



TAYLOR COUNTY 4-H YOUTH DEVELOPMENT NEWSLETTER AUGUST 2024



4th of July Parade
Archery & Shooting Sports



Cloverbuds



Sand Art



Jets Over Kentucky



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TAYLOR COUNTY 4-H AUGUST 2024



SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

				1 County Fair Exhibits on Display ARCHERY 5:30 PM & 6:30 PM	2 County Fair Exhibits on Display	3 Shooting Sports Spencer County Competition
4	5	6 Horticulture Judging 10:30 AM & 3:30 PM SHOOTING SPORTS 6:30 PM	7	8	9	10
11	12 SHOOTING SPORTS 6:30 PM	13	14 Horticulture Judging 3:30 PM	15 Horticulture Judging 10:30 AM & 3:30 PM ARCHERY 5:30 PM & 6:30 PM Kentucky State Fair	16	17 Horticulture Judging 10:30 AM & 3:30 PM
18 Kentucky State Fair	19 SHOOTING SPORTS 6:30 PM	20 Horticulture Group: Fall Garden 3:30 pm SHOOTING SPORTS STATE MEETING 6:30 PM	21	22 CLOVERBUD FLUFFY SLIME 4:30 PM ARCHERY 5:30 PM & 6:30 PM	23	24 Shooting Sports Adair County Competition
25 Last Day Kentucky State Fair	26 SHOOTING SPORTS 6:30 PM	27 LIVESTOCK CLUB MEETING 6:30 PM	28	29 SAND ART 3:30 PM CLOVERBUD TISSUE CLOVER 5:00 PM ARCHERY 5:30 PM & 6:30 PM	30	31

**SIGNUP FOR 4-H CLASSES
ON eventbrite***



[HTTP://BIT.LY/TAYLOR4H](http://bit.ly/Taylor4H)



Horticulture Judging



Learn how to identify and judge fruits, vegetables, and landscaping plants with our Horticulture Agent, Kara Back.

***No registration required!**

Tuesday, August 6
10:30 a.m. & 3:30 p.m.

Wednesday, August 14
3:30 p.m.

Thursday, August 15
10:30 a.m. & 3:30 p.m.

Saturday, August 17
10:30 a.m. & 3:30 p.m.

Cooperative Extension Service

MARTIN GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

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

International program of Kentucky Cooperative Extension serves all people regardless of economic or social status and all the disciplines on the basis of their own unique regional needs, talents, religious, political, racial, ethnic, or cultural differences. Program development and implementation for youth and adults. Research, extension, and education. We are committed to a free, voluntary program administered through the University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Council on Postsecondary Education. Lexington, KY 40546



Puffy Sidewalk Paint

August 22 at 4:30 PM
Registration is required on Eventbrite



Taylor County Extension Office
1143 South Columbia Avenue
Campbellsville, KY

CLOVERBUDS IS FOR YOUTH UNDER 9 YEARS OLD AND THEIR PARENT/GUARDIAN. WE LEARN AND EXPLORE NEW AND FUN THINGS THROUGH AGE-APPROPRIATE LESSONS AND "LEARN BY DOING".

SAND ART

THURSDAY, AUGUST 29
3:30 PM

TAYLOR COUNTY EXTENSION OFFICE
1143 SOUTH COLUMBIA AVENUE
CAMPBELLVILLE, KY



FREE AND OPEN TO YOUTH AGES 9-18 YEARS OLD
REGISTRATION REQUIRED ON EVENTBRITE

I ♥ 4-H Tissue Clover

This is a free event for Cloverbuds (youth 5-8 years old).



Thursday
August 29
5:00 p.m.

Registration required on Eventbrite!

Taylor County 4-H

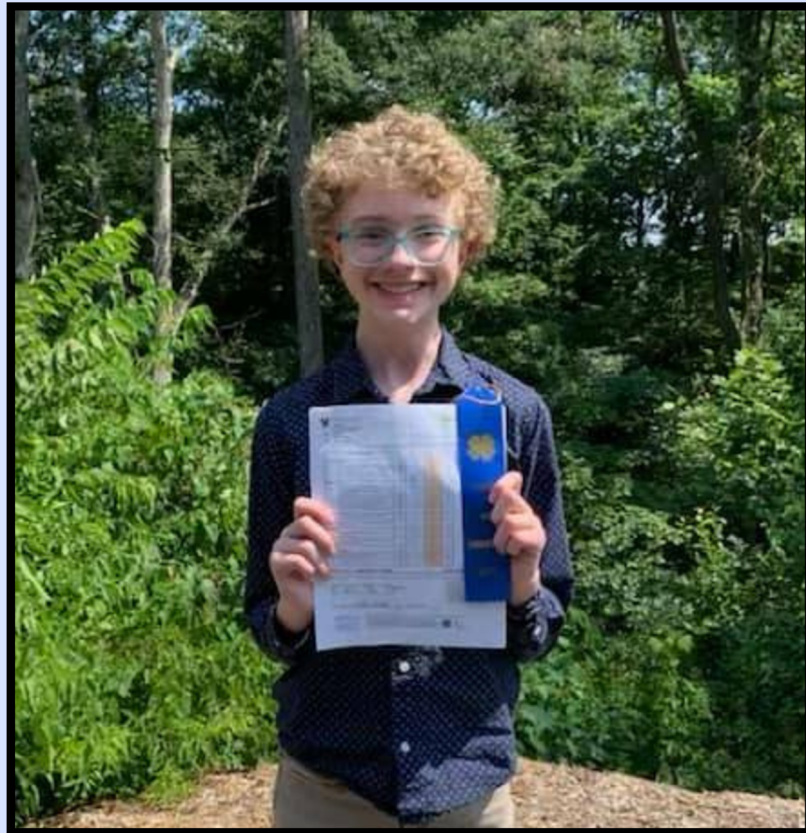




Congratulations!

