

FRANKLIN COUNTY COOPERATIVE EXTENSION

4-H Youth Development

SEPTEMBER 2024 NEWSLETTER

 Martin-Gatton
College of Agriculture,
Food and Environment
University of Kentucky.

Franklin County
101 Lakeview Court
Frankfort, KY 40601-8750
(502) 695-9035
Fax: (502) 695-9309
franklin.ca.uky.edu



Where is 4-H?

This month, 4-H will be at two environmental camps, taking youth to the Natural Resource Academy, Find your Yes Field Trip, heading to Tennessee for the Southern Region Teen Leadership Conference, visiting classrooms and helping with the start of clubs! We will be busy but are so excited to see all of our 4-H'ers!

2024-2025 4-H year starts in SEPTEMBER!

Beginning on September 1, 2024, our new 4-H Program year will begin. Enrollment forms are available at the back of this newsletter, at the Extension Office and online at <http://franklin.ca.uky.edu/>.

Please note that all pages of the form must be completed and each child must have their own individual enrollment form.

To continue being an active 4-H member, receive monthly newsletters and participate in 4-H events, summer projects, and the Franklin County Fair as a 4-H member, you **MUST** enroll by completing the 2024 enrollment form.

We will have a digital version of the enrollment form. It will be shared on our website, Facebook and a QR code in this newsletter!

Note: If you DO NOT complete an enrollment form, you will be removed from our mailing and membership lists as a 4-H member.

WHAT'S Happening

FAMILY & CONSUMER SCIENCES  **Martin-Gatton**
College of Agriculture, Food and Environment
University of Kentucky

SPOOKY

CARD MAKING CLASS & BONUS TREAT HOLDER




OCTOBER 1ST
5PM-7PM
COST IS \$12 PER PERSON.

BONUS: TREAT HOLDER

CLASS IS LIMITED TO 15 PEOPLE. ALL SUPPLIES ARE INCLUDED.

RSVP: 502-695-9035
101 LAKEVIEW COURT, FRANKFORT KY

Cooperative Extension Service
MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT
University of Kentucky
Public and Consumer Education
4-H Youth Development
Community and Economic Development
Lexington, KY 40546



Take the AARP Smart Driver™ classroom course and you could save money on your auto insurance!*

- » Learn techniques for handling left turns, right-of-way and roundabouts.
- » Understand how to reduce traffic violations, crashes and the risk of injury.
- » Discover proven driving methods to help keep you and your loved ones safe on the road.

THERE'S A CLASSROOM COURSE IN YOUR NEIGHBORHOOD!

Date & Time:

Saturday, October 19, 2024
9:00AM - 1PM

A light lunch will be provided.

Location:

Franklin County Cooperative Extension
101 Lakeview Court
Frankfort, KY 40601

Register Now:

SPACE IS LIMITED!
CALL 502-695-9035 TO REGISTER TODAY!

CLASSROOM COURSE

\$20 for AARP members
\$25 for non-members

FOR MORE INFORMATION

Call: 1-888-773-7160
Visit: www.aarp.org/driving36

*Upon completion you may be eligible to receive an auto insurance discount. Other restrictions may apply. Consult your agent for details.

THE ULTIMATE FIELD TRIP

SEPT
16 + 17

FIND YOUR
YES

A DAY with JUST SAY YES

Find Your Yes Day's mission is to offer opportunities to students that they may not have known existed, and expose them to all activities offered in Franklin County.

Find Your Yes Day is an experiential field trip designed to expose youth to positive opportunities available during out-of-school time in Franklin County.

We hope this will be an annual event that every young person in Franklin County will experience as they enter middle school.

for all 6th grade students in Franklin County

- Student "onboarding" to the Yes Card, familiarizing them with where and how their cards can be used.
- Students will rotate through six activity stations throughout the day. At each station, they'll have the opportunity to try out several activities offered by Yes Card providers as well as free community offerings like Paul Sawyer Public Library and 4-H.
- Students will be sent home with information for parents about the Yes Card, available activities, how to sign up and more.

INFO@JUSTSAYYESKY.ORG





Franklin County 4-H 2024-2025 Clubs

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

| | | | | |
|----------|----------------------------------|------------------------------------|-------------------------------|--|
| 1st Week | Livestock 5:00 pm Room A/B | Dog 5:00 pm Room G | | |
| 2nd Week | | Beginner Sewing* 5:30 pm Room G | Jr. Cooking 5:30 pm Room G | Baking 6:00 pm Room G |
| 3rd Week | Communications 5:30 pm Room C | Dog 5:00 pm Room G | Teen 5:30 pm Room A/B | Advanced Sewing* 5:30 pm Room G Garden 5:00 pm Big Garage |
| 4th Week | Cloverbud 5:30 pm Room G | Jr. Bee 5:00 pm Room G | Sr. Cooking 5:30 pm Room G | Advanced Sewing* 5:30 pm Room G |

Cloverbuds is for youth in Kindergarten – Third Grade.
Regular 4-H Clubs are for youth Fourth Grade and Up.
Clubs allow for both 4-H Age and Cloverbud + Parent to attend.
Senior Clubs are for Sixth Grade and Up.

