



Wilson County

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Level 4

November 7, 2024

Dear 4-H member and family,

Congratulations on advancing to the final level of our sewing program – Level 4! We are proud and excited to have you as our third graduating class! Also, any level 4 child that wants to come back and sew with Level 4 again, you are welcome to join us again. You won't get to graduate again, but you can sew the Level 4 projects. It will be different from last year.

All meetings will be held at the James E. Ward Ag Center from 5:00 p.m. to 7:00 p.m. Our scheduled dates are listed below.

- February 3rd – Education Building
- February 10th – Education Building - Valentine's Day Party
- February 24th – Education Building
- February 24th – Education Building – Graduation Day

In order to graduate from our program, the 4-H member must attend 5 of the 6 sessions and/or possess the skills required to complete the projects on their own. We understand circumstances beyond our control happen, and should the need arise for the 4-H member to miss more than one class, please do not hesitate to reach out to us.

Sewing classes are taught precept by precept which means that skills are taught in order that you will use them in the classes. Example - skills taught in Class 1 are carried over to be used in class 2. Some classes are more intense than others and multiple skills are learned in one class. For example, the first 15 minutes we go over instructions and steps needed to complete the rest of the class. It is very important to be on time when the class starts so the child does not get behind. We will make every effort to help the child catch up and complete projects, but it is best when everyone is on time and the whole class is on the same step.

Sewing is a skill and like any sport or musical instrument. Practice is the key to getting better. The classes are designed to teach the student sewing skills, how to cut, use patterns, and techniques. It is suggested that sewing practice at home is encouraged for the child to improve on skills.

We will be using the "Remind" service again for this club. Please make sure you have joined our class on the REMIND app, as this will be the fastest way for us to communicate with you about reminders for meetings and any last-minute changes to this program.

The cost of the class will be **\$60 (please make checks payable to The University of Tennessee)**. If you would like to be in the class but cannot afford the fee, we do have some scholarships available. In order to apply you will need to send a letter stating your circumstances and include two references. Space is

limited and will be filled as first come first serve. Enclosed you will find an enrollment form and 600A. These forms and fee will need to be returned in order to reserve a spot for your child.

If you have any questions, please feel free to call, email or you may leave a message at our office for me with Sissy Shrum. We look forward to seeing you all in class and don't forget to register as soon as possible as spots will fill up fast!

Sincerely,

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

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

2024-25 Tennessee 4-H Enrollment Form
4-H Clubs



_____ County School _____ Teacher _____

First Name	Middle Initial	Last Name
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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
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Grade in School	Email Address
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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
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Phone 1	Phone 2	Date of Birth
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Parent(s)/Guardian(s)

First Name	Middle Initial	Last Name
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Is your parent currently enlisted in the military? Yes No

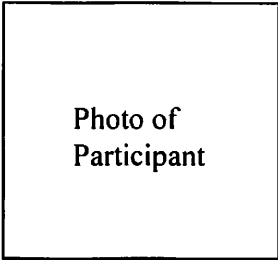


4-H Pledge

I pledge my **HEAD** to clearer thinking,
my **HEART** to greater loyalty,
my **HANDS** to larger service,
and my **HEALTH** to better living
for my club, my community, my country and my world.



**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)
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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

Tetanus	_____
Diphtheria	_____
Polio	_____
Hepatitis A, B or C	_____

(circle one/any)

Immunizations

Measles	_____
Mumps	_____
Rubella	_____
Varicella	_____

Has Had (please check)

- Measles
 Mumps
 Rubella
 Chicken Pox
 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 **Sewing Club**:

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/wilsonsew

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 [@wilsonsew](#) to the number **81010**.

If you're having trouble with **81010**, try texting [@wilsonsew](#) to **(415) 749-9891**.

* Standard text message rates apply.



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