

September 4-H NEWSLETTER

It's time for a New 4-H year!

We have officially started a new year in 4-H! That means it's time to renew enrollment forms. At the end of this newsletter, you will find a copy of the enrollment form and code of conduct. If you or your child are interested in participating in 4-H events this year, please return to our office via mail, email, or in person drop-off.

-Amber Dotson



Contact Me!



606-674-6121
Ask for Amber!



Amber.Dotson@uky.edu



Bath County 4-H



Subscribe or Unsubscribe

Have a friend who may want to receive communication about 4-H? Aged out of 4-H and don't need newsletter information anymore? Scan below to change your status!



Cooperative Extension Service

Agriculture and Natural Resources
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4-H Youth Development
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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. Program 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



Disabilities
accommodated
with prior notification.

September EVENTS

September 3

- 5:30–7:00PM– Wildcat Archery Practice

September 8

- Deadline for Archery Extravaganza Registration

September 9

- 6:00–7:30PM– Diamond H Horse Club Kickoff Potluck at the Bath County Extension Office

September 10

- 5:30–7:00PM– Wildcat Archery Practice

September 13

- State Shooting Sports Competition– Good Luck, Wildcat Archery!

September 24

- 4:00–5:00PM– 4-H Council Meeting at Bath County Extension Office

September 25

- 11:00AM–12:00PM– First Homeschool Club Meeting at Bath County Extension Office
- 5:00–7:00PM– Wild Wanderers Meeting at Bath County Extension Office

September 27

- Archery Extravaganza

September 30

- Bath County Ag Field Day– See attached flyer for details!

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2025 BATH COUNTY AG FIELD DAY September 30, 2025

Located at **932 Fearing Rd**
Owingsville, KY

Registration at **3:00PM**

Classes begin at **4:00PM**

 **Cooperative
Extension Service**
Bath County

**Thank you Mickey and
Pashia Staton and Rogie and
Brenda Coyle for hosting!**

Presented by
Bath Co Conservation District
Bath Co Farm Bureau
NRCS

Lessons on Ag Topics
Booths and Displays
Kids Activities

Bounce Houses
A Free Meal
& Community Fellowship!

**Chute-side
Cattle
Handling
Demos**

Meal prepared by
Bath County Cattlemen's Association

**RSVP by calling
606-674-2121
ext 3.
Bring lawn
chairs!**

Meal served by

Bath County Farm Bureau Women's Committee and Local Bank Staff

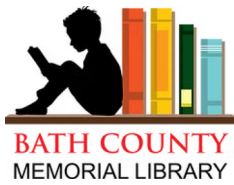
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Bath Co Conservation District
Bluegrass Stockyard
Paris Stockyards
Hinton Mills

Sterling Health Care
Peck's Farm Supply
Amburgey's Farm Supply
RIPS Farm Supply
By-O-Reg+ Powered by AAP
ACAP





Cooperative
Extension Service

Bath
County

HOMESCHOOL CLUB



11AM-12PM

OPEN TO BATH COUNTY HOMESCHOOL STUDENTS AGES 5-18.
YOUNGER SIBLINGS WELCOME FOR GROUP PLAY!

SEPTEMBER 25TH-----MAKING MOZZERELLA

OCTOBER 23RD-----MYSTERY FOOD TASTE TEST

NOVEMBER 20TH-----THANKSGIVING MEAL

DECEMBER 18TH-----COOKIE DECORATING

JANUARY 21ST-----HOMEMADE BOUNCY BALLS

FEBRUARY 19TH-----EGG DROP CHALLENGE

MARCH 19TH-----BOOK DISCOVERY DAY

APRIL 16TH-----FLOAT YOUR BOAT

MAY 21ST-----NATURAL TIE DYE

All Meetings Held at the Bath County
Cooperative Extension Service Office
2914 US 60, Owingsville, KY 40360



Grits, Greens, and Egg Bowl



This institution is an equal opportunity provider. This material was partially funded by USDA's Supplemental Nutrition Assistance Program — SNAP.

