

November 17, 2023

Dear 4-H Members, Parents, and Volunteers:

Thank you for your interest in the Wilson County 4-H Livestock Project Group! This program enables youth to develop their interest in beef cattle, dairy cattle, goats, sheep, and swine. This year's Livestock Project Group is structured differently as it has been in the past. We will be focusing learning about the different livestock species through several 4-H contests. Livestock Project Group members will be able to participate in the Livestock Quiz Bowl, Meats Judging, Livestock Judging, Dairy Quiz Bowl, and Dairy Judging contests in order to advance their learning in these areas.

Additionally, youth will learn about the selection, care and feeding of livestock as well as exhibiting. This program offers livestock shows at the county, region, and state levels. Enclosed are enrollment forms and 600A forms that will need to be completed and brought with you to our first meeting. **You will not need to complete multiple forms for each of the judging teams!** Since each of the above judging teams serve as an extension of the Livestock Project Group, we will just need one enrollment form and one F600A form per 4-H member.

The above livestock judging teams are the team component of 4-H Livestock Project Group. It is not a requirement to take part in them in order to participate in our monthly Livestock Project Group meetings. However, I strongly encourage you to try at least one contest to see if you enjoy it. You will gain a lot of information about livestock by taking part in these contests in addition to joining us for our monthly Livestock Project Group meetings! If you happen to miss one or several practices for any of the judging teams, please let me know so that I can provide you with the information we have covered for that specific practice. We will also be utilizing resources like LivestockJudging.com and Quizlet for you to practice on your own time.

If you know of anyone who is interested in learning about livestock and/or showing livestock, please invite them to come! There will be a **\$20** fee charged for the group. This includes a t-shirt and other project related materials. In case of inclement weather or other meeting updates, please join our Livestock Group Remind. We have included a flyer with instructions on how to sign up. We encourage you to sign up for this free service to ensure you are reminded of meetings and notified of last-minute changes to dates, times, and locations as necessary. You can also check the Facebook page or the UT-TSU Extension Wilson County website for meeting news.

Parents/guardians are a crucial part of our group and are welcomed and encouraged to attend! **There will be a parent meeting immediately following our first**

Livestock Project Group meeting on Monday, November 27th to discuss fundraising campaigns for the fall and spring semesters.

Please be aware of the location and time changes on the below dates!

Livestock Project Group Meeting Dates/Times/Locations:

Monday, November 27th (5:30-6:30 PM): UT-TSU Extension Office Conference Room
Tuesday, December 19th (5:30-6:30 PM): School Exhibits Building, James E. Ward Ag Center
Thursday, January 25th (6:30-7:30 PM): School Exhibits Building, James E. Ward Ag Center
Thursday, February 15th (6:30-7:30 PM): UT-TSU Extension Office Conference Room
Thursday, March 21st (5:30-6:30 PM): UT-TSU Extension Office Conference Room
Tuesday, April 16th (5:30-6:30 PM): UT-TSU Extension Office Conference Room
Tuesday, May 21st (5:30-6:30 PM): UT-TSU Extension Office Conference Room

Livestock Judging Practice Dates/Times/Locations:

Monday, December 18th (5:30-6:30 PM): Tentative Farm Visit
Thursday, January 25th (5:30-6:30 PM): School Exhibits Building, James E. Ward Ag Center
Tuesday, February 6th (5:30-6:30 PM): Tentative Farm Visit
Tuesday, February 13th (6:45-7:45 PM): UT-TSU Extension Office Conference Room
Tuesday, February 20th (5:30-6:30 PM): Tentative Farm Visit
Tuesday, February 27th (6:30-7:30 PM): UT-TSU Extension Office Conference Room
Thursday, March 7th (5:30-6:30 PM): Tentative Farm Visit
Monday, March 18th (6:30-7:30 PM): East/West Building, James E. Ward Ag Center
Monday, March 25th (6:30-7:30 PM): UT-TSU Extension Office Conference Room
Monday, April 1st (6:30-7:30 PM): UT-TSU Extension Office Conference Room
Monday, April 8th (6:30-7:30 PM): Q Barn, James E. Ward Ag Center

Meats Judging Practice Dates/Times/Locations:

Monday, December 4th (5:30-6:30 PM): UT-TSU Extension Office Conference Room
Thursday, January 18th (5:30-6:30 PM): Education Building, James E. Ward Ag Center
Thursday, February 1st (5:30-6:30 PM): UT-TSU Extension Office Conference Room
Thursday, February 8th (5:30-6:30 PM): UT-TSU Extension Office Conference Room
Tuesday, February 13th (5:00-6:00 PM): Tentatively Houston's Meat Market, Mt. Juliet or Seven Cedars Butcher Block, Lebanon
Thursday, February 22nd (5:30-6:30 PM): UT-TSU Extension Office Conference Room
Tuesday, February 27th (5:30-6:30 PM): UT-TSU Extension Office Conference Room

