

Cooperative Extension Service

Campbell County
3500 Alexandria Pike
Highland Heights, KY 41076
(859) 572-2600
Fax: (859) 572-2619
E-mail: campbell.ca@uky.edu



4-H Cloverbud Information/Enrollment Form



Note: This 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 – indicate 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 4-H activities. Please print in blue or black ink to allow for photocopying.

Cloverbud Last Name: _____ First Name: _____
 Family Last Name: _____
 Preferred Name: _____ School Name: _____ Grade (for 2023-24 school year): _____
 Mailing Address: _____ Birth Date: _____ Age: _____
 City: _____ State: _____ Zip Code: _____
 Phone: (____) _____ Gender: Female Male
 Residence (select one): Farm Town < 10,000 or Rural Non-Farm Town / City / Suburb 10,000-50,000 City-Central >50,000
 Race (please choose more than one if applicable): American Indian Asian Black Native Hawaiian or Pacific Islander
 White Prefer Not to Say Not Listed: _____
 Ethnicity (select one): Not Hispanic Hispanic T-Shirt Size: _____

Parent / Guardian 1: _____ Phone: (____) _____
 E-mail: _____ Emergency Contact?: Yes No
 Parent / Guardian 2: _____ Phone: (____) _____
 E-mail: _____ Emergency Contact?: Yes No

Is any member of your family a current or former member of the United States Military or National Guard?: Yes No

(Select One): New Cloverbud Member Returning Member, Including this year, I have been in Cloverbuds _____ years.
 Sibling Names: _____

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 will not prevent a person from attending and will be kept confidential.

	Yes	No	
1) Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<div style="border: 1px solid black; height: 100px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 100px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 100px;"></div>
2) Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	
3) Convulsions	<input type="checkbox"/>	<input type="checkbox"/>	
4) Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
5) Ear Infection	<input type="checkbox"/>	<input type="checkbox"/>	
6) Fainting	<input type="checkbox"/>	<input type="checkbox"/>	
7) Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>	
8) Headaches	<input type="checkbox"/>	<input type="checkbox"/>	
9) Hypoglycemia	<input type="checkbox"/>	<input type="checkbox"/>	
10) Serious Allergy to Insects	<input type="checkbox"/>	<input type="checkbox"/>	
11) Serious Allergy to Nuts	<input type="checkbox"/>	<input type="checkbox"/>	
12) Serious Allergy to Gluten	<input type="checkbox"/>	<input type="checkbox"/>	
13) Serious Allergy to Dairy	<input type="checkbox"/>	<input type="checkbox"/>	
14) Wear Glasses/Contacts	<input type="checkbox"/>	<input type="checkbox"/>	
15) Other Conditions	<input type="checkbox"/>	<input type="checkbox"/>	
16) Other Allergy (please explain)	<input type="checkbox"/>	<input type="checkbox"/>	

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

- | | | | |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Antihistamine Pill | <input type="checkbox"/> Antacid | <input type="checkbox"/> Ibuprofen (Advil) | <input type="checkbox"/> Hydrocortisone Cream |
| <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Decongestant | <input type="checkbox"/> Dramamine | <input type="checkbox"/> 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 / GUARDIAN: _____ 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 / GUARDIAN: _____ DATE: _____

NO, I do not permit

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. Lexington, KY 40506



Disabilities accommodated with prior notification.

4-H Youth Development Code of Conduct

(NOT FOR RESIDENTIAL CAMP)

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:

1. Each 4-H participant is expected to attend all planned sessions, workshops, field trips, and meetings of the event, and to be in appropriate attire. 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.
2. 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) are prohibited. Delegation chaperones and/or volunteers shall limit use of tobacco products to designated areas.
3. Possession of firearms not for educational use is prohibited.
4. Setting off fire alarms and tampering with fire extinguishing and other emergency equipment are prohibited.
5. Gambling of any type is prohibited.
6. 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.
7. Obscene, discriminatory and/or inappropriate language, roughhousing, and insubordination are prohibited at all times.
8. Display of overly affectionate or inappropriate attention between participants is prohibited.
9. 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.
10. All clothing shall be neat, clean, and acceptable in repair and appearance and shall be worn within the bounds of decency and good taste as appropriate for 4-H events. Articles of clothing which display profanity, products, or slogans which promote tobacco, alcohol, drugs, sex or are in any other way distracting, are prohibited. Each county may adopt additional Code of Conduct guidelines.

