

# SEPTEMBER 2024

# Newsletter

4-H YOUTH DEVELOPMENT



## ENROLLMENT EDITION

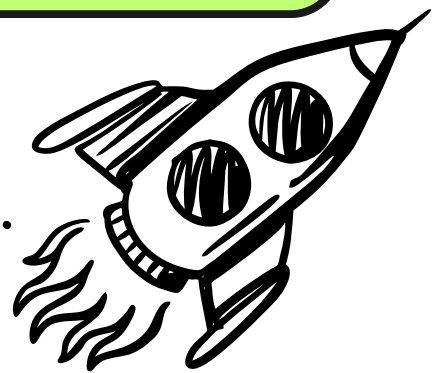
SEPTEMBER 1 MARKS THE START OF A NEW 4-H PROGRAM YEAR—WHAT WILL YOU TRY?

WE ARE EXCITED FOR CLASSROOM CLUBS TO GET STARTED THIS MONTH, AND LOOK FORWARD TO THE START OF SPECIAL TOPIC CLUBS IN OCTOBER!

THE BEGINNING OF A NEW PROGRAM YEAR IS A GREAT TIME TO TRY A NEW CLUB! WE HAVE AN UPDATED ENROLLMENT FORM, IF YOU HAVE PREVIOUSLY COMPLETED ONE IT WILL NEED TO BE UPDATED TO THIS VERSION.

IN THIS EDITION: 24-25 CLUB INFORMATION, & NEW ENROLLMENT FORM

## RECIPE OF THE MONTH



### INGREDIENTS:

- ANTS ON A LOG (CELERY LOGS, PEANUT BUTTER, RAISINS)
- LADYBUGS ON A LOG (CELERY LOGS, STRAWBERRY CREAM CHEESE, DRIED CRANBERRIES)
- FISH IN THE RIVER (CELERY LOGS, CREAM CHEESE OR HUMMUS, GOLDFISH CRACKERS)
- ANTS ON AN APPLE (APPLE WEDGES, NUT BUTTER OR CREAM CHEESE, RAISINS)

### DIRECTIONS:

1. PLACE THE SPREAD ON CELERY OR APPLE AND PLACE FRUIT OR GOLDFISH ON THE TOP.
2. ENJOY!

**"THE BEST WAY TO PREDICT THE FUTURE IS TO CREATE IT." -PETER DRUCKER**

Sharee Schoonover



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Cooperative Extension Service

## OTHER WAYS TO GET INVOLVED

Follow us:



@LIVCO4H.KY



@LIVINGSTON4HCLUB



@LIVINGSTON COUNTY COOPERATIVE EXTENSION



## Cloverbuds

**AGES 5-8**  
**EXPLORE THE 7-CORE CONTENT AREAS OF KY 4-H**

## Craft Club

**AGES 9-18**  
**SHOW OFF YOUR CREATIVITY WITH HANDS-ON CRAFTING PROJECTS**

## Chef Club

**AGES 9-18**  
**LEARN KITCHEN SKILLS, AND CREATE TASTY DISHES.**

## Gamers Club

**AGES 9-18**  
**BATTLE YOUR FRIENDS FOR BRAGGING RIGHTS IN THE WORLD OF MARIO.**

## Livingston Helpers

**AGES 9-18**  
**USE YOUR HANDS FOR LARGER SERVICE, AND GIVE BACK TO YOUR COMMUNITY!**

## Archery



## Outdoor Adventure Club

**AGES 9-18**  
**WE'RE STAYING ON THE MOVE EXPLORING OUTDOOR LOCATIONS AND TOPICS.**

## Rifle



## Middle School



## Area Teen Council



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# 24-25 CLUBS

# 4-H

# Youth Ages: 5-8

An adult is required to attend each meeting

# CLOVERBUDS

**FREE!**



Cloverbuds will explore the seven core areas of 4-H (Ag, Arts, FCS, Health, Leadership, Natural Resources, and Science, Engineering & Technology), learn about their community, and gain valuable life skills.

