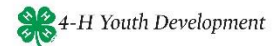




University of Kentucky
College of Agriculture,
Food and Environment
Cooperative Extension Service



VIRTUAL 4-H SUMMIT



Leadership Conference for
Kentucky Middle Schoolers
Register with County 4-H Program

2021 REGISTRATION PACKET

DUE DATE: _____

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

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, or physical or mental disability. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.
LEXINGTON, KY 40546



Disabilities
accommodated
with prior notification.

***This is a draft agenda, a more detailed agenda will be sent to registered participants.**

Thursday, March 18, 2021		
Time	Activity	Notes
7pm ET/6pm CT	Team Time!	Join your State Teen Council Member and learn more about the event and play icebreaker games to get to know others from around the state!
8pm ET/7pm CT	Round 1: Networking Time	Join these Options! Kahoot! Round 1 Scavenger Hunt Virtual Camp Dances
8:45pm ET/7:45pm CT	Round 2: Networking Time	Join these Options! Kahoot! Round 2 Among Us: 4-H Style Scavenger Hunt

Friday, March 19, 2021		
Time	Activity	Notes
7pm ET/6pm CT	District Meetings	Meet 4-Hers from your District! Activities and service project led by State Teen Council Members in your district!
8pm ET/ 7pm CT	Virtual Camp Fire North Central JM Feltner Lake Cumberland West Kentucky	Join us as staff from the 4-H Camping Program lead us in traditional 4-H campfire stories and songs, connect with others who go to the same camp! Also, enjoy a performance by the Kentucky 4-H Performing Arts Troupe.

Saturday, March 20, 2021		
Time	Activity	Notes
10am ET/9am CT	Optional: Healthy Living Activities	Led by the Healthy Living Leadership Board—choose the workshop of your choice and start your day with easy exercises!

***This is a draft agenda, a more detailed agenda will be sent to registered participants.**

10:45am ET/9:45am CT	Community Meeting	Join the Kentucky 4-H State Officers as we kick off the day!
11:15am ET/10:15am CT	Leadership Workshop	Join your team led by your State Teen Council Member and complete the Leadership Workshop!
12:00pm ET/11:00am CT	Break!	Break!
12:10pm ET/11:10am CT	<p>Round 1: Teen Leadership Board Roundtables</p> <ul style="list-style-type: none"> • “LIFE” Goals: CYFAR Spring Group • Fashion Leadership Board • Healthy Living Leadership Board • Natural Resources and Environmental Sciences Academy • Performing Arts Troupe • Shooting Sports Teen Ambassador Board • Science, Engineering, Technology Leadership Board 	Interested in serving on a state level leadership board or learning about how you can engage in new opportunities? Participate in the roundtable of your choice. The roundtables will last 20 minutes and you can attend four different ones in the hour!
12:35pm ET/11:35am CT	<p>Round 2: Teen Leadership Board Roundtables</p> <p><i>*Same options as previous round choose a new opportunity to learn more about!</i></p>	
1:00pm ET/12:00pm CT	<p>Round 3: Teen Leadership Board Roundtables</p> <p><i>*Same options as previous round choose a new opportunity to learn more about!</i></p>	
1:25pm ET/12:25pm CT	<p>Round 4: Teen Leadership Board Roundtables</p> <p><i>*Same options as previous round, choose a new opportunity to learn more about!</i></p>	
1:50pm ET/12:50pm CT	Closing Ceremony	Join the Kentucky 4-H State Officers as we close out the first-ever Virtual 4-H Summit!

VIRTUAL KENTUCKY 4-H SUMMIT 2021

March 18th (7pm ET/ 6pm CT) - March 19th (7pm ET/6pm CT) - March 20th (10am ET/9am CT)

This form will be scanned and input as a county into the online system.

Due to COVID-19, 4-H Summit has moved to the virtual platform. **Kentucky 4-H will provide an agenda of the event and participants will join through the email provided on this form.** It is required to provide an email and register through your County 4-H Program to participate. A photo is required when registering for the conference, unless parent/guardian does not grant permission to use photo/video. **Participant Photo Needed in JPEG or PNG Format!**

First and Last Name:			County:			
Participant Phone:			Email Address: (Mandatory)			
Gender Identity:	Male	Female	Not Listed	Prefer Not to Report		
Category:	6 th Grade	7 th Grade	8 th Grade	Teen	Adult (Staff or Volunteer)	
Race:	American Indian/ Alaskan Native	Asian	Black or African American	Native Hawaiian or Pacific Islander	White or Caucasian	Other
Ethnicity:	Hispanic or Latino		Non-Hispanic or Latino			
Parent/Guardian Name:			Name of Emergency Contact:			
Cell Phone of Emergency Contact:			Email of Emergency Contact:			
Accommodations Needed for the Virtual Platform:						
All information (agenda, teams, etc.) will be communicated through the email you provide above.						

