



AUGUST

Cooperative Extension Service
Grayson County
64 Quarry Rd
Leitchfield, KY 42754
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graysonext.org

COOKING WITH KIDS

Berry Crunch Roll-Ups

- 4 (6 inches) flour tortillas
- 1/4 cup strawberry cream cheese
- 1 cup fresh berries of choice: blueberries, blackberries, raspberries, diced strawberries (or any fresh fruit)
- 1/4 cup crispy cereal of choice

1. Wash hands with warm water and soap, scrubbing for at least 20 seconds.
2. Spread 1 tablespoon cream cheese in a thin layer on each tortilla.
3. Sprinkle 1/4 cup fresh berries and 1 tablespoon cereal on top of the cream cheese.

4. Roll firmly, squeezing gently to seal edge. Serve right away.
5. Store leftovers in the refrigerator within 2 hours.

Makes 4 servings
Serving Size: 1 roll-up

Nutrition facts: 160 calories; 6 g total fat; 3 g saturated fat; 0 g trans fat; 15 mg cholesterol; 280 mg sodium; 23 g carbohydrate; 2 g fiber; 6 g sugar; 3 g protein; 4% Daily Value of vitamin A; 40% Daily Value of vitamin C; 6% Daily Value of calcium; 8% Daily Value of iron

Source: Leap...for Health: Eat Smart to Play Hard: University of Kentucky Cooperative Extension Service, Nutrition Education Program



It's RE-ENROLLMENT TIME!

On the next pages, you will find the enrollment forms for the program year that will begin SEPTEMBER 1.

NEW this year, fillable pdf! If you don't want to print and fill in by hand, you can fill in the pdf and email it back!

To remain enrolled and to continue to receive your newsletter, please complete and return by October 31.

Clubs will begin meeting for the new program year; if interested, see the Club News page and make plans to attend those meetings.



GRAYSON COUNTY 4-H LIVESTOCK CLUB

FALL MUM

fundraiser


Start Ordering NOW through September 5, 2024

Mums are sourced from Glory Goods in Breckinridge County!

Mums will be available for pick-up at the Extension Office (64 Quarry Road, Leitchfield KY 42754): morning of September 13th.

Contact Hope Tollett to place your order today!!! 270-296-8603, a Livestock Club member, or call the Extension Office at 270-259-3492



 Cooperative Extension Service

2024 Mum Colors



Harvest Moon
(pink, orange & peach fusion)



Yellow



Orange



White



Lavender



Red

\$15.00
single
colors
\$18.00 for
tri-color

Make Checks Out To:
"Grayson County 4-H Council"
Check memo: Livestock Fall Mum

Cooperative Extension Service
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 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, or physical or mental disability. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.

LEXINGTON, KY 40546



Disabilities
accommodated
with prior notification.

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: _____



What are YOU interested in?

(Please check all 4-H Clubs that you are currently part of or would like to join.)

Shooting Sports *(please select the disciplines you will be shooting)*

Archery Trap

Livestock Club (Dairy/ Market)

Wild at Art Craft Club

Dog Club

SET Club

Homeschool Club

Project Newsletter Activities

Upon completing the enrollment form, you will receive a newsletter with information on clubs and activities; if participating in a club, see club information. CHECKING on this form, does NOT automatically put you in that club, you MUST attend meetings!

Follow us on Grayson County Kentucky 4-H Facebook group for the most up to date information. Request to join group, be sure to answer the questions!

Fillable pdf is available online (Facebook group or graysonext.org on the 4-H page).

You can email the document back, mail or drop off to the Extension Office.

Email: Kindra.ewing@uky.edu



CLUB NEWS

Dog Club

Meetings will begin September 16 at 6:00 at the Extension Office.
They will meet in the Project Room, please enter at the back of the building.

Home School Club

The next meeting will be May 23 at 10:00 at the Extension Office.
No summer meetings

Livestock Club

No August meeting– Good Luck to all Grayson Co youth participating in the KY State Fair Livestock shows!

Meetings for the new program year will begin on September 3 at 5:00 in Room A of the Extension Office. Please enter at the back of the building.

If anyone has questions or needs assistance, please contact Hope.

Shooting Sports

Trap meets every Monday at 5:00 at Ag Park.
Archery meets every Tuesday at 5:00 at Ag Park.

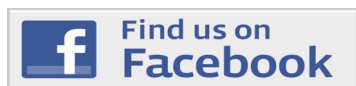
The Ag Park is on Caraway Rd off of Airport Rd.
All participants MUST have a current enrollment form turned in.

SET Club

The next meeting will be May 9 at 6:00 at the Extension Office.
No summer meetings; leaders are planning a Day Camp.

Wild at Art Club

Meetings will begin September 19 at 4:00 in the Project Room of the Extension Office.



Don't forget to request to join the Facebook group:

Grayson County Kentucky 4-H

Also follow:

Grayson County 4-H Shooting Sports

Grayson County 4-H Livestock Club

Grayson County KY Cooperative Extension



College of Agriculture,
Food and Environment
Cooperative Extension Service

Kindra Ewing Jones

Grayson County Extension Agent for 4-H Youth Development

august clubs & programs at a glance

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5 • Trap 5:00	6 • Archery 5:00	7 BACK TO SCHOOL	8	9	10
11	12 • Trap 5:00	13 • Archery 5:00	14	15	16	17
18	19 • Trap 5:00	20 • Archery 5:00	21	22	23	24
25	26 • Trap 5:00	27 • Archery 5:00	28	29	30	31

State Fair Dairy Show

State Fair Livestock Shows

Grayson County Fair