Monday, March 18th (5:30-6:30 PM): East/West Building, James E. Ward Ag Center
Monday, March 25th (5:30-6:30 PM): UT-TSU Extension Office Conference Room
Monday, April 1st (5:30-6:30 PM): UT-TSU Extension Office Conference Room
Monday, April 8th (5:30-6:30 PM): Q Barn, James E. Ward Ag Center

**Meats and Livestock Judging Contest Date: Thursday, April 11th at MTSU
Livestock Center**

**Livestock Quiz Bowl Contest Date: Saturday, February 10th at Williamson
County Extension Office**

Dairy Quiz Bowl Contest Date: June TBA at June Dairy Month Kickoff Luncheon

Dairy Judging Contest Date: Tuesday, July 9th at MTSU Dairy

Please let me know if you all have any questions.

I look forward to seeing you all at our first Livestock Project Group meeting on
November 27th!

Sincerely,



Grace Harville
Wilson County 4-H Extension Agent
gharvill@utk.edu

2023-24 Tennessee 4-H Enrollment Form



_____ County School _____ Teacher _____

First Name _____	Middle Initial _____	Last Name _____
Gender _____		
Race (can choose more than one)	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> White
<input type="checkbox"/> Other/Unidentified		
Ethnicity	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic
		<input type="checkbox"/> Unidentified

Grade in School _____ **Email Address** _____

- Projects**
- Beef
 - Citizenship
 - Clothing & Textiles
 - Communications/Public Speaking
 - Companion Animals (cat, dog, rabbit, etc.)
 - Computers and Technology
 - Consumer Education/Economics
 - Creative Arts and Design
 - Dairy
 - Electric
 - Engineering/Safety Science
 - Entomology/Beekeeping
 - Entrepreneurship
 - Food Science
 - Forestry, Wildlife and Fisheries
 - Goat
 - Horse
 - Horticulture/Garden
 - Leadership

- Nutrition, Health, & Fitness
- Outdoor Recreation/Shooting Sports
- Performing Arts/Recreation
- Personal Development
- Photography
- Plant Science
- Poultry
- Sheep
- Swine
- Veterinary Science

- Activities**
- | | |
|---|---|
| <input type="checkbox"/> Consumer Decision Making | <input type="checkbox"/> Livestock Judging |
| <input type="checkbox"/> Dairy Cattle Judging | <input type="checkbox"/> Meat Science |
| <input type="checkbox"/> Dairy Products | <input type="checkbox"/> Outdoor Meat Cookery |
| <input type="checkbox"/> Forestry Judging | <input type="checkbox"/> Poultry Judging |
| <input type="checkbox"/> Horse Judging | <input type="checkbox"/> Wildlife Evaluation |
| <input type="checkbox"/> Land Judging | |
| <input type="checkbox"/> Life Skills | |

Describe where you live

<input type="checkbox"/> Farm	<input type="checkbox"/> Town or city 10,000 to 50,000	<input type="checkbox"/> Central city over 50,000
<input type="checkbox"/> Rural non-farm/town under 10,000	<input type="checkbox"/> City or suburb of city over 50,000	

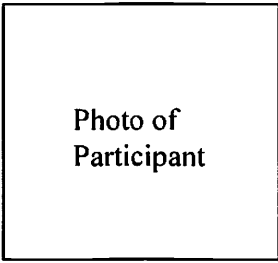
Address _____

City _____ State _____ ZIP _____

Phone 1 _____ Phone 2 _____ Date of Birth _____

Parent(s)/Guardian(s)

First Name _____	Middle Initial _____	Last Name _____
Is your parent currently enlisted in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No		



Activity and Event Acceptance Form

T-Shirt Size: Youth _____ Adult _____

Please print

Name _____ (Last) (First) (M.)

County _____

This form is valid for one calendar year (beginning on January 1st of the current year) and will expire on December 31st of the current year. Any updates to this information are required to be submitted in writing to the county extension office no later than 7 days prior to the next 4-H event.