**ALL meetings will be held at the Livingston County Extension Office  
803 US 60E. Smithland, KY 42081**

More Info:

270.928.2168

[sharee.schoonover@uky.edu](mailto:sharee.schoonover@uky.edu)

10/15/24 @5:00 pm

2/25/25 @5:00 pm

11/19/24 @5:00 pm

3/18/25 @5:00 pm

1/21/25 @5:00 pm

4/22/25 @5:00 pm

# CHEF CLUB



More Info:

270.928.2168

[sharee.schoonover@uky.edu](mailto:sharee.schoonover@uky.edu)



**FREE**

**10.15.24 @5:00 pm**

**11.19.24 @5:00 pm**

**1.21.25 @5:00 pm**

**2.25.25 @5:00 pm**

**3.18.25 @5:00 pm**

**4.22.25 @5:00 pm**

**ALL meetings will take place at the  
Livingston County Extension Office,  
803 US 60E. Smithland, KY 42081**



**FREE!**

# **GAMERS CLUB**



10.24.24 @5:00 pm    2.13.25 @5:00 pm  
11.21.24 @5:00 pm    3.13.25 @5:00 pm  
1.16.25 @5:00 pm    4.24.25 @5:00 pm

ALL meetings will take place at the  
Livingston County Extension Office,  
803 US 60E. Smithland, KY 42081

More Info:  
270.928.2168  
[sharee.schoonover@uky.edu](mailto:sharee.schoonover@uky.edu)



**FREE**



**4-H**



# **CRAFT CLUB**



ALL MEETINGS WILL TAKE PLACE AT THE LIVINGSTON COUNTY EXTENSION OFFICE, 803 US 60E. SMITHLAND, KY 42081



- 10.3.24 @5:00 PM**
- 11.7.24 @5:00 PM**
- 1.9.25 @5:00 PM**
- 2.6.25 @5:00 PM**
- 3.6.25 @5:00 PM**
- 4.3.25 @5:00 PM**



**More Info:**  
**270.928.2168**  
[sharee.schoonover@uky.edu](mailto:sharee.schoonover@uky.edu)

# LIVINGSTON HELPERS



More Info:  
270.928.2168  
[sharee.schoonover@uky.edu](mailto:sharee.schoonover@uky.edu)

**FREE!**

**1.23.25 @5:00 PM: BIRTHDAY CAKE KITS**  
**LOCATION: LIVINGSTON COUNTY EXTENSION OFFICE**

**4.4.25 @5:00 PM: VETERANS FLAG DISPLAY**  
**LOCATION: GRAND RIVERS COMMUNITY CENTER**

**JULY DATE/TIME TBD: SUMMER FEEDING PROGRAM**  
**LOCATION: NORTH LIVINGSTON ELEMENTARY SCHOOL**



**9:00 AM-  
12:30 PM**

**5.20.25**

**6.24.25**

**7.8.25**

**7.29.25**

**FORESTRY  
FIELD DAY  
@LBLIN  
SEPTEMBER.**



**FREE**

# OUTDOOR ADVENTURE CLUB

Students will meet at the Livingston County Extension Office and be transported to an outdoor site for exploration. A PB&J sack lunch will be provided.



More Info:

270.928.2168

[sharee.schoonover@uky.edu](mailto:sharee.schoonover@uky.edu)



September 9th, 5 pm  
Grand Rivers Park

**7TH-12TH**

**GRADE**

**SCAN QR**

**CODE FOR**

**MORE INFO**



# AREA TEEN COUNCIL



Contact your 4-H  
agent to register

*Kickball*



*Kick-n-Chicken Tacos*



### 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. Enrollment

Please complete this information for your student

<b>Name:</b>		<b>School Name:</b>		<b>County:</b>	Livingston
<b>Grade:</b>					

#### II. Family Information

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

<b>Family Name:</b>		<b>Family Email:</b>	
<b>Family Phone:</b>		<b>Family Address:</b>	

#### III. Member Information

<b>First Name:</b>		<b>Last Name:</b>	
<b>Preferred Name (optional):</b>		<b>Birthdate:</b>	
<b>Sex:</b>	<input type="checkbox"/> M <input type="checkbox"/> F	<b>Residence:</b>	<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
<b>Hispanic/Latino:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Race:</b>	<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

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

#### V. Parent/Guardian 2 Information

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

#### VI. Other Emergency Contact

<b>Name:</b>		<b>Relationship:</b>	
<b>Phone:</b>		<b>May we release personal information to this person?</b>	<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.

<b>Name of First Person:</b>		<b>Relationship to 4-H Member:</b>	
<b>Phone:</b>			
<b>Name of Second Person:</b>		<b>Relationship to 4-H Member:</b>	
<b>Phone:</b>			

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

<b>Relationship to Member serving:</b>		<b>Branch of service</b>	
<b>Service Status:</b>	<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)

**XIII. 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: \_\_\_\_\_

