

Junior & Senior Member of the Year



Congratulations to our Junior and Senior Members of the Year! Alea Hardesty (Junior Member) Joshua "Montgomery" Moorman (Senior Member)

1377 S HWY 261 | Hardinsburg, KY 40143 | P: 270-756-2182 | F: 270-756-9016 | breckinridge.ca.uky.edu

Cooperative Extension Service

Agriculture and Natural Resources Family and Consumer Sciences 4-H Youth Development Community and Economic Development

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.



Disabilities accommodated with prior notification.

AGENT MESSAGE

Wow! Another successful awards night is now behind us. I would like to express my heartfelt gratitude to everyone who attended, including our members, their families, and the community. The night wouldn't have been as special without your presence. Don't forget to register for 4-H this year. Even if you haven't found a program that you're passionate about, feel free to visit us and explore the offerings, as well as share your ideas for new programs this year. I've enclosed the application for the new year, so please complete it and bring it to the office to enroll. Once again, thank you to everyone who took part in the awards night, and we eagerly anticipate another eventful year. Let's continue to strive for greatness and grow with 4-H.

Burry Brown

Becky Brown Extension Agent, For 4-H Youth Development Education Breckinridge County

4-H CLUB MEETINGS & IMPORTANT DATES

Treble Chorus (Grades 2-6) Thursday, October 3rd, 17th, 24th 4:00 - 5:30 p.m. CT Breckinridge County Extension Community Building

Mixed Chorus (Grades 7-12) Thursday, October 3rd, 17th, 24th 5:30 p.m. CT Breckinridge County Extension Community Building

Livestock Club Tuesday, October 22nd 6 p.m. CT Extension Farmers' Market & Educational Facility

Once other clubs have set meeting dates we will share on our Facebook page, website, and on the Remind system

2023 PROGRAM YEAR 4-H AWARDS NIGHT



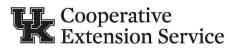
Cloverbud & Junior 4-H Members

Senior 4-H Members





4-H Volunteer Leaders



HEALTH BULLETIN



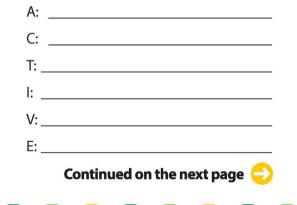
YOUTH

OCTOBER 2024

Download this and past issues of the Adult, Youth, Parent, and Family Caregiver Health Bulletins: http://fcs-hes.ca.uky.edu/ content/health-bulletins Breckinridge County Extension Office 1377 S. Hwy 261 Hardinsburg, KY 40143 (270) 756-2182

THIS MONTH'S TOPIC GET ACTIVE WITH SPORTS!

hat is your favorite sport? There are lots of sports to choose from: team sports like basketball, baseball, tennis, or lacrosse, and individual sports like swimming, cross-country, gymnastics, or archery. As well as many more! Each sport has its own set of rules and special skills to learn, but most sports have a few things in common. They help kids to be active, move their bodies, and have fun! See if you can name a sport or activity that starts with each letter below:



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Lexington, KY 40506

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It is important for kids to move their bodies at least 60 minutes — or 1 hour — every day! Being active helps your bones to be strong, your muscles to be powerful, and your organs to work the way they should. To put it simply, our bodies are made to move. It feels good when we run, jump, and climb!

Sports are good for your body, but more than that, you can learn skills like teamwork, how to make a plan and follow through with it, and how to be a good winner and loser. Playing sports can also help with focus, memory, and coordination. Have you ever had an idea in your mind about how you want to move (like being able to jump and kick in the air), but you couldn't make your body move that way? Sports help your mind and body work together better.

Are you thinking of trying a new sport? It is great to try new things! You may feel a bit nervous or unsure, but there are lots of sports out there to try. If you are signing up for a new sport, your coach will be a great help. They will teach you the rules and the skills you need to learn to play well. Your teammates will help encourage you and show you how to play. Your parents or siblings can even help you to practice at home to learn even faster.





Fill in the blanks below, then talk to your parent or caregiver about getting involved in a sport this year.

These are the sports I have played:

I would like to play this sport on a team:

I would like to keep playing this sport:

If I could try a new sport, I would like to try:

REFERENCE:

https://www.aacap.org/AACAP/Families_and_Youth/Facts_ for_Families/FFF-Guide/Children-And-Sports-061.aspx



Written by: Katherine Jury, MS Edited by: Alyssa Simms Designed by: Rusty Manseau Cartoon illustrations by: Chris Ware (© University of Kentucky School of Human Environmental Sciences)

Paper Clover Nov. 29 – Dec. 15

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Funds support 4-H camp, scholarships & leadership activities.

