

GARRARD COUNTY 4-H

NEWSLETTER

GARRARD COUNTY 4-H STATE FAIR WINNERS

Congratulations to James Burkhead, Lori Burkhead, Alexia Cobb, Addison Comley, Gwyn Johnson, Natalie Lane, Emalyn Lawson, Sarayah Miller, Kristina Priddy, Avery Roseberry, and Hunter Roseberry, who represented Garrard County and emerged as State Fair Winners! These dedicated 4-H members have showcased their hard work, and it has definitely paid off!



GARRARD COUNTY 4-H COUNTRY HAMS PROJECT



Congratulations to all the 4-H members who successfully finished the Kentucky 4-H Country Ham Project! These participants have surpassed our expectations and have exceeded our standards. A special shoutout to Abby Fathergill for achieving 3rd place! (Not Pictured: Rylee Baldwin, Samuel Fielder, and Bailey Hoskins)

Cooperative Extension Service

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

MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

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, physical or mental disability or reprisal or retaliation for prior civil rights activity. Reasonable accommodation of disability may be available with prior notice. Program information may be made available in languages other than English. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.

Lexington, KY 40506



Disabilities
accommodated
with prior notification.

KENTUCKY 4-H WRITTEN COMMUNICATIONS CONTEST

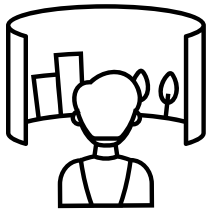
The Kentucky 4-H Written Communications Contest is coming up right around the corner and we want to make sure all of our talented writers can participate. You have a strong voice that, like my own, sounds better on paper or a screen. Send us an entry and continue to work on a very important and necessary skill of communicating through the written word. Whether you enjoy crafting heartfelt poems, spinning imaginative stories, or penning persuasive essays, this is your opportunity to shine. Not only will you have the chance to showcase your creativity and hard work, but you will also be joining a community of like-minded individuals who share your passion for writing. This contest will take place during December 1st, 2024-March 1st, 2025.



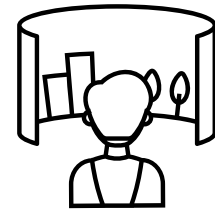
ACHIEVEMENT PROGRAM APPLICATION SUBMISSION

The achievement program application offers a fantastic chance to enhance your profile by showcasing your 4-H awards and successes. By completing this application, you can display your growth as a 4-H member. For further details in the upcoming months, please reach out to eric.comley@edu.uky. Remember, the application deadline is December 3rd, 2024.

Start collecting all required documents and evidence of your achievements early to avoid any last-minute stress. This opportunity not only allows you to showcase your dedication and hard work but also encourages reflection on your personal development and skills gained during your 4-H journey. A well-prepared application can make a significant impact, so take your time to ensure it is comprehensive and refined. Best of luck, and we are excited to celebrate your accomplishments!



4-H REALITY STORE



November 8th, 2024, all 8th grade students will be going through the Reality Store experience. This program allows 8th grade students to take on a salary or wage and live a month of adult financial decisions (groceries, car payment, house payment, child care, insurance, etc). The purpose of doing the program in 8th grade is to provide an understanding of the importance of looking to the future to understand needs vs. wants.

VOLUNTEERS

The hallmark of a strong 4-H Program is the presence of volunteer leaders who are applying their talents and skills to bettering the community at our most reachable audience. Our youth. We have some great club leaders, but that doesn't mean we don't have interests outside of these areas. Maybe you want to be a camp counselor, help at the speech or demonstration contest, provide snacks for a club meeting, or be a judge for fair projects. If being a volunteer interests you, please reach out to me at eric.comley@uky.edu.

SCHEDULE

CLUB MEETING SCHEDULE

- **Cloverbud Club - 2nd Monday of each month at 5:30 p.m.**
- **Livestock Club - 2nd Tuesday of each month at 6:00 p.m.**
- **Photography Group - 1st Thursday (starting October 3rd)**
- **After School Art Club (contact Garrard Arts Center)**
- **Cooking Club - 4th Monday of each month at 5:00 p.m.**
- **Shooting Sports Program (Begins in March 2025)**
- **Nature Club (TBA)**
- **Adult Photography Group - I need 5 to get it started and a consistent date to meet.**



4-H COOKING CLUB

**FOR AGES 9-13 YEARS OLD
CLASSES ARE FREE AND OPEN TO THE PUBLIC
THE CLUB WILL BE LEAD BY
LISA LAMB
NUTRITION EDUCATION PROGRAM ASSISTANT**

**FIRST CLUB DATE:
MONDAY, SEPTEMBER 23RD**

MEETS EVERY 4TH MONDAY/MONTHLY

TIME: 5:00 PM

LOCATION: GARRARD COUNTY EXTENSION OFFICE

CALL TO REGISTER AT 859-792-3026



Apple Nachos

Ingredients:

- $\frac{1}{4}$ cup peanut butter
- $\frac{1}{4}$ cup non-fat Greek yogurt
- 2 tablespoons milk
- 1 tablespoon honey
- 2 red apples, cored and cut into $\frac{1}{4}$ inch slices
- 2 green apples, cored and cut into $\frac{1}{4}$ inch slices



Directions:

1. In a blender, combine peanut butter, yogurt, milk and honey. Blend until smooth.
2. Place apple slices on a large plate or platter and drizzle with peanut butter sauce.
3. Add toppings of choice if desired and serve immediately.

