

# Coweta County 4-H – 2025-2026 Enrollment Form

Primary 4-H Club: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip : \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Birthday: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

## Primary Parent/guardian information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: Mother Father Stepparent Grandparent Other Email: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: Mother Father Stepparent Grandparent Other Email: \_\_\_\_\_  
Additional parent information:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: Mother Father Stepparent Grandparent Other Email: \_\_\_\_\_

For reporting purposes only:

**Racial Classification** (circle all that apply): White African-American American Indian Asian Pacific-Islander  
**Residence** (circle one): Farm Rural (Under 10,000) Town (10,000-50,000) Suburb (more than 50,000) City  
**Circle all that apply:** Hispanic ethnicity Military family

**This enrollment form is good for all Coweta County 4-H youth activities and events for the period of August 1<sup>st</sup> – July 31<sup>st</sup> of the program year listed above.**

*Coweta County 4-H Club opportunities are listed below. Once you attend the club meeting and sign in, you will be added to the club roster. Please note that some clubs may have activity fees or other requirements to join.*

Special Interest Clubs	Grades	Fees	✓	SAFE Team	Grades	Fees	✓
Ag Discovery Club	K-12 <sup>th</sup>	None		Shotgun Team	7 <sup>th</sup> -12 <sup>th</sup>	TBA	
Horse & Pony Club	K-12 <sup>th</sup>	None		Archery Team	4 <sup>th</sup> -12 <sup>th</sup>	TBA	
Poultry Club	K-12 <sup>th</sup>	None		BB Team	4 <sup>th</sup> -9 <sup>th</sup>	TBA	
K-9 Club	4 <sup>th</sup> -12 <sup>th</sup>	None		Rifle/22 Team (1 YR BB Required)	9 <sup>th</sup> -12 <sup>th</sup>	TBA	
Ag Tech Club (size limit)	7 <sup>th</sup> -12 <sup>th</sup>	None		<b>Judging &amp; Quiz Bowl Teams</b>	<b>Grades</b>	<b>Fees</b>	<b>✓</b>
Cloverbuds	K-3 <sup>rd</sup>	None		Cotton Boll & Consumer Judging	4 <sup>th</sup> -12 <sup>th</sup>	None	
Trailblazers	6 <sup>th</sup> -8 <sup>th</sup>	None		Dairy Quiz Bowl Team	4 <sup>th</sup> -12 <sup>th</sup>	None	
Sigma Lambda Chi	9 <sup>th</sup> -12 <sup>th</sup>	None		Dairy Judging Team	4 <sup>th</sup> -12 <sup>th</sup>	None	
Homeschool Club	K-12 <sup>th</sup>	None		Poultry Judging Team	4 <sup>th</sup> -12 <sup>th</sup>	None	
Equine Mounted Drill Team (TRYOUTS)	4 <sup>th</sup> -12 <sup>th</sup>	TBA		Hippology Team	4 <sup>th</sup> -12 <sup>th</sup>	None	
Dairy Heifer Show Team (WAIT LIST)	4 <sup>th</sup> -12 <sup>th</sup>	TBA		Horse Judging Team	4 <sup>th</sup> -12 <sup>th</sup>	None	
				Horse Quiz Bowl	4 <sup>th</sup> -12 <sup>th</sup>	None	
				Land Judging Team	4 <sup>th</sup> -12 <sup>th</sup>	None	
Project Achievement	4 <sup>th</sup> -12 <sup>th</sup>	None		Forestry Judging Team	4 <sup>th</sup> -12 <sup>th</sup>	None	

**\*Sign up for the Coweta County 4-H ListServ <https://tinyurl.com/4-H-ListServ>**

*We will email information through the \*ListServ as it becomes available.*



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An Equal Opportunity, Affirmative Action, Veteran, Disability Institution



**Georgia 4-H Medical Information & Release Form**  
*This form should be completed prior to each 4-H event.*



EVENT: \_\_\_\_\_ Date(s) of EVENT: \_\_\_\_\_

**4-H'ers Information**

Name \_\_\_\_\_ County \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_ Preferred Phone \_\_\_\_\_

**Parent/Guardian Information**

Name: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Text: \_\_\_\_\_

Name: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

**Please list the names of two adults other than parent/guardian who may be contacted in case of emergency.**

Name: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

**Medical Information**

*The following information is requested in case of accident or illness to better treat your child.  
The information is optional and not required for participation.*

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Last Physical Examination: \_\_\_\_\_ Drug Allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

Describe any recent illness or injury: \_\_\_\_\_

Describe any pre-existing conditions: \_\_\_\_\_

Describe any other circumstances that would help leaders or medical professionals in working with the 4-H'er: \_\_\_\_\_

