

SEPTEMBER



Volunteer Today!

Do you enjoy working with youth and have skills that you could teach? We are looking for 4-H Club Volunteers with a passion for:

- Horse
- Crochet
- 4-H Camp
- Woodworking
- Dog
- Cooking
- Adventure
- Shooting Sports
- Robotics

Leading a club entails a monthly club meeting held at the Scott County Extension office for youth ages 5-18 (may vary by specific club.) Meeting times also may vary, but must total 6 educational hours over the course of the program year. If you don't want to commit to a year-long club then you could also consider leading a workshop series or project day.
Contact Sarah: sarah.redmon@uky.edu or 502-863-0984 if you may be interested.



Contact Us:

Phone
502-863-0984

Fax
502-863-2392

Website
Scott.ca.uky.edu



Facebook:
<https://www.facebook.com/scott4h>



Sarah Redmon
4-H Agent
sarah.redmon@uky.edu



Crystal Beitler
4-H Program Assistant
crystal.beitler@uky.edu



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Enrollment, 4-H Council, Recipe of the Month, State Fair Highlights

SCOTT COUNTY COOPERATIVE EXTENSION OFFICE
1130 CINCINNATI ROAD, GEORGETOWN, KY 40324



SEPTEMBER


All Meetings at The Scott County Cooperative Extension Office
unless listed otherwise.

4-H Poultry Club

No Meeting in September




4-H Art Club

October 17th 
5:30-6:30pm

4-H Teen Club

September 11th 
4:30pm
(For High School Students)

4-H Rabbit Club

September 18th 
6:00pm

4-H Horticulture Club

Coming in October! 

4-H Livestock Club



September 13th

@ 4:30 pm

September 16th

9:00 a.m.


Open Livestock Barn

4-H Cloverbuds


September 19th 
6:00pm

To sign-up, please email
sarah.redmon@uky.edu

Shooting Sports

Youth should follow
practice schedule
from the coach 

4-H Fishing Club

September 28th 
5:30 p.m.
Location TBA

4-H Enrollment

It's September 1st and that means we welcome a new 4-H Program Year! It is time for enrollment however, the 4-H Online system will not be available until mid-September. We do have paper copies that you can get at the end of this newsletter, at our office, or if you email Sarah at sarah.redmon@uky.edu. We look forward to seeing you this year at your favorite 4-H Clubs and project groups!

CAMP CORNER



Book Club!



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SEPTEMBER

4-H Council Meeting

4-H Council Meeting:
September 27th @ 4:30 p.m. Scott County Ext. Office
If you are looking to get involved in 4-H as a volunteer please reach out to the 4-H Agents for more information on getting started.

Thanks to our 4-H Summer Exchange Host Families!



Recipe of the Month



Country Ham and Broccoli Grits

- | | | |
|---------------------------------------------|------------------------------------------|-----------------------------------------------------|
| 1 tablespoon olive oil | 2 cloves minced garlic | 6 ounces country ham, cut into ½ inch pieces |
| 1 pound fresh broccoli florets | 4 cups 1% milk | |
| ½ cup minced onion | 1 cup uncooked quick grits | 1 large egg, beaten |
| ¾ teaspoon crushed red pepper flakes | 1 cup 2%, shredded cheddar cheese | Salt and pepper to taste |

- Preheat oven to 375°F.** Coat 13x9x2 inch baking dish with cooking spray. **Heat** olive oil in a frying pan. **Sauté** broccoli, onion, garlic and red pepper flakes until vegetables are tender. About 5 minutes. **Set aside.**
 - Heat** milk to a boil in a large saucepan. Slowly, **whisk** in grits. **Reduce heat** and stir continuously until thickened. **Reserve** 2 tablespoons of the cheese.
 - Remove** from heat, stir in ham, broccoli mixture, cheese, egg, salt and pepper. **Mix** until well blended. **Pour** into prepared baking dish.
 - Sprinkle** with reserved cheese. **Bake**, uncovered for 30 minutes, or until top is set and lightly puffed.
- Yield:** 16, ½ cup servings.
- Nutritional Analysis:** 120 calories, 3.5 g fat, 1 g saturated fat, 25 mg cholesterol, 370 mg sodium, 13 g carbohydrate, 1 g fiber, 4 g sugar, 9 g protein.