Source: Renee Fox, Nutrition, Marketing and Media Specialist for Kentucky Nutrition Education Program, University of Kentucky Cooperative Extension Service

Nutrition facts per serving: 160 calories; 6g total fat; 1g saturated fat; 0g trans fat; 0mg cholesterol; 5mg sodium; 27g carbohydrate; 4g fiber; 20g sugar; 4g protein; 2% Daily Value of vitamin A; 8% Daily Value of vitamin C; 4% Daily Value of calcium; 2% Daily Value of iron. *Nutrition facts do not include optional toppings



ISSUES CONFERENCE 2024

The Issues Conference presents a chance to acquire essential skills in leadership, civic engagement, and community development. Participants will be assigned to working groups to address various issues in local, state, and national communities. This collaborative environment encourages interaction with peers from diverse backgrounds, promoting mutual respect and understanding. More information will be coming soon about this fantastic leadership opportunity.



**Follow us on the
Garrard County 4-H
Facebook page for
up-to-date
information.**



JOIN 4-H

If you scan the QR code in the bottom corner of this page, this will begin the process of getting you registered for 4-H. This DOES NOT obligate you to participate in anything, but it allows me to reach out to you individually with information about upcoming or ongoing programs you may be interested in attending. You can also complete the form below. The very last page has a list of some of the options and we are trying to find some new programming avenues. Please check all that apply, regarding your interests. Feel free to contact me at eric.comley@uky.edu, if you have additional questions.

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: _____





I am interested in...

(check all you like)

NATURAL RESOURCE-RELATED PROJECTS, CLUBS, TRIPS, ACTIVITIES, AND PROGRAMMING, INCLUDING FORESTRY, ENTOMOLOGY, AND GEOLOGY PROJECTS. HIKING, CAMPING, CANOEING / KAYAKING, AND OUTDOOR LIVING SKILLS. STREAM BIOLOGY, WILDLIFE, REPTILES, AND POSSIBLE ZOO TRIPS. NATURE PHOTOGRAPHY. SHOOTING SPORTS CLUB.

LEADERSHIP-RELATED PROJECTS, CLUBS, TRIPS, ACTIVITIES, AND PROGRAMMING, INCLUDING TEEN COUNCIL, CAPITOL EXPERIENCE (TRIP TO FRANKFORT, KY), TEEN CONFERENCE (HIGH SCHOOL SUMMER CONFERENCE), SUMMIT (MIDDLE SCHOOL CONFERENCE), ISSUES CONFERENCE (SERVICE LEARNING CONFERENCE); AREA MIDDLE AND HIGH SCHOOL COUNCILS AND CONFERENCES; WORKFORCE PREPARATION (RESUME WRITING, ETC.)

AGRICULTURE-BASED PROJECTS, CLUBS, TRIPS, ACTIVITIES, AND PROGRAMMING, INCLUDING LIVESTOCK CLUB, COUNTRY HAM PROJECT, AND HORSE CLUB; AGRICULTURE PHOTOGRAPHY; HORTICULTURE PROJECTS FOR COUNTY AND STATE FAIR.

FAMILY AND CONSUMER SCIENCE-RELATED PROJECTS, CLUBS, TRIPS, ACTIVITIES, AND PROGRAMMING, INCLUDING COOKING CLUB; BAKING PROJECTS FOR COUNTY AND STATE FAIR. WORKFROCE PREPARATION (RESUME WRITING, PRACTICAL LIVING SKILLS (FIRST AID, CPR, SEWING, NEEDLEWORK, CANNING, BUDGETING, ETC.)

COMMUNICATION-RELATED PROJECTS, CLUBS, TRIPS, ACTIVITIES, AND PROGRAMMING, INCLUDING SPEECH AND DEMONSTRATION CONTEST AND WRITTEN COMMUNICATION CONTEST; BOOK CLUB; WRITING CLUB.

HEALTH-RELATED PROJECTS, CLUBS, TRIPS, ACTIVITIES, AND PROGRAMMING, INCLUDING WALKING CHALLENGES, HIKING, YOGA; HEALTH PHOTOGRAPHY, COMPANION ANIMALS AND STRESS RELIEF.

