

4-H Youth Development



NEWSLETTER **SEPTEMBER 2025**

Breckinridge County Cooperative Extension Service

1377 S. Hwy 261, Hardinsburg, KY 40143

P: (270) 756-2182 F: 270-756-9016

breckinridge.ca.uky.edu

Where has summer gone? Hello Fall! I am thrilled to announce the start of the new 4-H program season, beginning on September 1st. Let's make this our best year yet! Camp was a tremendous success this year, and I am already in the process of planning next year's camping experience. It's hard to believe that the state fair has come and gone. I am incredibly proud of all our youth who participated this year, from the amazing projects showcased in Cloverville to the Country Ham project, as well as in livestock and rabbit categories. Everyone truly made Breckinridge County proud!

We will conclude our shooting sports program with the state shoot taking place on September 13th and 14th. Best of luck to all participants. I've been collaborating with club leaders, and we're diligently planning for the upcoming program year. You'll notice that the livestock, chorus, homeschool, and art clubs have posted meeting dates, so be sure to check the schedules in the newsletter.

I'm excited to share that the homeschool club is back in action! Mrs. Loraine Himmelhaver will be leading the club this year. It is specifically for homeschooling families and youth aged 9-11. We have limited spots available, with a total of 15 youth this year, so please contact the office to confirm availability.

To cap off our past program year, we will host our Awards Night. This will be an enjoyable occasion for families to come together and celebrate the achievements of our youth and leaders involved in the 4-H program. We will provide a meal along with cake, and will also hold a cake and pie auction. It promises to be a delightful evening, and I hope to see you all there. Please RSVP to the office if you will be attending the award night.



Becky Brown Extension Agent,

For 4-H Youth Development Education

Bury Brown

Breckinridge County

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







CLUB MEETINGS & IMPORTANT DATES





4-H Rabbit Club

Thursday, September 18th, 6 p.m CT Extension Farmers' Market & Educational Facility



4H AWARDS NIGHT

Thursday, September 25th

6 pm CT

Extension Community Building

For meal planning please contact the Extension Office to RSVP at 270-756-2182

KENTUCKY



Good Luck to all of our 4-H youth participating at State Shoot!



Monday, October 20th 5 pm CT Farmers' Market & Educational facility

See the enclosed flyers for Art Club, Chorus, and Homeschool club meeting dates!





MONDAYS:

TREBLE CHORUS: 4:00-5:00 PM CST

SENIOR CHORUS: 5:30-6:30 PM CST

Ост. 13^{тн} Ост. 20^{тн}

Nov. 3RD Nov. 10TH Nov. 24TH

DEC. 1ST DEC. XTH

Dec. 13th (Christmas on the Square Performance)

EXTENSION COMMUNITY BUILDING

1377 S HWY 261 HARDINSBURG, KY 40143 270.756.2182

Cooperative Extension Service

Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status

MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

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

Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social states, 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 mental neglish. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.

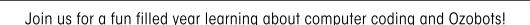




Breckinridge County

4-H Homeschool Club





MEETING DATES

November 4th

3:30 pm - 5:00 pm CT	4:00 pm - 5:00 pm CT	4:00 pm - 5:00 pm CT
October 14th	November 11th	January 13th
4:00 - 5:00 pm CT	4:00 - 5:00 pm CT	4:00 - 5:00 pm CT
October 21st	November 18th	January 20th
4:00 - 5:00 pm CT	4:00 - 5:00 pm CT	4:00 - 5:30 pm CT
October 28th	November 25th	January 27th
4:00 - 5:00 pm CT	4:00 - 6:00 pm CT	4:00 - 5:00 pm CT
February 3rd	March 3rd	April 7th
4:00 pm - 5:00 pm CT	4:00 pm - 5:00 pm CT	4:00 pm - 5:00 pm CT

February 10th	March 10th	April 14th
4:00 - 5:00 pm CT	4:00 - 5:00 pm CT	4:00 - 5:00 pm CT

