

4-H News December, 2023

Happy Holidays 4-H Family!



Cooperative Extension Service

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4-H VOLUNTEER FORUM—REGISTRATION DEADLINE IS DECEMBER 15

February 22—24, 2024

Central Bank Convention Center
(Old Rupp Arena)
Lexington, KY

If you are interested in attending, please contact the office no later than Friday, December 15th

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KENTUCKY 4-H TEEN LEADERSHIP SUMMIT
MARCH 21-23, 2024
OPEN TO ALL MIDDLE SCHOOL YOUTH

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

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Montgomery County 4-H Teen Club – December 7, 2023

The Montgomery County monthly 4-H Teen Meeting was held at the Windsor Care Nursing Home. The youth in attendance were: Kyera Wright, Jayla Sands, Nevaeh Hall and Julie Hawkins. Adults in attendance were: Leah Hawkins, Mindy Jordan and Jackie Evans.

The youth wanted to do a service project to underserved populations in our community.

The youth partnered with Zeta Phi Beta sorority Inc, Lexington, Kentucky youth Auxiliary to collect items to fill Christmas Stockings and also handed out Christmas Cards to each resident and staff member at Windsor Care Nursing Home..

These youth also collected and delivered Samaritan Bags for female Veterans in Winchester, Kentucky. FRC at Northview Elementary donated items for Christmas Stockings there were distributed to Windsor Care Nursing Home. Many Thanks to all donors. Sincerely, Jackie Evans



The Montgomery County 4-H Livestock Club met recently to buy items for the Angel Tree Angel that the Club decided to buy for this year. Several members are pictured here at Walmart purchasing items for the youth.



Montgomery County 4-H Saddle Club outing.



Montgomery County 4-H Shooting Sports Club is celebrating the Archery Club State Champions.. This year they are: Allannah Tyler; Curtis Bailey; Rilee Pitts and Dawson Jones.



4-H Black Powder placed 2nd this year in the 9-11 year old class. Those participating were: Mason Arnett, Nicholas Kegley, Dawson Jones, Dawson Smith, Bracken Powell & Emily Thomas.

DON'T FORGET—TO BE ABLE TO PARTICIPATE IN HORSE CLUB, LIVESTOCK CLUB OR SHOOTING SPORTS THIS YEAR, YOU MUST COMPLETE YOUR 4-H ENROLLMENT FORM BEFORE DECEMBER 31, 2023. THE MONTGOMERY COUNTY EXTENSION OFFICE WILL BE CLOSED BEGINNING DECEMBER 22, 2023 THROUGH JANUARY 2, 2024.

4-H ENROLLMENT FORMS DUE:

REMINDER: Open Enrollment has started for the new year. If you have not completed your PIE—"Participation Information Enrollment" Form for 2023-2024 year, now is the time to complete it.

ATTENTION:



4-H YOUTH Participant

CLUB/PROJECT: _____

2023-24

4-H Participant Information/Enrollment Form (NOT FOR RESIDENTIAL CAMP)

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 – 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. Form Updated: August 2022

Name: _____ County/Area: Montgomery
 Preferred Name: _____ School Name: _____
 Address: _____ Birth Date: _____ Age: _____
 City: _____ State: KY Zip: _____ Grade: _____
 Phone: _____
 Email: _____ Gender: Female Male
 Residence: Farm Town < 10,000 or Rural Non-Farm Race (please choose more than one if applicable): American Indian Asian
 Black Whit Hispanic Non-Hispanic Native Hawaiian or Pacific Islander Prefer Not to Say
 Not Listed: _____ T-Shirt Size: _____

Parent/Guardian 1: _____ Phone number: _____
 Email: _____
 Parent/Guardian 2: _____ Phone number: _____
 Email: _____

Emergency Contact #1: _____ Phone H W C: _____
 Email: _____
 Emergency Contact #2: _____ Phone H W C: _____
 Email: _____

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

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"/> |
| 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) Drug Allergy (please explain)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 17) Food Allergy (please explain)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 18) Other Allergy (please explain)..... | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain any "yes" responses:

Please 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)

List any conditions requiring medication: _____

Name of Family Doctor: _____ Doctor's Phone: _____
 Health Insurance Company: _____ Policy #: _____
 Name of Policy Holder/Relationship to Participant: _____ Member ID: _____

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 /GUARDIAN: _____ NO, I do not permit

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 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.
- 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.
- Possession of firearms not for educational use is prohibited.
- Setting off 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.
- 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.
- 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 they leave 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 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
- 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.
(Print Name)

I understand that infraction of this Code of Conduct will result in any or all of the penalties listed above.

Member/Volunteer _____ County _____

Parent/Guardian _____ Date _____



**FOR MORE INFORMATION
ON THE
MONTGOMERY COUNTY
4-H PROGRAM**

**CONTACT:
CHARLES COMER**

MONTGOMERY CO. EXTENSION AGENT
FOR 4-H YOUTH DEVELOPMENT
106 E. LOCUST ST.
MT. STERLING, KY 40353-1404
859-498-8741
ccomer@uky.edu

**4-H
TEEN
COUNCIL**
Meets on
1st Thursday
@ 6:00 PM

**4-H
SADDLE CLUB**
Meets on
3rd Mondays
@ 6:30 PM

**4-H
LIVESTOCK
CLUB**
Meets on
3rd Tuesdays
@ 6:30 PM

**4-H
SHOOTING
SPORTS CLUB**
Meets on
4th Tuesdays
@ 6:30 PM

**4-H
Clover Bud
CLUB**
Meets on
2nd Wednesdays
@ 5:00 PM

**District 4-H
Teen
C1-C4 Council**
Meets
EACH MONTH
@ 5:00 PM

4-H PLEDGE I pledge my **HEAD** to clearer thinking,
my **HEART** to greater loyalty,
my **HANDS** to larger service,
and my **HEALTH** to better living,
for my club, my community,
my country, and my world. 

Sincerely,

Charles M Comer,
Montgomery County
Extension Agent for 4-H Youth Development



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Disabilities
accommodated
with prior notification.