Prep time: 5 minutes
Cook time: 10 minutes

- 1/4 cup quick-cooking grits
- 2 tablespoons shredded, sharp cheddar cheese
- Nonstick cooking spray
- 1/2 cup packed, fresh, chopped spinach
- Dash garlic powder
- 1 egg
- Salt (optional)
- Ground black pepper (optional)
- Hot sauce (optional)

1. Wash hands with soap and warm water, scrubbing for 20 seconds.
2. Cook grits according to package directions. Once done, stir in cheese. Set aside until the remaining ingredients are prepared.
3. While grits cook, heat a small skillet over medium heat. When the skillet is hot, coat it with cooking spray. Add spinach and garlic powder and lightly sauté until spinach is warm and tender, about 1 minute. Remove from pan and set aside.

4. Return skillet to the stove. Coat the pan with cooking spray. Crack an egg into the pan and cook the egg on each side until the yolk is set.
5. Rewash hands after handling raw eggs.
6. Assemble the meal in a bowl by first adding the grits, then the spinach, and topping with the egg. Season dish to taste with salt, black pepper, and hot sauce, if desired.
7. Serve immediately. Refrigerate leftovers within 2 hours.

Notes: Try other greens like collards or kale as a substitute for spinach or reheat leftover cooked greens for this recipe. This way, you can always use what you have on hand. If you prefer scrambled egg, prepare it instead of a fried egg.

Makes 1 serving
Serving size: 1 recipe
Cost per recipe: \$1.26
Cost per serving: \$1.26

Nutrition facts	per serving:
calories; 10g total fat;	390 fat;
4.5g saturated fat;	
0g trans fat;	
200mg cholesterol;	
170mg sodium;	
60g total carbohydrate;	
0g dietary fiber;	
0g total sugars;	
0g added sugar;	
17g protein;	
6% Daily Value of vitamin D;	
10% Daily Value of calcium;	
30% Daily Value of iron;	
6% Daily Value of potassium	

Source:

Adapted from Alabama Cooperative Extension Service, Live Well Alabama. Live well recipes: Grits and Greens, <https://www.aces.edu/blog/topics/by-ingredients/live-well-recipe-grits-and-greens>



Long form Non-discrimination Policy

The Martin-Gatton College of Agriculture, Food and Environment is an Equal Opportunity Organization with respect to education and employment and authorization to provide research, education information and other services only to individuals and institutions that function without regard to 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. Program information may be made available in languages other than English.

Inquiries regarding compliance with Title VI and Title VII of the Civil Rights Act of 1964, Title IX of the Educational Amendments, Section 504 of the Rehabilitation Act and other related matter should be directed to

Equal Opportunity Office, Martin-Gatton College of Agriculture, Food and Environment,
University of Kentucky, Room S-105, Agriculture Science Building, North Lexington, Kentucky 40546,

the UK Office of Equal Opportunity, 13 Main Building,
University of Kentucky, Lexington, KY 40506-0032 or

US Department of Agriculture, Office of the Assistant Secretary for Civil Rights,
1400 Independence Avenue, SW, Washington, D.C. 20250-9410.

Visit the [CES Program and Staff Development](#) website for additional guidance.

Questions may be directed to Stacy Miller at Stacy.miller@uky.edu or (859) 257-1727.

4-H Participant Information/Enrollment Form

New Enrollment - Please complete ALL sections.

Re-Enrollment - Please complete "green" sections and any updated information if needed.(Sections I, X-XV)

I. General Information

Name:		School Name:		County:	
Grade:		T-Shirt:			

II. Family Information

This is the primary information we will use to communicate with your 4-H member.