**PARENT/GUARDIAN AGREEMENT:**

I understand that should a health problem arise, I will be notified but that if I cannot be reached by telephone, such medical treatment, including surgery, as deemed necessary by competent medical personnel could be rendered; that such necessary information may be released for insurance purposes. Furthermore, I am aware that participation in 4-H programming includes risk including, but not limited to, transportation to/from events, sports and recreational games, ropes courses, water activities, hiking, as well as risks that are not foreseeable. Risks also include exposure to contagious diseases and communicable illnesses, including but not limited to COVID-19. For the sole consideration of the Cooperative Extension Service's arranging for participation in 4-H programming, I hereby release and forever discharge The University of Georgia, the Board of Regents of the University System of Georgia, their members individually, and their officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind that I may have, either on my own behalf or in my capacity as a legal representative of my child, arising from or in any way connected with my child's participation in 4-H. I further covenant and agree that for the consideration stated above I will not sue the Institution, the Board of Regents of the University System of Georgia, its members individually, its officers, agents or employees for any claim for damages arising or growing out of my child's participating in the program. I understand that the acceptance of this Release, Waiver of Liability, and Consent not to sue the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or part, of sovereign immunity by said Board, its members, officers, agents, and employees. I certify that my child is participating in 4-H with my knowledge and consent. I have read and understand all of the above policies. I hereby grant permission for my child's images, likeness, and voice to be recorded in any media during this program and to be used by the University of Georgia and Georgia 4-H on behalf of the Board of Regents of the University System of Georgia in any publications, media, or technology now known or hereafter developed in the future for any lawful purpose whatsoever without further permission from me. I understand I will not be compensated further for use of these recordings.

**Parent/Guardian Signature**  
5/2021

\_\_\_\_\_  
Date

**Fill out back**

## Over the Counter & Prescription Medication Summary



4-H'ers Name \_\_\_\_\_ County \_\_\_\_\_

Parent/guardian should list any over-the-counter medication that may be given to the 4-H'er in case of illness. In addition, list any/all medication routinely taken by the 4-H'er including prescription and over the counter medications.

**Check Yes or No to indicate if you allow your child to receive the following medications while participating in 4-H programming.**

1. Administration of Acetaminophen (Tylenol ®) or Ibuprofen (Motrin ® or Advil ®) at an age appropriate or weight appropriate dose for discomfort, pain, or fever  
☐ Yes ☐ No \*\*\* Parent/Guardian will be contacted if student's fever is 100° F or higher.
2. Antacid liquid or Antacid tablets for indigestion/minor stomach discomforts and at an age appropriate dose  
☐ Yes ☐ No
3. Diphenhydramine (Benadryl®) for symptoms of allergic reactions, insect stings, or rashes at an appropriate dose  
☐ Yes ☐ No
4. Sore throat relief spray for sore throat  
☐ Yes ☐ No
5. Cough Drops for coughing  
☐ Yes ☐ No
6. Itch and rash relief cream/ointment for minor skin irritations  
☐ Yes ☐ No
7. Lubricating eye drops for eye irritations  
☐ Yes ☐ No
8. Oral pain relief gel for tooth/mouth discomfort  
☐ Yes ☐ No
9. Triple antibiotic ointment for minor skin abrasions/wounds  
☐ Yes ☐ No

**Please list any prescription, over-the-counter, or homeopathic medications your child is currently taking. This information is necessary if your child is to be treated by a medical professional.** Examples: Claritin, vitamins, etc. If the following medication should be administered during this event, complete the Georgia 4-H Medicine Form. Any medications brought to a program must be in its original container, unexpired, and clearly labeled with the 4-H'ers name. Youth may not share any medication with others.

**All medications** should be turned in to program/activity leaders at the program start and should accompany a Georgia 4-H Medicine Form. Any exceptions to this (such as an inhaler for asthma or an epi-pen for allergic reactions) must be verified with a 4-H staff member prior to the event.

Medication	Condition being treated for

I am the parent/guardian of \_\_\_\_\_ and give permission for the medications listed to be administered as directed. By signing below, I am agreeing the information is currently correct. I agree to notify 4-H immediately in writing should any of this information change. I also understand that I will be notified if my child distributes or shares any prescription, over-the-counter, or homeopathic medication, or if my child is found to be in possession of any medications not listed on this form.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

## GEORGIA 4-H CODE OF CONDUCT

4-H'ers Name: \_\_\_\_\_ County \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Year: \_\_\_\_\_

### BEHAVIOR STANDARDS:

The Georgia 4-H Code of Conduct is valid for one 4-H Program Year and applies to all activities coordinated through Georgia 4-H.

- 4-H'ers are expected to attend all sessions as part of a planned program exhibiting positive character and behavior including (but not limited to) trustworthiness, responsibility, respectfulness, caring, citizenship and fairness.
- 4-H'ers are expected to be responsive to the reasonable requests of leaders and respectful of the needs for their personal safety and the safety of others.
- 4-H'ers should dress appropriately, use appropriate language, and respect the rights of others.
- 4-H'ers may not behave recklessly or in a manner which prohibits others from participating in the program in the manner intended.
- 4-H'ers may have access to technology at UGA/CES offices and facilities. Technology use is for educational purposes. 4-H'ers may not access inappropriate websites or materials.
- 4-H'ers are expected to do their own work on projects including but not limited to: portfolios, speeches, competitive events, and show animals. 4-H'ers may only receive assistance whether from others or from tools like generative AI with approval from the appropriate 4-H staff. 4-H'ers will properly cite source materials when appropriate, avoid plagiarism, and uphold academic integrity.
- 4-H'ers are expected to maintain a fair and respectful environment. In accordance with UGA's policies, Georgia 4-H prohibits harassment of or discrimination against any person on the basis of an individual's age, color, disability, genetic information, national origin, race, religion, sex, or veteran status ("protected status"). Every member of Georgia 4-H is expected to uphold this policy as a matter of mutual respect and fundamental fairness in human relations.
- Realizing these guidelines are not "all inclusive" the University of Georgia Extension staff and volunteers reserve the right to make adjustments to these policies.