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Perfect Pumpkin Pancakes

Servings: 12 Serving Size: 2 small pancakes

Ingredients:

- 2 cups flour
- 2 tablespoons brown sugar
- 1 tablespoon baking powder
- 1 1/4 teaspoons pumpkin pie spice
- 1 teaspoon salt
- 1 egg
- 1/2 cup canned pumpkin
- 1 3/4 cup milk, low-fat
- 2 tablespoons vegetable oil

Directions:



- 1. In a large mixing bowl, combine flour, brown sugar, baking powder, pumpkin pie spice and salt.
- 2. In a medium bowl, combine egg, canned pumpkin, milk, and vegetable oil, mixing well.
- 3. Add wet ingredients to flour mixture, stirring just until moist. Batter may be lumpy. For thinner batter, add more milk.
- 4. Lightly coat a griddle or skillet with cooking spray and heat to medium.
- 5. Drop batter mixture onto the prepared griddle by heaping tablespoon. Cook until golden brown, turning once with a spatula when the surface begins to bubble. Continue cooking until the other side is golden brown. Repeat process, making 12 pancakes.

Source: What's Cooking? USDA Mixing Bowl, www.whatscooking.fns.usda.gov: Chop Chop Family Magazine 2015

https://www.planeatmove.com/recipes/recipe/perfect-pumpkin-pancakes/

Nutrition Facts Per Serving: 130 calories; 3.5g total fat; 0.5g saturated fat; 340mg sodium; 21g carbohydrate; 1g fiber; 4g protein.

STAY CONNECTED

Remind 🏶

The Remind system is to help 4-H Families stay connected with events, updates, and information regarding Club, County, and Kentucky 4-H. Families can sign up for as many Remind notification systems as they want, but are encouraged to sign up for the General 4-H Remind system.

Club/Category	for info on:	Text to 81010
General 4-H	All things Breck County 4-H!	@general4-h
Arts	Arts, Crafts, and Needlework	@artcultura
Natural Resources	Entomology, Outdoors, Forestry, Soil, Etc.	@4hnatural
Cloverbuds	4-H Members 5 to 8	@4hbud
Livestock	Livestock, Ham, Horse	@4hlives
Small Animals	Poultry, Rabbit	@4hsmall
Shooting Sports	Trap, Pistol, Archery	@4hsho
Performing Arts	Treble Chorus, Mixed Chorus, Music, Theater	@4hmusik
Leadership	Teen, Leadership, Career	@4hteencar

Contact Us

Breckinridge County Extension Office 1377 South Highway 261 Hardinsburg, KY 40143 Phone: (270) 756-2182

Office Hours Monday through Friday 8:00 AM - 4:30 PM CT Online: <u>breckinridge.ca.uky.edu</u> <u>facebook.com/breckinridgeextension</u>

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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. Member School Information

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 (optio	onal):			Birthdate:			# of Previous Years in 4-H:	
Sex:	MF	Residence:	Farm City/Su	Town <10,000 or Rural Non-Farm burb >50,000 City-Central >50,000			Town/City/Suburb 10,000-50,00	00
Hispanic/Latino:	Yes	No Race:	Americ White		, , ,			

IV. Parent/Guardian 1 Information

Last Nam	e:		First Name:		
Phone:			May we release p	Yes No	
V. Parent	t/Gua	rdian 2 Information			

Last Name	e:	First Name:		
Phone:		May we release p	personal information to this person?	Yes No
VI Other	Emangeners Comto et			

VI. Other Emergency Contact

Name:	Relationship:		
Phone:	May we release pe	ersonal 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 sec	tion)		

Relationship to Member serving:			Branch of service		ch of service	
Service Status:	Active Duty	National Guar	l Rese	erves	Other:	

Cooperative MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT **Extension Service**

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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 (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	Please explain any "yes" responses, including medications for any allergies:
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	

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

Acetaminophen:		Yes	les No Antacid:		Ye	Yes No		Antihistamine Pill:			Yes	No		
Decongestant:	Decongestant: Yes No		No	Dramamine:		Ye	Yes No		Hydrocortisone Cream:		Yes	No		
Ibuprofen (Advil) Yes No		1	Polyspor	in (topic	al antibi	otic)		Yes	No					
Conditions												_		
1.Asthma	Yes	No	6.Fainti	6.Fainting		Yes	No	11.V	Wear Glasse	es/Contacts?	Yes	No		
2.Bronchitis	Yes	No	7.Heada	7.Headaches		Yes	No	Ple	ase explain	n any "yes"	responses, i	ncluding med	lications taken	for
3.Convulsions	Yes	No	8.Heart	8.Heart Condition		Yes	No	any	y condition	s:				
4.Diabetes	Yes	No	9.Нуро	9.Hypoglycemia		Yes	No							
5.Ear Infection	Yes	No	10.Othe	er Cond	itions	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.

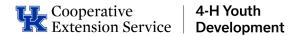
Yes No I am willing to participate or give permission for my child to participate in any program evaluation. (Initials)

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



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.

Cooperative

4-H Youth Development

Extension Service

Agriculture and Natural Resources

Community and Economic Development

Family and Consumer Sciences

Assessed the cost of damages for destruction of property.

Ι, _ _, 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:

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vith prior notification

Breckinridge County 4-H Clubs



Please check clubs you are interested in below. The 4-H newsletter will include dates of club meetings and activities. We will 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.

4-H Age is 9-18 as of January 1, 2025

Cloverbuds are for ages 6 to 8 as of January 1, 2025.