Please initial acknowledging each statement and then sign and date:

	I completed all paperwork and grant permission for me or my minor to participate in Virtual 4-H Summit.
	I grant conference planners the right to use, reproduce, assign and/or distribute still pictures, video, and sound recordings of myself or minor child without compensation for use in promotion, advertising, educational publications, or online content.
	I and my minor child will follow all rules and regulations set out by 4-H. Please see description of Kentucky 4-H Code of Conduct.
	I consent for Kentucky 4-H to email my minor child a program survey following the event. Please see letter of consent attached.

Parent/Guardian Signature:	Parent/Guardian Printed Name:	Date:
Delegates Signature:	Delegate Printed Name:	Date:



4-H Participant Information/Enrollment Form (NOT FOR RESIDENTIAL CAMP)

Note: The form must be completed by the participant and/or parent or guardian in order to participate in the 4-H program. **All items must be completed, even if the response is not applicable – indicate by using N/A (i.e. no health insurance).** Failure to complete this form in its entirety will result in the person being ineligible to participate in 4-H activities. Please print in blue or black ink to allow for photocopying.

Name: _____ County/District: _____
Last First

Address: _____ Birth date: _____ Age: _____
 Youth Female
 Adult Male

City: _____ State: KY Zip: _____ Email: _____ Home Phone: _____ Farm: Yes No

Race: Asian White Black American Indian Hawaiian & Pacific Islander Hispanic Non-Hispanic Grade: _____

Emergency Contact #1: _____ Phone H W C _____ Phone H W C _____

Emergency Contact #2: _____ Phone H W C _____ Phone H W C _____

Name of Family Doctor: _____ Doctor's Phone: _____

Health Insurance Company: _____ Policy #: _____

Name of Policy Holder/Relationship to Participant: _____ Member ID: _____

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 will not prevent a person from attending and will be kept confidential.

	Yes	No
1) Asthma.....	<input type="checkbox"/>	<input type="checkbox"/>
2) Bronchitis.....	<input type="checkbox"/>	<input type="checkbox"/>
3) Convulsions.....	<input type="checkbox"/>	<input type="checkbox"/>
4) Diabetes.....	<input type="checkbox"/>	<input type="checkbox"/>
5) Ear Infection.....	<input type="checkbox"/>	<input type="checkbox"/>
6) Fainting.....	<input type="checkbox"/>	<input type="checkbox"/>
7) Heart Condition.....	<input type="checkbox"/>	<input type="checkbox"/>
8) Headaches.....	<input type="checkbox"/>	<input type="checkbox"/>
9) Hypoglycemia.....	<input type="checkbox"/>	<input type="checkbox"/>
10) Serious Allergy to Insects.....	<input type="checkbox"/>	<input type="checkbox"/>
11) Wear Glasses/Contacts.....	<input type="checkbox"/>	<input type="checkbox"/>
12) Other Conditions.....	<input type="checkbox"/>	<input type="checkbox"/>
13) Drug Allergy (please explain)	<input type="checkbox"/>	<input type="checkbox"/>
14) Food Allergy (please explain)	<input type="checkbox"/>	<input type="checkbox"/>
15) Other Allergy (please explain)	<input type="checkbox"/>	<input type="checkbox"/>

Please Explain Any "Yes" Responses:

List and explain any restrictions (dietary, physical, etc):

The following over the counter medications may be administered to my child without contacting me:

<input type="checkbox"/> Antihistamine Pill	<input type="checkbox"/> Antacid	<input type="checkbox"/> Ibuprofen (Advil)	<input type="checkbox"/> Hydrocortisone Cream
<input type="checkbox"/> Acetaminophen (Tylenol)	<input type="checkbox"/> Decongestant	<input type="checkbox"/> Dramamine	<input type="checkbox"/> Polysporin (topical antibiotic)

MEDICAL TREATMENT

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. **SIGNATURE OF PARENT/PARTICIPANT:** _____ **DATE:** _____

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.

SIGNATURE OF PARENT: _____ **NO, I do not permit.**

4-H Youth Development CODE OF CONDUCT FORM (NOT FOR RESIDENTIAL CAMPS)

All 4-H members and family/friends 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. The following guidelines are designed to make all 4-H events safe, meaningful, and satisfying to youth and others attending.

