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of Policy Holder & Relationship to Participant: \_\_\_\_\_ Member ID #: \_\_\_\_\_

**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 additional sheet if necessary. Reporting conditions will not prevent a person from attending and will be kept confidential.

Yes No

- 1) Asthma.....
- 2) Bronchitis.....
- 3) Convulsions.....
- 4) Diabetes.....
- 5) Ear Infection.....
- 6) Fainting.....
- 7) Heart Condition.....
- 8) Headaches.....
- 9) Hypoglycemia.....
- 10) Serious Allergy to Insects.....
- 11) Wear Glasses/Contacts.....
- 12) Other Conditions.....
- 13) Drug Allergy (please explain).....
- 14) Food Allergy (please explain).....
- 15) Other Allergy (please explain).....

Please Explain Any "Yes" Responses:

List and Explain Any Restrictions (dietary, physical, etc):

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

- Antihistamine Pill  Antacid  Ibuprofen (Advil)  Hydrocortisone Cream
- Acetaminophen (Tylenol)  Decongestant  Dramamine  Polysporin (topical antibiotic)

**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 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

SIGNATURE ALSO REQUIRED ON THE BACK OF THIS FORM

**If You Circled Livestock Club on the Reverse Side of This Page, Please Make Selections Below:**

- |                      |                     |                                 |
|----------------------|---------------------|---------------------------------|
| _____ Goat Project   | _____ Steer Project | _____ Livestock Judging Team    |
| _____ Heifer Project | _____ Swine Project | _____ Livestock Skillathon Team |
| _____ Lamb Project   |                     |                                 |

**If You Circled Shooting Sports Club on the Reverse Side of This Page, Please Make Selections Below:**

- |                      |                 |   |
|----------------------|-----------------|---|
| _____ Air Rifle      | _____ 22 Pistol | <input type="checkbox"/> New Member <b>or</b> <input type="checkbox"/> Returning Member |
| _____ Archery        | _____ 22 Rifle  | _____ Hunter Education (Orange Card) Number   |
| _____ Black Powder   | _____ YHEC      | _____ Date Hunter Education (Orange Card) Completed                                     |
| _____ Shotgun (trap) |                 |   |

## 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, meaningful 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 dress. 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, and /or drugs (except for medications prescribed to the participant by a licensed physician) are strictly prohibited. Delegation chaperones and/or volunteers shall limit use of tobacco products to designated areas.
- Setting off fire alarms, tampering with fire extinguishing and other emergency equipment are strictly prohibited.
- Gambling of any type is strictly prohibited.
- Obscene, discriminatory and/or inappropriate language, roughhousing, and insubordination are prohibited at all times.
- 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.
- Display of overly affectionate or inappropriate attention between participants is strictly 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 he/she leaves 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 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 | • Released to nearest law enforcement authority |
| • Barred from participation from future 4-H events            | • Termination of 4-H membership                 |
| • Assessed the cost of damages for destruction of property    |   |

I \_\_\_\_\_, have read the Code of Conduct and agree to abide by its rules. I understand that  
infraction of the Code of Conduct will result in any or all of the penalties listed above.

Print 4-H Member's Name

4-H MEMBER'S SIGNATURE

PARENT/GUARDIAN'S SIGNATURE

County Breckinridge

Date

## Permission to Participate in the Breckinridge County 4-H Club September 1, 2017 to August 31, 2018

I give permission for my child, \_\_\_\_\_ (name of child), to attend and participate in the Breckinridge County 4-H Club, during the 4-H program year September 1, 2017 through August 31, 2018. I understand that activities may include, but are not strictly limited to the following activities: 4-H club meetings, hands-on learning activities, field trips, day camps, workshops, over night programs, county contests, district contests, state contests / programs, County Fair, Rally Day, State Fair, Awards Night, summer camp, 4-H academies, school enrichment, afterschool programs, and community service projects.

Participation in the club 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. Club involvement will lead to contact with individuals, both youth and adults, who have differing levels of experience. I understand that participating in the club is strictly voluntary but members are expected to attend club meetings and complete at least six (6) hours of instruction.

I am aware and have discussed with my child that:

- During 4-H meetings and activities, he/she is to accept supervision and guidance from Extension volunteers and personnel.
- Working on a 4-H project in an unsafe manner or unstructured environment may result in injury to him/herself and others in the club.
- Other participants may act in a negligent manner which otherwise may result in harm to my child or my child's animal/property.
- While being transported to 4-H activities or field trips, my child may be involved in a collision with another automobile, person, or object which may result in harm to my child. Use of a seat belt is required.
- Swimming may result in accidental drowning;
- Certain activities may involve use of objects, equipment, tools, devices, or compounds that can result in harm to my child, if they are used by my child or another individual in a manner other than that which was intended.
- Certain risks associated with common activities can occur, including, but not limited to contact with food or environmental allergens or poisonous compounds.
- Certain risks associated with outdoor activities can occur, including, but not limited to contact with poisonous plants, stinging insects, wild animals or reptiles.
- Use of technology (including social media) can lead to dangerous situations. Technology is to be used only in a safe and appropriate manner.

I recognize that the above outlined activities and potential resulting risks may cause harm, accident, loss, injury or death to participants or other persons in the immediate vicinity. I have discussed with my child the importance of following directions and prescribed safety procedures, which will be outlined by the 4-H volunteers and professionals prior to and during the activities. I have also advised my child to follow posted directions and instructions at and during 4-H meetings, activities, and events.

I understand that my child is not required to participate in competitive activities in order to participate in the club but grant permission for him/her to do so, and to participate in all club activities and learning opportunities despite the possible risks.

I recognize that by participating in this activity, as with any physical activity, my child may risk potential injury. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity and that I assume any expenses that may be incurred in the event of a loss, an accident, illness or other incapacity, regardless of whether I have authorized such expenses.

4-H Member's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

Liability Shield 12-13-2016