February 17th March 24th April 21st

4:00 - 5:30 pm CT 4:00 - 5:30 pm CT 4:00 - 5:30 pm CT

February 24th March 31st April 28th

4:00 - 5:00 pm CT 4:00 - 5:00 pm CT 4:00 - 5:00 pm CT

Location:

October 7th

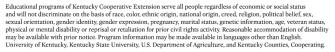
Breckinridge County Extension Office Basement 1377 S. Hwy 261 Hardinsburg, KY 40143

FOR MORE INFORMATION

Contact Becky Brown at 270-756-2182 or rebecca.brown@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



January 6th









Breckinridge County 4-H

Art Club

Monday, October 20th 5 pm CT Farmers' Market & Educational facility



For more information contact Becky Brown at rebecca.brown@uky.edu or call 270-756-2182

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.





4-H LIVESTOCK CLUB

2025-2026



6 PM Farmers Market Building

Oct 20th INTRODUCTION

Officer Elections, Rules, Expectations, and Enrollment

Nov 24th

PIZZA PARTY

Educational Movie and Pizza Party

Dec 15th **NUTRITION & SELECTION**

Presentation by Warren Beeler

Jan 15th **YQCA**

Youth Quality Care of Animal Training

Feb 10th **DISSECTION**

Anatomy and Dissection Lab Snow Day: Feb. 26th

Mar 23rd SHOWMANSHIP

Warren Beeler

April 25th

CLEAN UP AT FAIRGROUNDS

Saturday 8-11

Educational Hours Required

All 4-H youth ages 9-18 showing livestock much achieve 6 hours of education through approved 4-H programs. Each 4-H Livestock Club Meeting counts as 2 hours.

For More Information
Contact:

Becky Brown
Extension Agent
4-H Youth Development
270.756.2182 Rebecca.Brown@uky.edu





Come and see what 4-H has to offer!
Clubs will have booths for:
4-H Signups, Activities, Games, and Food!!

Located in the parking lot next to the Farmers' Market Building. 1377 S. Hwy 261 Hardinsburg, KY 40143

Lexington, KY 40506

For more information, contact: Becky Brown 270.756.2182 Rebecca.brown@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 below as sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, generating the 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 tagish. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperation







4-H Youth **Development**





BRECKINRIDGE COUNTY

4H AWARDS NIGHT

Thursday, September 25th 2025 Breckinridge County Extension Community Building 1377 S. Hwy 261 Hardinsburg, KY 40143

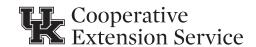
> Dinner served Cake & Pie auction to follow

Please RSVP by: Friday, September 19th to the Extension Office 270.756.2182 or Rebecca.Brown@uky.edu

Cooperative







YOUTH

HEALTH BULLETIN



SEPTEMBER 2025

Download this and past issues of the Adult, Youth, Parent, and Family Caregiver Health Bulletins: http://fcs-hes.ca.uky.edu/ content/health-bulletins

THIS MONTH'S TOPIC

BE PREPARED, NOT SCARED!



ometimes emergencies like floods, tornadoes, or storms can happen where we live. These are called natural disasters. They can be scary, but if we make a plan and practice it, we'll know what to do and feel a lot safer.

First, talk with your family about what kinds of disasters might happen in your area. Your parents or caregivers can help explain

these. Then, help make a family plan. Your family should choose two places to meet if you can't stay at home. Pick one close to your house and another farther away. This could be a friend or family member's home in another town.

It's also important to know how to contact your family. Memorize your home phone number or the phone number of your parents or caregivers.

Continued on the next page



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.





If you have a cell phone, keep a list of emergency numbers in it. You should also learn how and when to call 911.

Continued from the previous page

It's also important to know the number of someone you trust who doesn't live nearby. If you have a cell phone, keep a list of emergency numbers in it. You should also learn how and when to call 911.

Your family can also make emergency kits. These are backpacks or totes with things you might need if you can't stay at home or if the power goes out for a long period of time. They should have water, food and snacks, a flashlight, extra batteries, a first-aid kit, warm clothes, and something that brings you comfort, such as a stuffed animal or book. Don't forget pets. They need food and supplies too! If someone in your family needs extra help — like a grandparent or someone who takes medicine — your plan should make sure they are safe too.