State Communications Contest Participants Taylor County 4-H

Lucas Allen • Everest Garrett • Tessa Smith • Lathan Weatherford



Taylor County Fair Small Animal Show





TAYLOR COUNTY FAIR 4-H EXHIBITS



TAYLOR COUNTY 4-H COUNCIL



CARWASH FUNDRAISER



**\$30 CARWASH FOR
ONLY \$10**



TICKETS CAN BE PURCHASED AT THE
TAYLOR COUNTY EXTENSION OFFICE

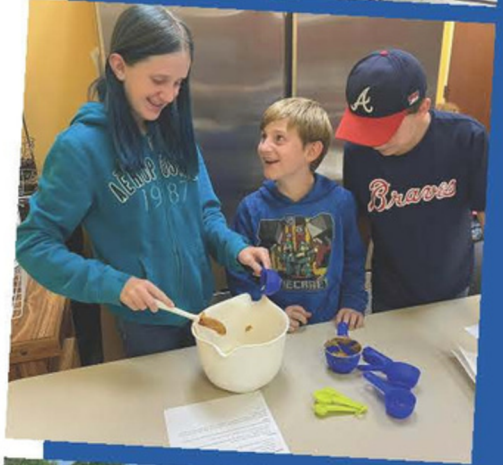
2024 - 2025 Program Year



TAYLOR COUNTY 4-H Enrollment Form

Please Check All You Are Interested In

- 4-H Ambassadors (Grades 9th - 12th)**
Club For Teens: Life-Skills, Leadership & Experience Focused
- Archery Club (Ages 9-18)**
Archery Safety & Skill Focused. Compete in Area & State Contests
- Art Club (Ages 9-18)**
Join Us for Monthly Art Projects & Fun!
- Bee Club (Ages 9-18, Cloverbuds + Adult Welcome)**
Learn About Honeybees, Pollinators and Beekeeping
- Cloverbud Club (Ages 5-8 + Adult Welcome)**
Club For Ages 5-8: Explores Various 4-H Topics Each Month
- Junior Cooking Club (Ages 9-13)**
Kitchen Skills & Cooking Focused
- Senior Cooking Club (Ages 14-18)**
Kitchen Skills & Cooking Focused
- Country Ham Project (Ages 9-18)**
Learn About Country Ham & Give A Speech at The KY State Fair
- Drone Project (Ages 9-18)**
Learn & Fly Drones
- Horse Club (Ages 9-18, Cloverbuds)**
Club for Horse Enthusiasts. Do Not Have to Own a Horse to Join
- Homeschool Club (Ages 9-18, Cloverbuds)**
Hangout with other Homeschoolers While Doing Fun Projects
- Horticulture Club (Ages 9-18)**
Hands on Plants Centered Projects Each Month
- Horticulture Judging (Ages 9-18)**
Learn the Identification of Horticultural Products
- Land Judging (Ages 9-18)**
Learn The Basics of Land Judging & Compete at The State Contest
- Livestock Club (Ages 9-18, Cloverbuds + Adults)**
Join A Community of Youth & Their Families to Learn About Animals
- Sewing Project (Ages 9-18)**
Learn How to Sew Using a Sewing Machine
- Shooting Sports Club (Ages 9-18)**
Gun Safety & Skill Focused



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

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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: _____





23-24 ENROLLMENT FORMS

AVAILABLE AT THE EXTENSION OFFICE OR
[HTTPS://BIT.LY/ENROLL24](https://bit.ly/enroll24)

ONCE YOU HAVE RETURNED THIS ENROLLMENT
 FORM YOU MAY BEGIN ATTENDING MEETINGS.
 4-H AGE IS 9-18 AS OF JANUARY 1, 2024
 AND CLOVERBUDS ARE FOR AGES 5 TO 8 AS
 OF JANUARY 1, 2024



Peach and Blueberry Crumble

Servings: Makes 8 servings Serving Size: 1 slice



Ingredients:

- 1 (28 ounce) can peaches in juice, drained
- 1 ½ cups fresh or frozen blueberries
- 1 cup old-fashioned rolled oats
- 3 tablespoons brown sugar
- ¼ teaspoon cinnamon
- ¼ teaspoon salt
- 3 tablespoons softened unsalted butter

Directions:

1. Preheat oven to 350 degrees F.
2. Place peaches in a 10-inch cast iron skillet. Sprinkle blueberries on top of peaches.
3. In a separate bowl, using a fork, mix together oats, brown sugar, cinnamon, and salt with softened butter. Sprinkle oat crumble over top of peaches and blueberries.
4. Bake for 25 to 30 minutes.

Source: Sarah Spears, Floyd County SNAP-Ed Assistant

150 calories; 5g total fat; 3g saturated fat; 0g trans fat; 10mg cholesterol; 80mg sodium; 27g carbohydrate; 3g fiber; 18g sugar; 5g added sugar; 2g protein; 0% Daily Value of vitamin D; 2% Daily Value of calcium; 6% Daily Value of iron; 4% Daily Value of potassium.

UK Cooperative
 Extension Service



4-H Remind



Stay up-to-date with the latest Taylor
 County 4-H information by signing up
 for our Remind notifications.

Text @4htaylor to 81010

TAYLOR COUNTY 4-H NEWSLETTER

Our 4-H newsletter is published
 monthly and includes
 announcements, club news,
 registration forms, and
 information about upcoming
 events. To get added to our
 newsletter email list, email
Elizabeth.Burton@uky.edu



Taylor County Extension Office
 1143 S Columbia Ave
 Campbellsville, KY 42718
 (270) 465-4511



HEAD



HANDS



HEART



HEALTH