WHILE ATTENDING ALL 4-H MEETINGS, PROJECTS, PROGRAMS, ACTIVITIES AND EVENTS:

- Each 4-H participant is expected to attend all planned sessions, workshops, field trips, and meetings of the event, and to be in appropriate dress. Dress codes will be specific to individual events. Delegation chaperones and/or volunteers are responsible for ensuring that members participate in all aspects of the planned program activities.
- The possession and use of alcoholic beverages, tobacco products, and/or drugs (except for medications prescribed to the participant by a licensed physician) are strictly prohibited. Delegation chaperones and/or volunteers shall limit use of tobacco products to designated areas.
- Setting off fire alarms, tampering with fire extinguishing and other emergency equipment are strictly prohibited.
- Gambling of any type is strictly prohibited.
- Obscene, discriminatory and/or inappropriate language, roughhousing, and insubordination are prohibited at all times.
- 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.
- Display of overly affectionate or inappropriate attention between participants is strictly 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.
- Each county may adopt additional Code of Conduct guidelines.

WHILE ATTENDING OVERNIGHT CONFERENCES, CAMPS, AND EVENTS, THE FOLLOWING WILL ALSO APPLY:

- All participants are to be in their assigned area at curfew and comply with quiet hours, lights out, and other rules of the event.
- No member or volunteer may leave the grounds without the permission of the conference director or adult in charge. An adult shall accompany a 4-H member any time he/she leave the grounds. Adults shall notify another adult in the delegation before leaving the grounds.
- At overnight events, only Conference participants may be in sleeping areas. Lounges or common areas may be used only for working committees and social activities.
- Room service such as phone calls, food, laundry, or others shall not be permitted without chaperone permission.

Any violations of this Code of Conduct shall be reported promptly to the adult in charge of the delegation/program 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-H'ers and family/friends 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 his/her own expense
- Barred from participation from future 4-H events
- Assessed the cost of damages for destruction of property
- Released to nearest law enforcement authority
- Termination of 4-H membership

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/Volunteer _____ County _____

Parent/Guardian _____ Date _____

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, or physical or mental disability.



Consent to Participate in a Research Study

KEY INFORMATION FOR EFFECTIVENESS OF VIRTUAL 4-H SUMMIT 2021

We are asking you to choose whether or not to participate or allow your child to participate in a research study on the effectiveness of Virtual 4-H Summit 2021. We are asking you because you or your child/children were registered for Virtual 4-H Summit 2021. This page is to give you key information to help you decide whether to participate. We have included detailed information after this page. If you have questions later, the contact information for the research investigator in charge of the study is included in this information.

By doing this study, we will learn how the Virtual 4-H Summit program in Kentucky met the needs of youth in Kentucky during the COVID-19 pandemic. The researchers specifically want to look at the following things:

- To what extent did youth feel like they belonged to a group of individuals.
- To what extent did youth feel like they gained the opportunity to practice generosity.
- To what extent did youth feel they were able to practice their independence.
- To what extent did youth feel they were able to practice mastery of a concept.
- To what extent did in-person 4-H Summit compare to virtual 4-H Summit.

You/your child's participation in this research will last approximately 10 minutes, the amount of time we anticipate the fully electronic survey will take to complete. There is no compensation for taking this survey and you/your child will not get any personal benefit from taking part in this study. There are no perceived risks with this study. Participants of this study must have been registered and participated in the Virtual 4-H Summit 2021.

Information provided from participants of this study will assist the Kentucky 4-H Program better serve the needs of youth and families across the Commonwealth amidst unprecedented circumstances. The results of this study may be published to assist in future youth development programming. Your response to the survey is anonymous which means no names, IP addresses, email addresses, or any other identifiable information will be collected with the survey responses. We will not know which responses are yours if you choose to participate.

We will make every effort to safeguard your data, but as with anything online, we cannot guarantee the security of data obtained via the Internet. Third-party applications used in this study may have Terms of Service and Privacy policies outside of the control of the University of Kentucky.

A 4-H volunteer or parent/guardian of a 4-H member may choose not to participate due to lack of time to thoughtfully complete the survey or because they, or their child/children, did not attend Virtual 4-H Summit after registering or discontinued participation during the virtual meeting. Should you/your child decide to take part in this study, it should be because you/ your child wants to volunteer. You/your child will not lose any services, benefits, or rights you would normally have if you choose not to volunteer. If you do not want to be in the study, there are no other choices except not to take part in the study. You/your child can choose to leave the study at any time by exiting the survey platform, the information given to that point will be recorded. You will also have the option to skip questions if you desire.

If you have questions, suggestions or concerns regarding this study or you want to withdraw from the study contact Rachel Noble of the University of Kentucky, Kentucky 4-H Program at rachel.noble@uky.edu or (859) 218-0991.

If you have any concerns or questions about your rights as a volunteer in this research, contact staff in the University of Kentucky (UK) Office of Research Integrity (ORI) between the business hours of 8am and 5pm EST, Monday-Friday at 859-257-9428 or toll free at 1-866-400-9428.