A. Identification of Participant

Date of Birth _____ Age _____ Sex: Male Female

Parent or Guardian _____

Home Address _____ (Street/P.O. Box) (City) (State) (ZIP)

Cell Phone () _____ Daytime Phone () _____ Nighttime Phone () _____

Workplace Address _____ (Address/City/State/ZIP) Phone () _____

Other Emergency Contact (if appropriate) _____ (Name)

_____ (Address/City/State/ZIP) () (Phone, if different than above)

B. Code of Conduct

Tennessee 4-H activities are planned, conducted and supervised by UT and TSU Extension. All participants are responsible for their conduct to UT and TSU Extension personnel and/or 4-H volunteers supervising the activity or event. Specific guidelines for conduct include:

- A. Participants shall be in their rooms and quiet at the time determined by UT and TSU Extension personnel and volunteers. Boys are not to go into girls' rooms and girls are not to go into boys' rooms at any time unless accompanied by authorized UT and TSU Extension personnel or adult 4-H volunteers.
B. Participants shall participate fully in all programs outlined for the activity or event.
C. Participants shall show respect for the property and facilities used during the activity or event and assume financial responsibility for any damages they cause.
D. Participants' conduct at all times shall be appropriate to the standards and image of the 4-H program. Tobacco products, drugs, alcohol, weapons and fireworks will not be tolerated at any 4-H event or activity.

Parents and participants understand and accept the responsibility for following the above guidelines, and realize that failure to do so may result in a participant being sent home from the activity or event at his or her own expense and/or made ineligible to participate in future 4-H events or activities.

C. Publicity Release

By indication of signature on the last page, participants authorize the University of Tennessee, Tennessee State University, and the Tennessee 4-H Foundation to photograph, film, audio/video tape, record and/or televise their image and voice, and biographical material, in whole or in part in any medium now known or developed in the future, without any restrictions.

D. Health History and Medical Record for _____

(Name of Participant)

The information on this form will not be used to discriminate against a child on the basis of any disability.

Name of Family Physician _____ Phone () _____
 Family Medical/Hospital _____
 (Carrier) (Policy or Group #)

Attach a front and back copy of your insurance card below:

Insurance Card (front)	Insurance Card (back)
------------------------	-----------------------

Check all that apply

Is participant allergic to the following drugs?:

- Penicillin Sulfa Drug Tetracycline Aspirin
 Allergy to a medicine, food, plant, or insect toxin. (Explain) _____

- Asthma Heart Trouble Nosebleeds Diabetes Convulsions Fainting Spells
 Any condition that may require special care, diet or restriction of activities for medical reasons.

(Explain) _____

Does participant wear: Dentures Contact Lens Other (Explain) _____

Is any medication, including behavior modification medication, being taken at the present time? Yes No

If yes, explain _____

Date of most recent medical examination: _____

Are you aware of any current health problems? Yes No If yes, explain _____

Is there any accident, illness or past/present history related to the following: (If yes, give dates and full details below.)

	No	Yes	Year		No	Yes	Year
Serious Injury/Illness	<input type="checkbox"/>	<input type="checkbox"/>	_____	Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Surgery	<input type="checkbox"/>	<input type="checkbox"/>	_____	Kidney Infection	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ears, Eyes	<input type="checkbox"/>	<input type="checkbox"/>	_____	Back, Joints, Limbs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Teeth, Tonsils	<input type="checkbox"/>	<input type="checkbox"/>	_____	Blood	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	_____	Stomach	<input type="checkbox"/>	<input type="checkbox"/>	_____

Immunizations	Last Yr. Given	Immunizations	Last Yr. Given	Has Had (please check)
Tetanus	_____	Measles	_____	<input type="checkbox"/> Measles
Diphtheria	_____	Mumps	_____	<input type="checkbox"/> Mumps
Polio	_____	Rubella	_____	<input type="checkbox"/> Rubella
Hepatitis A, B or C (circle one/any)	_____	Varicella	_____	<input type="checkbox"/> Chicken Pox
				<input type="checkbox"/> Tuberculosis

E. Health and Safety Investigations

On-site authorities may enter a room/facility for purposes of a search without permission of the person occupying a room in order to ascertain health and safety conditions in the room and/or for the purpose of investigating suspected violations of UT and TSU Extension/4-H Youth Development rules and regulations and/or city, state or federal law. In case of an emergency, when there is danger to a person, property or the building, no authorization is required.

F. Consent for First Aid Treatment

Please complete this Consent for First Aid treatment form. This will allow appropriate treatment for your child in the event of minor illness or injury. Check any or all treatments, if available, as your consent. If you do not give us your permission to provide these non-emergency treatments, we will not be able to provide them to your child. Medication may be self-administered under a health care professional's or trained 4-H agent's supervision as appropriate. Conditions in parentheses are examples of the most frequent use of these medications, but may not be the sole use of the medication.