Buying Kentucky Proud is easy. Look for the label at your grocery store, farmers' market, or roadside stand.



CLUB CORNER



Fishing Club!



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AUGUST

State Fair Highlights



VOLUNTEER CORNER



Thank You!



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Sarah Redmon



Sarah Redmon

Scott County Extension Agent for 4-H Youth Development

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1130 CINCINNATI ROAD, GEORGETOWN, KY 40324



Disabilities
accommodated
with prior notification.





Join us for the 1st Annual



Scott County Bale Trail

October 2023

Registration Forms accepted September 1-23.

Scott County Cooperative Extension Office

**1130 Cincinnati Road
Georgetown, KY 40324**



All Proceeds Benefit Scott Co 4-H Programs



**Cooperative
Extension Service**

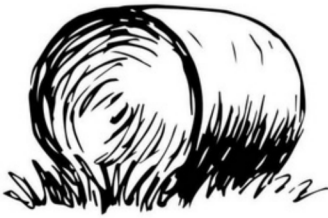
Agriculture and Natural Resources
Family and Consumer Sciences
4-H Youth Development
Community and Economic Development

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. Programs 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



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Official Rules & Guidelines

4-H Council Presents:

*** \$20.00 Entry Fee Per Location*** **Scott County Bale Trail**

1. No entry will be eligible without a formal written entry form
2. Displays **MUST** be visible from a city, county, or state roadway.
3. By submitting an entry form, you are granting permission to the Scott County 4-H Council to document, photograph, and promote your entry in print, radio, social media, and other promotions.
4. Displays should not limit vehicle visibility, or in any way cause an obstruction to traffic. The highway/road right-of-way must be observed and not infringed upon.
5. There will be 3 types of display: Non-Traditional (painted bales, etc.) and Traditional Fall Decor (Non-painted bales and Fall decor) and Mini Bales (for business windows etc in keeping with city ordinances)
6. Square, round, loaf, loose hay or straw is acceptable. Decoration materials are not limited in any way, shape, or, form. Let your imagination run wild!
7. There will be 3 overall categories: Traditional Fall Decor & Non-Traditional & Mini Bales
8. Return the entry form and fee to the Scott County Extension Office, 1130 Cincinnati Rd, Georgetown, KY 40324. For any questions call the office at 502-863-0984.
9. Bales must be decorated in a good clean wholesome nature in keeping with the values of the Scott County 4-H program. **NO** commercial, political, reference to drug or alcohol, or racial messages will be accepted or tolerated.
10. Displays **MUST** be up for display by **September 28, 2023**. Any bale not completed by this date will be disqualified from judging and not listed on the map for the public.

IMPORTANT DATES: Entry forms will be accepted **September 1-23, 2023**. Entries not received by this date will not be eligible for awards and may be left off the map. Maps will be available on **October 1, 2023**. Entries **MUST** be completed and on display by September 28, 2023. Voting will take place throughout the month.

Winners will be announced on October 29, 2023!

Cooperative Extension Service

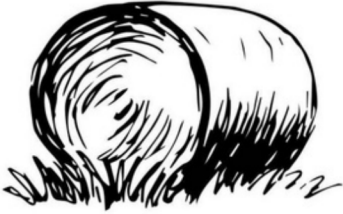
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2023 Entry Form

***** \$20.00 Entry Fee Per Location*****

Maps will be available: October 1, 2023

Title of Entry: _____

Category (Choose One):

_____ Traditional Fall Decor _____ Non-Traditional
_____ Mini Bale

Physical Address of Display: _____

Contact Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

I have read the Official Rules & Guidelines and agree to adhere to them

Signature: _____ Date: _____

Submit form to: Scott County Ext Office, 1130 Cincinnati Road, Georgetown, KY 40324

