



September

Cooperative Extension Service
Grayson County
64 Quarry Rd
Leitchfield, KY 42754
(270) 259-3492
Fax: (270) 259-0291
graysonext.org

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)



GRAYSON COUNTY 4-H LIVESTOCK CLUB

FALL MUM fundraiser

Start Ordering NOW through September 15, 2023

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): September 22nd starting at 12:00 p.m. CST.**
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



Last chance! Tri-color are SOLD OUT!

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

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

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

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 (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 _____

CLUB NEWS

Livestock Club

Meetings will be September 5 at 6:15. This is an ideal time/season for interested members to start coming to meetings. Mums will be ready to be picked up September 22, 8-4 at Ext. off.

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

Shooting Sports

Trap- Mondays at 5:00
Archery- Tuesdays at 5:00

Both disciplines will meet at the Ag Park.

Good Luck at State Shoot 9/9-9/10!

The group will continue to have practices through September and pick back up in the spring.

Wild at Art Club

Meetings will resume September 21 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

Kindra Ewing Jones

Grayson County Extension Agent for 4-H Youth Development

UK
College of Agriculture,
Food and Environment
Cooperative Extension Service

The Cooperative Extension Service prohibits discrimination in its programs and employment on the basis of race, color, age, sex, religion, disability, or national origin. To file a complaint of discrimination, contact Tim West, UK College of Agriculture, (859) 257-3879; Terry Allen or Patty Bender, UK Office of Institutional Equity and Equal Opportunity, (859) 257-8927; or the USDA, Director Office of Civil Rights, Room 326-W Whitten Bldg., 14th & Independence Ave. SW, Washington, DC 20250-9410 (202-720-5964).

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



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, social, racial, ethnic, gender, age, marital status, religion, political belief, sex, sexual orientation, gender identity, gender expression, marital status, genetic information, caregiver status, or physical or mental disability. University of Kentucky, U.S. Department of Agriculture, and Kentucky Coalitions, Cooperative Extension Service
LEITCHFIELD, KY 42754



University of Kentucky
College of Agriculture,
Food and Environment
Cooperative Extension Service

September clubs & programs at a glance

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4 • Trap 5:00	5 • Archery 5:00	6	7	8	9 SS Good Luck at State Shoot 9/9-9/10!
10	11 • Trap 5:00	12 • Archery 5:00	13	14	15	16
17	18 • Trap 5:00	19 • Archery 5:00	20	21 • Wild at Art 4:00	22 Pick up MUM orders	23
24	25 • Trap 5:00	26 • Archery 5:00	27	28	29	30