



Wilson County
925 East Baddour Parkway, Suite 100
Lebanon, TN 37087
office: 615-444-9584
fax: 615-443-2618
wilson.tennessee.edu

February 1, 2024

Dear 4-H Member,

We are preparing to begin 4-H Wildlife Judging again this year! In wildlife judging, you will learn wildlife terms, concepts, identification, and habitat management. The goal for the meetings is to prepare you for the Central Region 4-H Wildlife Judging contest, which takes place on **Tuesday, May 14, 2024.**

All practices will be held at the UT-TSU Extension Office Conference Room. **Please pay attention to the times listed below for each practice.**

Day	Time
Thursday, February 29	6:30-7:30 PM
Thursday, March 14	6:30-7:30 PM
Tuesday, March 19	6:30-7:30 PM
Tuesday, March 26	6:30-7:30 PM
Tuesday, April 2	5:30-6:30 PM
Thursday, April 18	5:30-6:30 PM
Tuesday, April 23	5:30-6:30 PM
Monday, April 29	5:30-6:30 PM
Monday, May 6	5:30-6:30 PM
Monday, May 13	5:30-6:30 PM

There is a \$20.00 fee to join this judging team. This includes all judging team study materials and a t-shirt. Enclosed you will find an enrollment, photo consent, F600A, and special needs forms. Please return the completed forms to our office as soon as possible. Forms will need to be returned to reserve a spot for your child on the judging team.

We also have included instructions for signing up for a free text message service "Remind." We will use this system to remind you of meetings and notify you if we have made any changes to our practices. I look forward to seeing everyone at our first practice!

Sincerely,

A handwritten signature in cursive script that reads "Grace Harville".

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"/> Black/African American	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Other/Unidentified	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> White
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		



CONSENT RELEASE FORM

I, (print name) _____ hereby give my consent for photographing, filming, audio/videotaping, and/or transmission via broadcast/cable television of my image and voice, and release to The University of Tennessee all rights of any kind to the materials in which I appear. This is a full release of all claims whatsoever I or my heirs, executors, administrators or assigns now or hereafter have against The University of Tennessee, or its employees, as regards to any use that may be made by them of said photographic reproductions, films, audio/videotape, social media and/or web, or transmission via broadcast/cable television.

Further, I acknowledge that my name and biographical material, portrait, picture, likeness, or voice may be used for purposes consistent with The University of Tennessee's mission of teaching, research and service, including the promotion and publicizing of the materials in which my image/voice appear. Such uses as may be made will not constitute a direct endorsement by me of any product or service.

I have read this entire document, understand the contents, and I have willingly agreed to the above conditions.

Date: _____

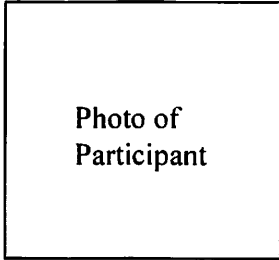
Name (print): _____

Address: _____

Signature: _____

Signature of Parent/Guardian (if under 18): _____

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

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)*

Programs in agriculture and natural resources, 4-H youth development, family and consumer sciences, and resource development.
 University of Tennessee Institute of Agriculture and county governments cooperating.
 UT Extension provides equal opportunities in programs and employment.
 Revised 4/2022

SPECIAL NEEDS

My child has the following Special Needs of which you should be aware (allergies to food, etc.):

CHILD'S NAME _____ Boy _____ Girl _____



Sign up for important updates from Shelly Shrum.

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

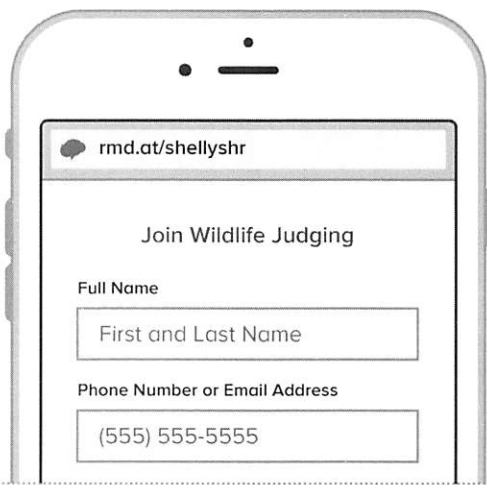
Pick a way to receive messages for **Wildlife Judging**:

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/shellyshr

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 @shellyshr to the number 81010.

If you're having trouble with 81010, try texting @shellyshr to (731) 599-4363.

* Standard text message rates apply.



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