



OCTOBER

Cooperative Extension Service
 Grayson County
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GRAYSON COUNTY 4-H DOG CLUB



THE KENTUCKY 4-H DOG PROGRAM PROVIDES
 YOUTH THE OPPORTUNITY TO EXPLORE DOG CARE,
 HEALTH, TRAINING, AND MUCH MORE!

We will have an IN-PERSON meeting
 Monday, October 23 at 6:00 at the Extension office
 This will be to discuss goals and plans of what the youth
 want to get out of the Dog Club.
 This is open to youth that would like to be a part of this
 program.

Guess what! Cloverbuds can
 participate in the Dog Program!
 Youth MUST be 5 as of January 1,
 2024 (through age 18)



Poinsettia Sales

Grayson County, Kentucky
 4-H Livestock Club



\$22 for a 10" pot

Color Options: Red or Red/White Mix

(reserve the right to substitute red/white mix with red if quantity or quality is short)

\$12 for a 6" pot

Color Options: Red, White, or Pink

(reserve the right to substitute pink with red if quantity or quality is short)

Deadline to order & pay Thursday, November 16

These KY Proud Poinsettias will be from the Hardesty Greenhouses in Meade County, Kentucky! Anticipated date for pick-up will be December 5. Buyers will be contacted for pickup at Grayson County Extension Office.

Contact Hope Tollett to place your order today!!! (270) 296-8603 or
 Grayson County Extension Office at 270-259-3492

Checks can be made out to the "Grayson County 4-H Council".
 Check memo: Livestock Poinsettias



It's RE-ENROLLMENT TIME!

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

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.





College of Agriculture,
Food and Environment
Cooperative Extension Service

2023-2024 4-H Enrollment

4-H Program year is September 1-August 31



*Last Name: _____

*First Name: _____ MI _____

I Prefer to be called: _____

*Birth date: ____/____/____
MO DAY YEAR

*Grade (on 8/2/23): _____ Age: _____

*School: _____

For Returning members:
MY INFORMATION HAS NOT CHANGED: _____

New Members (or to update changes)– Continue Here:

Please provide a valid email address! REQUIRED

Email: _____

Mailing Address: _____

City: _____ KY Zip _____

GENDER: _____ Boy _____ Girl

Ethnicity (Check one):

Hispanic _____ Non Hispanic _____

Race (check all that apply):

White _____

Black _____

Asian _____

Alaskan/American Indian _____

Hawaiian/Pacific Island _____

Residence (check one):

_____ on a farm _____ other

Do you have a disability? _____ yes _____ no

If yes, describe the disability and any accommodations needed:

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*)

_____ Rifle _____ Archery _____ Trap

_____ Livestock Club (_____ Dairy/ _____ Market)

_____ Wild at Art Craft Club

_____ Dog Club

_____ Project Newsletter Activities

I am interested in these additional activities:

_____ Cloverbuds (5-8 year olds)

_____ Day Camps/workshops

Upon completing the enrollment form, you will receive a newsletter with information on clubs and activities; if participating in a club, see club information.

Parent Information

PARENT 1:

Last Name: _____

First Name: _____

Preferred Contact Phone: _____

Occupation (optional): _____

Parent Type (circle one): Primary Parent Other

Legal Guardian: YES NO

Email: _____

Parent 2:

Last Name _____ First Name _____

Do you have a parent in Military Services? _____ yes _____ no

Branch: _____ Who? _____ (ex: dad)

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

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LEXINGTON, KY 40546



Disabilities accommodated with prior notification.



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: _____
 Preferred Name: _____ School Name: _____
 Address: _____ Birth Date: _____ Age: _____
 City: _____ State: _____ Zip: _____ Grade: _____
 Phone: _____ Email: _____
 Gender: Female Male
 Residence: Farm Town < 10,000 or Rural Non-Farm Town/City/Suburb 10,000-50,000 City/Suburb >50,000 City- Central >50,000
 Race (please choose more than one if applicable): American Indian Asian Black Hispanic Non-Hispanic Native Hawaiian or Pacific Islander White 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

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 _____

4-H Fair Project



Wax Resist Print

Division 6029 - 4-H Arts & Crafts

- 738a. Junior Wax Resist Print: (pg. 44) Create intricate designs for printing using a wax resist method.
- 738b. Senior Wax Resist Print: Same as Junior

Materials

- Wax source- ex. white crayons, crayons, wax paper, oil pastels, rubber cement
- Old cheese grater
- Iron- depending on wax used
- Heavy duty paper (card stock) or glossy paper
- Water colors/acrylics
- Paint brushes

Create

With Crayon:

On heavy paper, use white crayon to draw design or images. Use water colors to paint. The wax will repel the color, allowing for the design to show.



With Wax Paper:

Using wax paper, fold or crinkle it up. Then flatten it out. Next, sandwich the piece of wax paper between 2 pieces of glossy white paper. Make sure the glossy side is facing in. Make sure to keep the iron moving, or you will melt the wax paper. Once the ironing is complete, place glossy side up in bin. Randomly spray watercolors over the entire paper. the pattern left behind from the wax paper will begin to emerge.



With Crayon Shavings:

Using crayons, shave with old cheese grater over water color paper or heavy type paper. Cover with parchment paper and swipe iron over top keeping it moving.



With Oil Pastels:

Draw a quick sketch, color in with oil pastels. They go on creamy, and are easy to color with. In this step, you create texture, so do not color every space of the paper leaving white space for the water color to highlight. Once everything is fully colored, outline the drawing like a coloring book with a black oil pastel. Do a quick wash of water color over the entire piece.

With Rubber Cement:

Start by dribbling rubber cement straight out of the bottle all over your thick paper. Once the rubber cement is dry, paint over the entire paper. You can use slightly thinned acrylics, tempera paint or water colors all with great results!



CLUB NEWS

Livestock Club

Meeting will be October 10 at 6:15. Mum sales have wrapped up, and poinsettia sales will be starting in order for all to be turned in before December comes! Information and forms will be available at this meeting.

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

Shooting Sports

The end of September will wrap Shooting Sports for the season. It will resume in the SPRING after Spring Break. Participants are encouraged to get new program year enrollment forms turned in.

Wild at Art Club

Meeting will be October 19 at 4:00.



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



Kindra Ewing Jones



College of Agriculture, Food and Environment
Cooperative Extension Service

Kindra Ewing Jones

Grayson County Extension Agent for 4-H Youth Development

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COVER DAY CAMPS

THURSDAY, OCTOBER 5TH

9 A.M. - 11:00 a.m. CST

Grayson County Extension Service
64 Quarry Road | Leitchfield, KY 42754

Open to youth ages 5-8

Space Is Limited!

Pre-registration is required by phone call: food allergies are important to collect! (270) 259-3492

Topic focus will be on & Expressive Arts: Focus on Fall



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LEITCHFIELD, KY 42754



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October clubs & programs at a glance

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5 Cloverbud Mini Day camp	6	7
8	9	10 • Livestock 6:15	11	12	13	14
15	16	17	18	19 • Wild at Art 4:00	20	21
22	23 No school • Dog Club Informational Meeting 6:00	24	25	26	27	28
29	30	31 				