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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/Area: _____
 Preferred Name: _____ School Name: _____
 Address: _____ Birth Date: _____ Age: _____
 City: _____ State: _____ Zip: _____ Grade: _____
 4-Her Phone: _____ 4-H Year: _____ Gender: Female Male
 4-Her Email: _____
 Residence:
 Farm Town < 10,000 or Rural Non-Farm Town/City/Suburb 10,000-50,000 City/Suburb >50,000 City-Central >50,000
 Race (please choose more than one if applicable): American Indian Asian Black Native Hawaiian or Pacific Islander
 White Prefer Not to Say Not Listed: _____
 Ethnicity: Hispanic Non-Hispanic T-Shirt Size: _____

Parent/Guardian 1: _____ Phone number: _____
 Email: _____ Emergency Contact? Yes No
 Parent/Guardian 2: _____ Phone number: _____
 Email: _____ Emergency Contact? Yes No

Is any member of your family a current or former member of the United States Military or National Guard? Yes No

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) Serious Allergy to Nuts..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 12) Serious Allergy to Gluten..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 13) Serious Allergy to Dairy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 14) Wear Glasses/Contacts..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 15) Other Conditions..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 16) Other Allergy (please explain) | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain any "yes" responses, including medications taken for any conditions:

Please explain any restrictions (dietary, physical, etc):

Social, emotional, and/or behavioral health information:

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

- Antihistamine Pill Antacid Ibuprofen (Advil) Hydrocortisone Cream
 Acetaminophen (Tylenol) Decongestant Dramamine 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/GUARDIAN: _____ 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 /GUARDIAN: _____ NO, I do not permit

4-H ENROLLMENT FORM

Please return to:

Scott County 4-H

1130 Cincinnati Rd.

Georgetown, KY 40324

502-863-0984

Please bubble the clubs you are interested in below. The 4-H newsletter will include dates of club meetings and activities. We'll also send information out about clubs/activities to those who indicate interest once they are ready to begin. Once you have returned this enrollment form you may begin attending meetings. 4-H Age is 9-18 as of January 1, 2024 and Clover Buds are for ages 5 to 8 as of Jan. 1, 2024.

- Art Club (ages 9-18)
- Cloverbud (ages 5-8)
- Cooking Club (ages 9-18)
- Country Ham (ages 5-18)
- Dog Club (ages 9-18)
- Horse Club (ages 9-18)
- Horticulture Club (ages 9-18)
- Knitting (ages 9-18)
- Livestock Club (ages 5-18)
- Livestock Skillathon (ages 9-18)
- Livestock Judging (ages 9-18)
- Middle School Club
- Poultry Club (ages 5-18)
- Rabbit Club (ages 5-18) Sewing (ages 9-18)
- Sewing (ages 9-18)
- Shooting Sports (9-18)
- Teen Club (High school students)
-
-
-
-
-
-
-
-
-

Member/Volunteer

Parent/Guardian

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

1. Each 4-H participant is expected to attend all planned sessions, workshops, field trips, and meetings of the event, and to be in appropriate attire. 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.
2. 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) are prohibited. Delegation chaperones and/or volunteers shall limit use of tobacco products to designated areas.
3. Possession of firearms not for educational use is prohibited.
4. Setting off fire alarms and tampering with fire extinguishing and other emergency equipment are prohibited.
5. Gambling of any type is prohibited.
6. 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.
7. Obscene, discriminatory and/or inappropriate language, roughhousing, and insubordination are prohibited at all times.
8. Display of overly affectionate or inappropriate attention between participants is prohibited.
9. 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.
10. All clothing shall be acceptable in repair and appearance and shall be worn within the bounds of decency and good taste as appropriate for 4-H events. Articles of clothing which display profanity, products, or slogans which promote tobacco, alcohol, drugs, sex or are in any other way distracting, are prohibited. Each county may adopt additional Code of Conduct guidelines.

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

1. All participants are to be in their assigned area at curfew and comply with quiet hours, lights out, and other rules of the event.
2. 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 they leave the grounds. Adults shall notify another adult in the delegation before leaving the grounds.
3. 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.
4. 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
- Banned 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. By signing this document, I acknowledge that infraction of this Code of Conduct will result in any or all of the penalties listed above.

County:

Date:

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4-H Youth Development
Community and Economic Development

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