*Sewing clubs- MUST attend the September and/or October meeting in order to join
Advanced Sewing is for youth who have a basic sewing knowledge.

All Clubs are free except for occasional fees related to trips. **All youth must have an enrollment form completed before they may attend a club.** This can be completed online by utilizing the QR Code:



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University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.
Lexington, KY 40506



Franklin County Cooperative Extension Office
101 Lakeview Court, Frankfort, KY 40601
502-695-9035 franklin.ext@uky.edu



Franklin County 4-H

KENTUCKY
COOPERATIVE EXTENSION

ACHIEVEMENT PROGRAM

The Kentucky 4-H Achievement Program recognizes the accomplishments of 4-H members.

To receive an Achievement award, 4-Hers must complete an extensive application showcasing their 4-H participation in leadership, civic engagement, communication, and community action. 4-H members can begin this program after their first year in 4-H.

Want to learn more or ready to start on your application?

SEPTEMBER 16



Franklin County Extension Office

OCTOBER 3



5:30-7:00 PM

Join us for one or both work days!

RSVP



Call
502-695-9035

VOLUNTEERS NEEDED!

**CALLING ALL VOLUNTEERS!
WE NEED YOUR HELP!**



Franklin County 4-H is looking for volunteers!

In order to have a successful 4-H program here in Franklin County we need volunteers!

Contact us today to learn more about exciting volunteer opportunities! or scan this QR Code!



KENTUCKY SAVES
2025
PIGGY BANK
DESIGN CONTEST
MONEY SAVED IS A FUTURE EARNED



WHAT: The 2025 Piggy Bank Design Contest is a creative way for youth to learn the importance of saving money and reducing debt.

WHY: To creatively celebrate Kentucky Saves Week.

WHO: School students attending public, private, or home school located within the Commonwealth of Kentucky enrolled in kindergarten through twelfth grade.

WHEN: The contest begins on: **DATE: September 1, 2024**
and ends on: **DATE: November 1, 2024**

HOW: Participants submit an original piggy bank and entry form.

RECOGNITION: Winners will have their names, grades, counties, and winning piggy banks displayed in the Capitol Rotunda in Frankfort, Kentucky during March and April 2025. Winners also will receive a certificate.

Kentucky Saves Week:
April 7-11, 2025

Kentucky Saves:
www.kentuckysaves.org

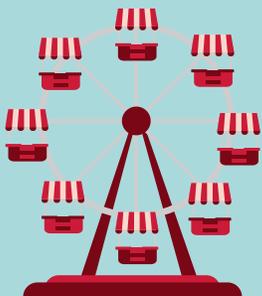
MoneyWi\$e:
fcs-hes.ca.uky.edu/moneywise

Franklin County
Cooperative Extension Office
101 Lakeview Ct.
Frankfort, KY
40601
502-695-9035



From
September 1,
2024, to
August 31,
2025, we're
diving into a
year full of
growth and
learning,
while
amplifying our
skills!

CONGRATULATIONS TO OUR STATE FAIR COMPETITORS:



Molly Mangan - Honey
Sofia Saylor - Needlework
Christian Roberts- Wire Trees
Ainsley Roberts- Bread- Yeast
Hope - Sewing
Corbin Antle - Solar Panel Powered Barn



THESE YOUTH WON PURPLE CLASS CHAMPION RIBBONS IN CLOVERVILLE.

YOUTH

HEALTH BULLETIN



SEPTEMBER 2024

Download this and past issues of the Adult, Youth, Parent, and Family Caregiver Health Bulletins: <http://fcs-hes.ca.uky.edu/content/health-bulletins>