- Bausch and Lomb® eye wash or generic equivalent (*eye irritation*)
- Benadryl® or generic equivalent (*rash or bee sting*)
- Calamine lotion/Caladryl® or generic equivalent (*sunburn or poison oak/ivy*)
- Emetrol® or generic equivalent (*nausea*)
- Hydrocortisone ointment or other equivalent (*insect bites*)
- Ibuprofen (*pain*)
- Imodium AD® or generic equivalent (*diarrhea*)
- Isodettes® spray or generic equivalent (*sore throat*)
- Lanacane® spray, Solarcaine® or aloe vera gel (*sunburn*)
- Milk of Magnesia®, Mylanta®, or generic equivalent (*antacid*)
- Neosporin® or generic equivalent (*topical treatment for cuts*)
- Pepto Bismol® or generic equivalent (*upset stomach*)
- Robitussin® or generic equivalent (*nasal congestion/coughing*)
- Swimmer's ear solution (*earache*)
- Tylenol® or generic equivalent (*pain*)
- Tylenol® cold tablets or generic equivalent (*congestion*)

G. Administration of Medication

Check here if your child, _____, will have medication(s) (prescription or non-prescription) and is competent to **self-administer** them under appropriate supervision.
(Name of Participant)

Medications should be sent to the event or activity in the original container and include the following information: (1) Name of child, (2) Name of medication, (3) Dosage and directions, (4) Name of licensed prescriber (*if applicable*), (5) Name, address and phone number of pharmacy (*if applicable*), (6) Prescription number (*if applicable*), and (7) Date prescription was filled (*if applicable*).

If your child is a participant at one of the Tennessee 4-H Centers (Camps), you must include a **parental consent form for each medication** (prescription or non-prescription) you send with your child. Please consult your County Extension Agent for a form and more information.

H. Emergency Medical Release

In consideration of _____ 's (*participant's name*) participation in 4-H activities, I provide the following release. I understand that a health problem or a medical emergency may develop that necessitates the administration of medical care, hospitalization, or surgery.

In the event of injury or illness to _____ (*participant's name*), I hereby authorize the University of Tennessee, Tennessee State University, and its representative(s) or agent(s) to secure any necessary treatment, including the administration of anesthetics and surgery.

In signing this acceptance form at the bottom of this page, I agree not to hold the University of Tennessee, Tennessee State University, or camp health care professional (or any of its representatives or agents) responsible for any side effects of medications.

I further give permission to the University of Tennessee, Tennessee State University, and its representative(s) or agent(s) to provide the medical history form to health care personnel. I authorize any physician, health care provider or any hospital to provide reasonable and necessary medical treatment or supplies. This original permission or a photo static copy thereof is equally valid as an authorization.

I recognize that the event may or may not provide sickness or accident insurance coverage for participants; and, I accept responsibility for payments of medical costs incurred for injuries or illnesses.

Required Signatures* - Parent/Guardian and Participant

We have provided accurate information in all areas represented on this form. We understand and agree to the expectations and procedures as stipulated in the preceding sections of this ACTIVITY AND EVENT ACCEPTANCE FORM. We understand that all of the following sections must be initialed to demonstrate our agreement and acceptance and a full, dated signature must be provided at the bottom of this page.

Parent's Initials	and	Participant's Initials	
_____		_____	A. Identification of Participant
_____		_____	B. Code of Conduct
_____		_____	C. Publicity Release
_____		_____	D. Health History and Medical Record
_____		_____	E. Health and Safety Investigations
_____		_____	F. Consent for First Aid Treatment
_____		_____	G. Self-Administration of Medication
_____		_____	H. Emergency Medical Approval

** If for religious reasons you cannot sign this section, contact your Extension office for a legal waiver (F600C) which must be signed in order to participate.*

I have read this Release and Assumption of Risk Agreement and sign it on behalf of myself, my heirs, assigns and anyone entitled to act on my behalf.

Signed _____ Date _____
(Parent or Guardian Signature) *(Month/Day/Year)*

Signed _____ Date _____
(Participant's Signature) *(Month/Day/Year)*



Sign up for important updates from Grace Harville.

Get information for **Wilson County 4-H** right on your phone—not on handouts.

Pick a way to receive messages for Livestock Group:

A If you have a smartphone, get push notifications.

On your iPhone or Android phone, open your web browser and go to the following link:

rmd.at/wilsonlive

Follow the instructions to sign up for Remind. You'll be prompted to download the mobile app.



B If you don't have a smartphone, get text notifications.

Text the message @wilsonlive to the number 81010.

If you're having trouble with 81010, try texting @wilsonlive to (563) 265-6842.

** Standard text message rates apply.*



Don't have a mobile phone? Go to rmd.at/wilsonlive on a desktop computer to sign up for email notifications.