Once you make a plan, practice it! Pretend there's an emergency and walk to your meeting spot or try using your emergency kit. Practicing helps you remember what to do and makes everything a little less scary. Finally, make sure your family checks your emergency supplies a couple of times a year to keep everything fresh and ready.

You likely already follow the plan your school has in place for these emergencies. You should also talk about that plan with your parents or caregivers. They should know where your school tells students to meet during drills when you exit the school





building. They should know how the school updates parents if plans change quickly. This can also help you feel safe knowing your grown-ups will know what to do if there is an emergency at school.

Being prepared is a smart and brave thing to do, and it helps keep everyone safe!

REFERENCE:

https://www.ready.gov/september

Can you unscramble these words?
RAWET:
CANSSK:
THGSHLFILA:
ATEBISETR:

PN2MERS: WATER, SNACKS, FLASHLIGHT, BATTERIES

Written by: Katherine Jury,

Extension Specialist for Family Health

Edited by: Alyssa Simms

Designed by: Rusty Manseau

Cartoon illustrations by: Chris Ware Illustrations © University of Kentucky School of Human Environmental Sciences



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/



STAY CONNECTED

Remind App is Required to Receive Messages

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, Rifle	@4riftraarc
Performing Arts	Treble Chorus, Mixed Chorus, Music, Theater	@4hmusik
Leadership	Teen, Leadership, Career	@4hteencar

Contact Us

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

Office Hours Monday through Friday 8:00 AM - 4:30 PM CT

Online:

breckinridge.ca.uky.edu facebook.com/breckinridgeextension

Becky Brown Extension Agent For 4-H Youth Development Education **Breckinridge County** Phone: (270) 756-2182

Email: rebecca.brown@uky.edu

Cooperative Extension Service

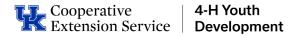
Agriculture and Natural Resources Family and Consumer Sciences 4-H Youth Development Community and Economic Development

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







NOT FOR RESIDENTIAL CAMPS

4-H Participant Information/Enrollment Form

New Enrollment - Please complete ALL sections.

Re-Enrollment - Please complete "green" sections and any updated information if needed. (Sections I, X-XV)

