

# 4-H News

## Fall Newsletter, 2024

**Hello, 4-H Families:**

Cooperative Extension Service

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### Who Can Join Kentucky 4-H ?



Kentucky 4-H membership is open to any young person ages 9 through 18. Some counties offer Clover Bud activities for youth ages 5-8. Once a young person reaches age 19, he or she is too old to participate in 4-H but may volunteer in the 4-H program.

### Now is the time to Join 4-H

It's that time of year to join 4-H. September 1 begins a new program year. Membership in 4-H begins with completing the 4-H Participation Information Enrollment form which is also known as the "4-H PIE" form.

What is 4-H? 4-H is the dynamic, informal educational youth program of the Cooperative Extension Service that combines the cooperative efforts of youth, volunteer leaders, the University of Kentucky, Kentucky State University and local and federal governments.

In Montgomery County, the following project clubs are offered: Livestock, Horse, Shooting Sports, and Culinary. To be an official member of the club the 4-H PIE form must be completed and turned in by December 1st to be able to participate in either of the four clubs. You can still register for the Newsletter and individual study.

Livestock, Horse and Shooting Sports are certified projects in Kentucky 4-H which means that a required minimal amount of education hours must be completed before a member can compete in the events and contests offered through these projects. In the Livestock and Horse projects, a minimum of 6 hours of education must be completed prior to June 1, 2025. Now is the time to begin earning the education hours.

Whether you are a new member or a returning member, the 4-H PIE Form for 2024-25 must be completed this year. For more information about joining 4-H, you can contact me at the Montgomery County Extension Service office at 859-498-8741.

**4-H Participant Information/Enrollment Form**  
2024-2025 Program Year  
NOT FOR RESIDENTIAL CAMPS

**I. Re-Enrollment**  
If re-enrolling, please complete section I. Re-Enrollment, then review sections II through IX and verify review by signing and dating.

**II. Family Information**  
This is the primary information we will use to communicate with your 4-H member.

**III. Member Information**

**IV. Parent/Guardian 1 Information**

**V. Parent/Guardian 2 Information**

**VI. Other Emergency Contact**

**VII. Pick Up Information**

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

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



### 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. Re-Enrollment

If re-enrolling, please complete section I. Re-Enrollment, then review sections II through IX and verify review by signing and dating.

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 (optional):		Birthdate:	
Sex:	<input type="checkbox"/> M <input type="checkbox"/> F	Residence:	<input type="checkbox"/> Farm <input type="checkbox"/> Town <10,000 or Rural Non-Farm <input type="checkbox"/> Town/City/Suburb 10,000-50,000 <input type="checkbox"/> City/Suburb >50,000 <input type="checkbox"/> City-Central >50,000
Hispanic/Latino:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Race:	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Not Listed

#### IV. Parent/Guardian 1 Information

Last Name:		First Name:	
Phone:		May we release personal information to this person?	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### V. Parent/Guardian 2 Information

Last Name:		First Name:	
Phone:		May we release personal information to this person?	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### VI. Other Emergency Contact

Name:		Relationship:	
Phone:		May we release personal information to this person?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 section)

Relationship to Member serving:		Branch of service	
Service Status:	<input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves <input type="checkbox"/> Other:		





**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	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.Serious Allergy to Dairy	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.Serious Allergy to Gluten	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.Serious Allergy to Nuts	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.Other Allergy(Please explain)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Acetaminophen:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Antacid:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Antihistamine Pill:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Decongestant:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dramamine:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hydrocortisone Cream:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ibuprofen (Advil)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Polysporin (topical antibiotic)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Conditions**

1.Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	6.Fainting	<input type="checkbox"/> Yes <input type="checkbox"/> No	11.Wear Glasses/Contacts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.Bronchitis	<input type="checkbox"/> Yes <input type="checkbox"/> No	7.Headaches	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please explain any "yes" responses, including medications taken for any conditions:	
3.Convulsions	<input type="checkbox"/> Yes <input type="checkbox"/> No	8.Heart Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	9.Hypoglycemia	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5.Ear Infection	<input type="checkbox"/> Yes <input type="checkbox"/> No	10.Other Conditions	<input type="checkbox"/> Yes <input type="checkbox"/> 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

PARENT/GUARDIAN \_\_\_\_\_  NO, I DO NOT PERMIT

## 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.
- 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: \_\_\_\_\_ County: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_





## VOLUNTEERS: THE LIFE BLOOD OF KENTUCKY 4-H

In the 2023-2024 program year alone, 12,849 adult volunteers and 3,567 youth volunteers contributed their time to further 4-H initiatives in every county across the Commonwealth. 4-H could not achieve success without them. What motivates today's volunteers to engage in 4-H?

They value quality of volunteer service over quantity. Volunteers want to make meaningful contributions in a limited amount of time. Recognition based on accumulated hours or years of service is not a strong motivating factor.



Volunteers are connected to the community. Volunteers are busy people, but they make time for the causes and people who matter to them. Two-thirds of volunteers 55 and over discover volunteer opportunities through their involvement in faith communities, because someone asked them, or through participating in their children's activities, according to Dawn Lindblom, author of *Baby Boomers and the New Age of Volunteerism*.

People who are already active in the community serve in volunteer roles. They like to volunteer for tasks that align with their interests and talents.

These are the three questions of most volunteers before they commit. Before volunteering, most people have three questions: What will I do? How long will it take? When does it need to be done?