### CONSEQUENCES OF MISBEHAVIOR

4-H'ers and adults who observe a breach in the Code of Conduct must report the misbehavior to the appropriate leader. The leader will complete an incident report as necessary and determine the next steps regarding the incident.

***If 4-H'ers are found participating in actions listed below, during 4-H events, law enforcement or other legal authorities may be notified and may lead the review and consequences related to the incident.*** In these incidents, 4-H'ers may be removed from the event and suspended or expelled from future 4-H participation. These behaviors may include, but are not restricted to:

- |                                      |  |
|--------------------------------------|--|
| • Possession or use of illegal drugs | • Assault, harassment, threats, and/or |
| • Possession or use of a weapon      | • Inappropriate sexual behavior.       |

***4-H'ers who participate in these actions outside of the program may also be removed, suspended, or expelled from future 4-H participation. In addition to the above, behaviors that represent a threat to the health or safety of 4-H'ers or others could warrant consideration under this Code of Conduct regardless of whether the behavior occurs during 4-H participation.***

***If the 4-H'er is found participating in the actions listed below, 4-H leaders may be notified and may lead the review and consequences related to the behavior.***

4-H'ers misbehaving may be asked questions and may have the opportunity to explain their actions to leaders in charge of the activity. The person coordinating the event may also convene a review board for the purpose of determining what has occurred and what disciplinary action should be taken. A review board will consist of individuals representing Extension faculty or staff, volunteers, and/or 4-H members. In some cases, incidents are deemed serious and may be referred to law enforcement or other legal authorities as noted above. If the 4-H'er receives consequences from the leader or through the

**Sign on back**

review process, his/her parents/guardians may be notified; the 4-H'er may be removed from the 4-H event and sent home at the parents' expense and may be suspended from participation in future 4-H events. If a 4-H'er wishes to appeal the decision of the review board, the 4-H'er must appeal in writing through the County Extension office. Appeals must be filed within 10 days of notification of the disciplinary action. The appeal is sent to the Program Development Coordinator of the 4-H member and the State 4-H Leader for ruling by the State 4-H Leader. Following any disciplinary review, written notification will be provided to the appropriate parties including but not limited to the 4-H'er, his/her parent/guardian and his/her county Extension faculty member.

**Additional violations of the 4-H Code of Conduct include, but are not limited to:**

- Breaking curfew or disturbing the peace
- Unexcused absences from the activities or premises of an event
- Unauthorized use of vehicles during the event
- Reckless or inappropriate behavior
- Use of foul or offensive language
- Possession or use of alcohol or tobacco
- Possession or use of e-cigarettes or other vaping devices
- Remaining in the presence of those who are breaking the 4-H Code of Conduct
- Theft, misuse or abuse of public or personal property
- Possession of fireworks
- Distribution, misuse, or abuse of over-the-counter, homeopathic, including supplements and vitamins, or prescription medications

**PARENT/GUARDIAN & 4-H'er AGREEMENTS Release Waiver of Liability and Covenant Not to Sue**

Youth Agreement: I have read the Georgia 4-H Code of Conduct and agree to participate fully in all aspects of program activities. I understand the standard of behavior and agree to maintain such during 4-H programming.

Parent/Guardian Agreement: I have reviewed the Code of Conduct and agree to all of its provisions. For the sole consideration of the Cooperative Extension Service's arranging for participation in 4-H programming, I hereby release and forever discharge the University of Georgia, the Board of Regents of the University System of Georgia, their members individually, and their officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind that I may have, either on my own behalf or in my capacity as a legal representative of my child, arising from or in any way connected with my child's participation in 4-H. I further covenant and agree that for the consideration stated above I will not sue the Institution, the Board of Regents of the University System of Georgia, its members individually, its officers, agents or employees for any claim for damages arising or growing out my child's participating in the program. I understand that the acceptance of this Release, Waiver of Liability, and Covenant not to sue the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or part, of sovereign immunity by said Board, its members, officers, agents, and employees. I certify that my child is participating in 4-H with my knowledge and consent. I have read and understand all of the above policies. I also give permission my child's images, likeness, and voice to be used by the Board of Regents of the University System of Georgia by and on behalf of the University of Georgia in print or electronic form.

**VALID FOR ONE 4-H PROGRAM YEAR FROM DATE OF AGREEMENT**

*(The 4-H Program Year runs from August 1 – July 31)*

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**4-H'ers Signature**

**Date**

**Phone**

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**Parent/Guardian Signature**

**Date**

**Phone**



Revised July 2025