Name:	Ke-En	rollment -	Piease	com	piele gi	reen sec	tions a	ana	any updated in	iormation if ne	eded.(S	ections	S 1, A-A V)		
T-Shirt II. Family Information This is the primary information we will use to communicate with your 4-H member. Family Name: Family Email: Family Maddress: Family Address: Fami	I. Gen	eral Info	rmat	ion											
This is the primary information we will use to communicate with your 4-H member. Family Name: Family Phone: First Name: Freferred Name (optional): First Name: Family Address:	Name:		School Name:							Cou	nty:				
This is the primary information we will use to communicate with your 4-H member. Family Name: Family Phone: Family Email: Family Address: Family Add	Grade:	T	-Shirt:		<u> </u>					•					
Family Name: Family Phone: Family Phone: First Name: May we release personal information to this person? Yes No VI. Other Emergency Contact 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	II. Famil	y Inforn	nation	ı L											
Family Phone: Family Address: Family Addre	This is the pr	rimary infor	mation	we w	vill use to	communi	cate w	ith <u>y</u>	your 4-H membe	r .					
First Name:	Family Nar	me:					1	Fan	nily Email:						
Preferred Name (optional): Birthdate: Birthdate: # of Previous Years in 4-H:	Family Pho	one:]	Fan	nily Address:						
Preferred Name (optional): Biological Sex:	III. Memb	er Inforr	nation	l			<u> </u>								
Biological 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	First Name	2:							Last Name:						
City/Suburb > 50,000 City-Central > 50,000 Hispanic/Latino: Yes No Race: American Indian Asian Black Native Hawaiian or Pacific Islander White Prefer not to say Not Listed: IV. Parent/Guardian 1 Information	Preferred I	Name (option	onal):						Birthdate:			# of I	Previous Years	n 4-H:	
Hispanic/Latino: Yes No Race: American Indian Asian White Prefer not to say Not Listed: IV. Parent/Guardian 1 Information Last Name: First Name: May we release personal information to this person? Yes No V. Parent/Guardian 2 Information Last Name: First Name: May we release personal information to this person? Yes No VI. Other Emergency Contact Name: Relationship: 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	Biological S	Sex:	M	F	Resider	ence:	Farr	n	Town <10,000	or Rural Non-l	Farm	Town	/City/Suburb 1),000-50,0	000
White Prefer not to say Not Listed: IV. Parent/Guardian Information															
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	Hispanic/L	atino:	Yes	N	lo Ra	ace:						Hawa	iian or Pacific	slander	
Phone: May we release personal information to this person? Yes No V. Parent/Guardian 2 Information Last Name: First Name: 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	IV. Parent	IV. Parent/Guardian 1 Information													
V. Parent/Guardian 2 Information Last Name: Phone: May we release personal information to this person? Yes No VI. Other Emergency Contact Name: Phone: Relationship: 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	Last Name	:						Fi	rst Name:						
Phone: May we release personal information to this person? Yes No	Phone:							M	ay we release pe	ersonal informa	tion to tl	his per	son?	Yes	No
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	V. Parent/	Guardia	n 2 Inf	forn	nation										
VI. Other Emergency Contact Name: 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	Last Name	:						Fi	irst Name:						
Name: 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	Phone:							May we release personal information to this person? Yes No					No		
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	VI. Other	Emergen	cy Co	ntac	ct										
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	Name:							Re	elationship:						
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	Phone:						May we release personal information to this person? Yes No								
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	VII. Pick Up 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		_	-						-	_		_	_		-
														will need	ω
Name of First Person: Relationship to 4-H Member:			`		*					-					
Phone:															
Name of Second Person: Relationship to 4-H Member:	Name of Sec	cond Perso	n:							Relationship	to 4-H M	1embe	r:		

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

Relationship to Mem	ber serving:				Branc		
Service Status:	Active Duty	Natio	onal Guard	Rese	rves	Other:	

Cooperative Extension Service

Phone:

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

2.Serious Allergy to Dairy 3.Serious Allergy to Gluten 4.Serious Allergy to Nuts Yes No Yes No	1.Serious Allergy to Insects	Yes	No	Please explain any "yes" responses, including medications for any allergies
	2.Serious Allergy to Dairy	Yes	No	
4. Serious Allergy to Nuts Yes No	3.Serious Allergy to Gluten	Yes	No	
	4.Serious Allergy to Nuts	Yes	No	
5.Other Allergy(Please explain) 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:	3	Yes	No		Anta	cid:	Yes	No	Antihist	amine Pi	ll:	Yes	No	
Decongestant:	3	Yes	No		Dramamine:		Yes	No	Hydroce	ortisone (Cream:	Yes	No	
Ibuprofen (Advil)			Yes	No)	Polysporin	(topical a	ntibiotic)		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" re	sponses, i	including med	ications taken for
3.Convulsions	Yes	No	8.Heart Condition	Yes	No	any conditions:			
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) 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 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)

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

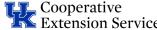
I hereby grant the 4-H program, University of Kentucky and their agents, the right to use, reproduce, assign, and/or distribute still pictures, video, and sound recordings of myself or my minor child without compensation for use in promotion, advertising, educational publications or online content.

PARENT/GUARDIAN	NO	O, I DO NOT	PER	MIT
-----------------	----	-------------	-----	-----

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)
- 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**

MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status Educational programs of Reflucky Cooperative Extension serve an people regardless of economic of 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 Lexington, KY 40506





Breckinridge County 4-H Clubs



Goat Sheep Swine

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, 2026

Cloverbuds are for ages 6 to 8 as of January 1, 2026.

Cloverbuds	Rabbit Club
Art Club	Shooting Sports
Country Ham Club	Treble/Mixed Chorus
Homeschool Club	Exploring 4-H
Poultry Club	Livestock Club Cycle all that apply: Beef