WHILE ATTENDING OVERNIGHT CONFERENCES, CAMPS, AND EVENTS, THE FOLLOWING WILL ALSO APPLY:

1. All participants are to be in their assigned area at curfew and comply with quiet hours, lights out, and other rules of the event.
2. 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 anytime they leave the grounds. Adults shall notify another adult in the delegation before leaving the grounds.
3. 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.
4. Room service such as phone calls, food, laundry, or others shall not be permitted without chaperone permission.
5. Any violations of this Code of Conduct shall be reported promptly to the adult in charge of the delegation/program 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-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.
 - 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. By signing this document, I acknowledge that infraction of this Code of Conduct will result in any or all of the penalties listed above.

Signature of Member / Volunteer: _____ Date: _____

Signature of Parent / Guardian: _____ Date: _____

Must be enrolled in project by June 1, 2024 to be eligible to show at the Alexandria and/or State Fair.
Livestock enrollment due by animal tagging date(s); 6 hours of education required before animal tagging date(s). Horse enrollment requires 6 hours of education by April 15.

Project Books Available at 4-H Office for:

- **Aerospace (Model Airplanes)**
- **Animal Science:**
 - Beef Cattle
 - Country Ham
 - Dog
 - Goat
 - Horse
 - Poultry
 - Rabbits
 - Sheep
 - Hog
- **Arts & Crafts**
- **Babysitting**
- **Bicycle Safety**
- **Cake Decorating**
- **Cut Flowers**
- **Citizenship**
- **Electric**
- **Entomology**
- **Foods**
- **Food Preservation**
- **Forestry**
- **Garden**
- **General**
- **Home Environment**
 - Exploring Your Home
 - Living with Others
 - Where I Live
 - In My Home
- **Horticulture**
- **Kentucky 4-H Trends**
 - Cake Decorating
 - Cup cakes
 - Clover Photography
 - Recording History
 - Upcycling Projects
- **Leadership and Communication**
 - Speech
 - Demonstrations
- **Needlework**
 - Crochet
 - Embroidery
 - Knitting
 - Lacework-Tatting
 - Quilting
- **Photography**
 - Natural Resources
 - Agriculture
 - Leadership
 - Family & Consumer Sciences
 - Science, Engineering, Technology
 - Health
 - Communication/Expressive Arts
 - Horticulture
- **Record Books (Junior & Senior)**
 - Project
 - Secretary
- **Sewing**
 - **Junior level (ages 9-13)**
 - Lets Learn to Sew (beginner)
 - Lets Get to the Bottom (beginner)
 - Top It Off (beginner)
 - Stretch Your Knit Skills (beginner)
 - Moving on Up (intermediate)
 - Put It All Together (intermediate)
 - Up Cycle It! (intermediate)
 - **Senior level (ages 14-18)**
 - Lets Be Casual
 - Dress It Up
 - Match It Up
 - Creative Expressions
 - Leisure Time (advanced skills)
 - Formal Affair (advanced skills)
 - Tailor Made (advanced skills)
 - Up Cycle It! (advanced skills)
- **Shooting Sports**
- **Wood Science**

4-H Clubs Available:

If you would like more information about these clubs, or how to join, please call the Campbell County Extension Office at (859) 572-2600

- **4-H Cloverbuds** (K-3rd grade)
- **4-H Prepare for Fair** (4th-8th grade)
- **4-H Foods Club** (11-16 years)
- **4-H Teen Leadership** (6th-12th grade)
- **4-H Dog Club** (5-18 years)
- **4-H Shooting Sports** (9-18 years)
- **4-H Horse Club** (9-18 years)
- **4-H Horse Judging** (9-18 years)
- **4-H Livestock Club** (9-18 years)
- **4-H Livestock Judging** (9-18 years)
- **4-H Nature Club** (5-15 years)
- **4-H Poultry/Rabbit Club** (9-18 years)
- **4-H Fishing Club** (7-15 years)
- **4-H Entomology Club** (9-18 years)
- **4-H School Break Day Camps** (Fall, Winter, Spring & Summer)

After choosing your project(s), contact the 4 H Office for the Project Book(s) and Fair Exhibit Requirements.

Completed project books are required with the exhibit for entry at the Alexandria Fair.

