



October 2024

270-886-6328
2850 Pembroke Rd,
Hopkinsville, KY 42240

Jeremiah Johnson *Mary Anne Barnett*
Katie Mills

this month:

- **OCTOBER 1ST: SEWING CLUB - 5:30PM**
- **OCTOBER 2ND: 4-H PACHEK - 10:00AM**
- **OCTOBER 17TH: LIVESTOCK CLUB - 5:30PM**
- **OCTOBER 21ST: COOKING CLUB - 4:30PM**
- **OCTOBER 24TH: TRAILBLAZERS HORSE CLUB - 5:30PM**
- **OCTOBER 30TH: 4-H PACHEK - 10:00AM**

Looking Ahead...

NOVEMBER

Nov. 5th: Teen Club 5:30pm
Nov. 7th: Trailblazers Horse Club 5:30pm
Nov. 12th: 4-H Sewing 5:30pm
Nov. 14th: Livestock Club 5:30pm
Nov. 18th: Cooking Club 4:30pm



LET'S RECAP
what's been going on...

Crofton Club:
 In September the Crofton Club met for the first time this year! We worked through team building activities and discussed Officer Elections. Applications for officer positions are due to Ms. Pemberton no later than October 21. We will be holding elections at our club meeting on October 23.

Teen Club
 The Christian County 4-H Teen Club met and mapped out programs for the upcoming year. Our next club meeting will be held on November 5th. This club is for High School aged youth.

Livestock Club
 The Christian County 4-H Livestock Club met and discussed program opportunities for this upcoming year. We will be picking club shirts at our next meeting and signing up for competition teams! We hope to see you there! You only have to have an interest in livestock to participate, you do not have to have an animal! See you on October 17!

The 4-H Achievement Program is intended to recognize 4-H participants with outstanding accomplishments and to provide an incentive for youth to increase their knowledge, skills, and abilities. It is a comprehensive program spanning the entire career of the 4-H'er, awards points for outside efforts and interests, and encourages growth and development by awarding high points at multi-county, state, and national levels.

As youth work their way through the achievement levels they become eligible for scholarships to teen summit, teen conference, and eventually college scholarships! The 4-H program year runs from September 1 to August 31 of the next year. Youth who are age 9 as of January 1 of that program year may start documenting their 4-H achievements, participation, and projects to go toward their 4-H Achievement Application.

These applications will be due to Jeremiah Johnson by November 1. You can email them to jeremiah.johnson@uky.edu

There will be an Achievement Program info session on October 22 from 4:30-5:30 at our office. If you have filled out the application already, there will be meeting time from 5:30-6:30 that night for us to review it with you and make suggested changes.



5TH ANNUAL
CHRISTIAN COUNTY 4-H
BALE TRAIL

Which Bale Display is your favorite??

1st Place Large Displays



Billy Bob Loves Charlene
By: Hutson Inc.

2nd Place Large Displays



FF"HAY" Tractor
By: Christian County High School FFA

PEOPLE'S CHOICE

1st Place Small Displays



Despic-Hay-ble Me
By: Christian County Health Department

1st Place Medium Displays



Planters Bank Mon-HAY-Tree
By: Planters Bank

2nd Place Small Displays



Here Lies Betelgeuse
By: Angel and Jenna Vincent

2nd Place Medium Displays



H&R Agri-Power on the Farm
By: H&R Agri-Power



Thomas The Tank Engine
By: Kentucky Western Truck Lines



Coffee, Coffee, Coff-HAY
By: Garnett Farms



Blue Ribbon Bunny
By: Christian County Extension Office



Hay of the Dead
By: Farm Service Agency

Field Trip!

We took a field trip to Jeffers Bend with the Christian County Gifted and Talented Leadership Students! Our Horticulture Agent, Kelly, took the students on a nature hike, discussed how trees relate to being a good leader, and talked over potential community service projects at Jeffers Bend! It was a great day!



CHRISTIAN COUNTY PROGRESSIVE AGRICULTURE SAFETY DAY 2024



Christian County Progressive Agriculture Safety Day was held on October 2-3 at the Christian County Agriculture Expo Center! Over 800 4th graders from across the county were able to go through the following stations focused on safety: Tractor/PTO, Grain, Fire, Electricity, Sun, Water, First Aid, and ATV. Thank you to Christian County High School FFA, Hopkinsville High School FFA, Christian County Extension Family and Consumer Sciences, Gateway Academy to Technology and Innovation Health Sciences Pathway, H&R Agripower, Hopkinsville Elevator, Pembroke Fire Department, and Pennyrile Rural Electric Cooperative for your partnership in making this a success!

We are so thankful for these awesome volunteers! Thank you to our partners who made our Christian County Progressive Agriculture Safety Days a Success! Pennyrile Electric, Pembroke Fire Department, Hopkinsville Elevator Co., Inc. , H&R Agri-Power, Christian County High School Agriculture Department, Hopkinsville FFA Chapter, Gateway Academy to Innovation & Technology Health Sciences, Christian County Extension Family and Consumer Sciences, & the entire Christian County Cooperative Extension Service, Hopkinsville, KY.





PACHEK

4-H PACHEK had a wonderful lesson led by Cheyenne Peterson on how to knit a hat using a loom. We love the she was able to share her knowledge that she gained from the Kentucky Volunteer Forum this past February.

SEWING *Club*

4-H Sewing has kicked off the year to learn how to make quilt squares. The youth got to choose from a piece together of either an elephant, owl, giraffe, or horse. We are excited to see their end piece.



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: _____



HALLOWEEN AG

ADVENTURES



CANDY!
FOOD TRUCKS!
PETTING ZOO!

OCTOBER 31ST

5-7PM

CHRISTIAN COUNTY AG EXPO

BRING COLORING SHEET FOR THE
COLORING COMPETITION!