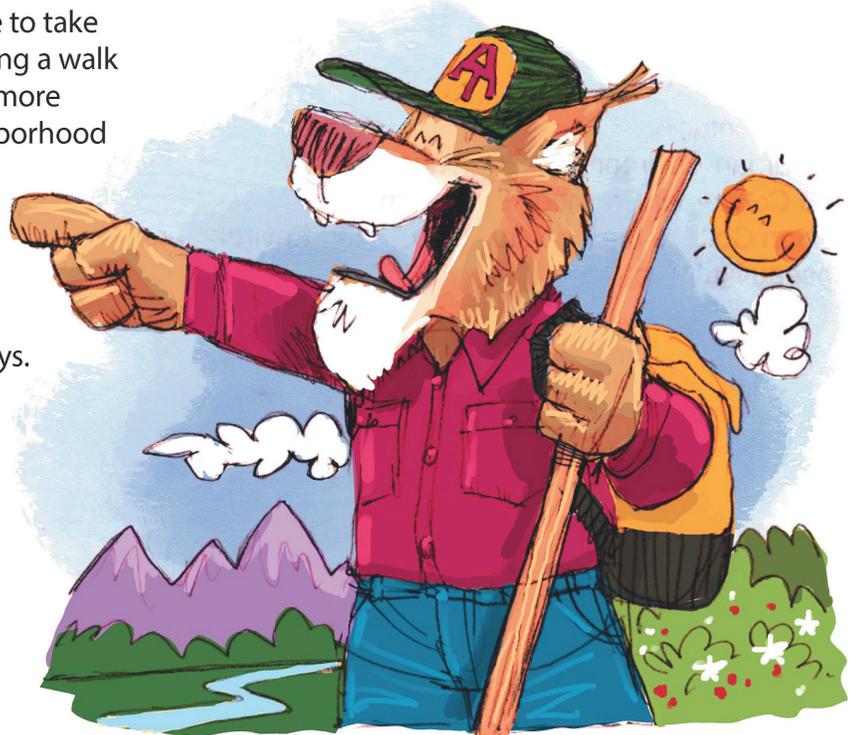
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THIS MONTH'S TOPIC

STEP INTO NATURE: TAKE A HIKE!

With fall on the way, now is the perfect time to take a hike! Maybe you think hiking is like taking a walk but with more trees. But a hike can be so much more than that! Hiking is not like a walk in your neighborhood or around your local park. It means getting off a paved trail and exploring more wooded areas with uneven paths, rocks to climb, or streams to cross. It's almost like a natural obstacle course! Hikes are usually longer than walks. They take you up and down more hills and valleys.

Also, hiking is great for your body. You use more and different muscles than most daily activities. And it takes more effort and energy. It is good for muscles and organs in your body to have to work hard, and it builds endurance. Endurance is what helps your body be able to do hard things for longer and longer amounts of time. Your heart and



Continued on the next page →



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 Disabilities accommodated with prior notification.



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.

MONTHLY RECIPE



Pumpkin Apple Muffins

- | | | |
|-------------------------------------|---------------------------------|---|
| 1¼ cups all-purpose flour | ½ teaspoon ground ginger | 1½ cups fresh pureed pumpkin |
| 1¼ cups whole-wheat flour | ½ teaspoon ground nutmeg | ½ cup canola oil |
| 1¼ teaspoons baking soda | 1¼ cups honey | 2 cups Granny Smith apples, finely chopped |
| ½ teaspoon salt | 2 large eggs | |
| 1½ teaspoons ground cinnamon | | |

Preheat oven to 325 degrees F. In a large bowl, **combine** flours, baking soda, salt and spices. In a small bowl, **combine** honey, eggs, pumpkin and oil; **stir** into dry ingredients just until moistened. **Fold** in apples. **Fill** greased or paper lined muffin cups, two-thirds full. **Bake** for 25 to 30 minutes or until muffins test done. **Cool** for 10 minutes before removing from pan.

Note: Can substitute two cups granulated sugar for honey, decrease baking soda by ¼ teaspoon and increase oven temperature to 350 degrees F.

Yield: 18 muffins

Nutritional Analysis: 200 calories, 7 g fat, 0.5 g saturated fat, 35 mg cholesterol, 160 mg sodium, 35 g carbohydrate, 2 g fiber, 20 g sugar, 3 g protein



Buying Kentucky Proud is easy. Look for the label at your grocery store, farmers' market, or roadside stand.

Austin J. Brewer
 County Extension Agent for 4-H
 Youth Development Education

MacKenzie J. Preece
 County Extension Agent for 4-H
 Youth Development Education

Samantha Moore
 Program Assistant for 4-H
 Youth Development Education

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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: _____



Franklin County 4-H Club Enrollment

Participant's Name: _____

Participant's Age: _____

Contact Phone Number: _____

Contact Email: _____

Please select the clubs you are signing up for to receive more information from the club leader.

Baking

Sr. Cooking

Jr. Bee

Dog

Sr. Bee

Livestock

Cloverbud

Beginner Sewing

Communications

Advanced Sewing

Jr. Cooking

Teen

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Lexington, KY 40506



Disabilities
accommodated
with prior notification.