For more information on volunteering with 4-H in your community, contact the Montgomery County Extension Service office which is part of the University of Kentucky Cooperative Extension Service.

### 4-H TEEN CLUB NEWS:

The Montgomery County 4-H Teen Club met on September 9, 2024 for their monthly meeting. They met at Don Senor's restaurant in Mt Sterling. Topics Discussed were:

- ◆ Service Projects—We will collaborate with other 4-H Groups about combining our efforts on service projects and fundraising. Other groups will meet this week and get back with the Teen Club.
- ◆ Fundraising Ideas were also discussed:
  - \* Court Day selling Ale 8 in combination with other 4-H groups
- ◆ Club to check with Mr. Comer regarding a space to sell for Court Day.
- ◆ I Discussed presentation to Mr. Greg Waters—will do by the end of this week.
- ◆ New members—Great Fellowship with students. Proud to be a part of this group
- ◆ Discussed Achievement Applications. Each attendee received an application as well as a PIE (Enrollment Form) for this new year.— Submitted by Jackie Evans



Teen Club held their monthly meeting at Dairy Queen. Pictured are McKenzie Richmond, Abby Jordan, Kenleigh French, Nevaeh Hall, Jefferson Oldfield & Tucker Dailey.

The Montgomery County 4-H Teen Club award winners received awards for Extraordinary Community Engagement. Award winners are as follows: Abigail Jordan, Kenleigh French, Nevaeh Hall, Jefferson Oldfield & Allison Slone.

## Two Montgomery County 4-H Members serve on State 4-H Leadership Boards



Curtis Bailey and Jefferson Oldfield are serving as representatives on two of Kentucky 4-H Leadership Boards this year. Bailey is serving a second year of his term on the Kentucky 4-H Shooting Sports Teen Ambassador Board. Oldfield is serving the first year of a two-year term on the Kentucky State 4-H Teen Council. Both are expanding their horizons by serving in these capacities.



The Shooting Sports Teen Ambassadors assists with developing leadership workshops that are incorporated into the 4-H Teen Summit schedule to share with middle school aged 4-H participants. The teen ambassadors assist with the educational components of the fall and spring 4-H Shooting Sports Coaches Certification workshops held each year to train new coaches in the 4-H program. Ambassadors are involved in college and career-readiness activities to develop their skills that lead to the next step in their life.

The State 4-H Teen Council plans, implements, and evaluates two major teen programs for Kentucky 4-H participants: 4-H Summit for middle school-aged members and 4-H Teen Conference for 14-18 year-old members. Teen representatives are trained how to plan, implement, fund and evaluate these events. 4-H Summit involves over three hundred participants statewide while Kentucky 4-H Teen Conference involves five hundred and fifty participants from across the state.

### 4-H Shooting Sports Results from State Contest

Montgomery County 4-H Shooting Sports teams put in another impressive performance at the State 4-H Shooting Sports Contest in September. Several of the members placed in the top 3 in their respective contests. Here are the results:

Finishing tops earning first place honors in their competition were Dalton Smith in .22 Sport Rifle in the 9-11 year old division; McKenna Smith in 12-14 year old Target Recurve Archery; and Rilee Pitts in 9-11 year old Trap Shoot Division II. In team competition, the 9-11 year old Trap Shoot team of Rilee Pitts, Dalton Smith, Aaron Adkins, Garrett Pelfrey, and Jayce Burton won champion honors.

Top 3 placings also went to Dalton Smith placing second in 9-11 year old Black Powder Flintlock Rifle and third in 9-11 year old Black Powder Percussion Rifle; Bracken Powell placing second in 12-14 year old Target Recurve Archery; Curtis Bailey placing second in 15-18 year old Target Recurve Archery and third in 15-18 Recurve Archery; and Hannah Chandler placing third in 15-18 year old Target Recurve Archery.

In addition to these top finishes, Curtis Bailey and Hannah Chandler qualified to be members of the first Target Recurve team from Kentucky 4-H to compete in the National 4-H Shooting Sports Contest in June 2025 in Nebraska.



The Montgomery County 4-H Land Judging team of Blakely Dotson, Isaac Stull, Ashlyn Jones and Sophia Combs won the State 4-H Land Judging Contest held at the Kentucky State Fair. The team was coached by Tim Adams (not pictured). This is the third year in a row that Montgomery County has won the contest. The team is now eligible to compete in the National 4-H Land Judging Contest in late April 2025 in Oklahoma.



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

**CONTACT:**

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**4-H TEEN  
CLUB**

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

**C1-C2 AREA  
4-H Teen  
Council**

Meets  
**EACH MONTH on  
Last Monday of the Month**  
@ 5:30 PM—leave from Ex-  
tension Office at 4:30 pm



Sincerely,

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

**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.

**REMEMBER:**  
Enrollment for clubs needing 6 certification hours must have their PIE (enrollment forms) in no later than December 1st this year. No enrollment will be accepted after December 1st for the following clubs: 4-H Shooting Sports; 4-H Livestock; & 4-H Horse Clubs.

**IMPORTANT**

**Civil Rights Act—Compliant Statement**—The College of Agriculture, Food and Environment is an Equal Opportunity Organization with respect to education and employment and authorization to provide research, education information and other services only to individuals and institutions that function without regard to economic or social status and will not discriminate on the bases of race, color, ethnic 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.