Family Name:		Family Email:	
Family Phone:		Family Address:	

III. Member Information

First Name:		Last Name:					
Preferred Name (optional):		Birthdate:		# of Previous Years in 4-H:			
Biological Sex:	M	F	Residence:	Farm	Town <10,000 or Rural Non-Farm	Town/City/Suburb 10,000-50,000	
				City/Suburb >50,000	City-Central >50,000		
Hispanic/Latino:	Yes	No	Race:	American Indian	Asian	Black	Native Hawaiian or Pacific Islander
				White	Prefer not to say	Not Listed:	

IV. Parent/Guardian 1 Information

Last Name:		First Name:	
Phone:		May we release personal information to this person?	Yes No

V. Parent/Guardian 2 Information

Last Name:		First Name:	
Phone:		May we release personal information to this person?	Yes No

VI. Other Emergency Contact

Name:		Relationship:	
Phone:		May we release personal information to this person?	Yes No

VII. Pick Up Information

In addition to the parent/guardian(s) and emergency contacts listed, please list the names of up to two additional people authorized to pick up the above referenced child. These individuals will not be contacted in case of an emergency, the parent/guardian(s) or emergency contact information will only be used. If an individual who is not listed on this form is permitted to pick up your child/children, the parent/guardian(s) will need to provide written permission (letter or email) to Extension personnel or approved volunteer responsible for the event/activity.

Name of First Person:		Relationship to 4-H Member:	
Phone:			
Name of Second Person:		Relationship to 4-H Member:	
Phone:			

VIII. Military Service (if none, skip this section)

Relationship to Member serving:		Branch of service	
Service Status:	Active Duty	National Guard	Reserves Other:



IX. 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 in the space below or an additional sheet if necessary. Reporting conditions allow Extension personnel and approved volunteers to best support your young person and will be kept confidential.

Allergies

1.Serious Allergy to Insects	Yes	No
2.Serious Allergy to Dairy	Yes	No
3.Serious Allergy to Gluten	Yes	No
4.Serious Allergy to Nuts	Yes	No
5.Other Allergy(Please explain)	Yes	No

Please explain any “yes” responses, including medications for any allergies:

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

Acetaminophen:	Yes	No	Antacid:	Yes	No	Antihistamine Pill:	Yes	No
Decongestant:	Yes	No	Dramamine:	Yes	No	Hydrocortisone Cream:	Yes	No
Ibuprofen (Advil)	Yes	No	Polysporin (topical antibiotic)	Yes	No			

Conditions

1.Asthma	Yes	No	6.Fainting	Yes	No	11.Wear Glasses/Contacts?	Yes	No
2.Bronchitis	Yes	No	7.Headaches	Yes	No	Please explain any “yes” responses, including medications taken for any conditions:		
3.Convulsions	Yes	No	8.Heart Condition	Yes	No			
4.Diabetes	Yes	No	9.Hypoglycemia	Yes	No			
5.Ear Infection	Yes	No	10.Other Conditions	Yes	No			

Please explain any restrictions (dietary, physical, etc) OR social, emotional, and/or behavioral health information needed:

X. Communication

I acknowledge and agree that, although my child may participate in 4-H programs delivered in school settings, the University of Kentucky Cooperative Extension Service is a separate entity from my child's school and school district. I understand and agree that employees and approved volunteers of the Cooperative Extension Service may communicate electronically with my child outside the school's traceable communication system regarding 4-H clubs, programs, activities, and events following guidelines established by the University of Kentucky, state, and federal regulations for the Land Grant Cooperative Extension Service. (Initials)

XI. REVIEW CONFIRMATION SIGNATURE

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.

PARENT/GUARDIAN: _____ DATE: _____

XII. SURVEY & EVALUATION RELEASE

I hereby establish my willingness to participate as an adult (i.e., 4-H leader, other volunteer, parent/ guardian, site manager, etc.) and give permission for my child (under 18 years of age) to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program. I understand that participation in surveys and evaluations is voluntary and that my child and I may choose not to participate and may withdraw from surveys and evaluations without impact on my or my child's eligibility to participate in the 4-H program. I understand that my child or I may be asked for consent before completing a survey or an evaluation.

Yes No I am willing to participate or give permission for my child to participate in any program evaluation. (Initials)

XIII. PERMISSION TO PARTICIPATE

I acknowledge that my child is participating in 4-H programs for their own personal benefit and that my child will participate in recreational and other activities as part of 4-H programs. I understand that some activities may have inherent dangers and physical risks and that no amount of care, caution, instruction, or expertise can completely eliminate them. I assume responsibility for all risks, known and unknown, involving my child's participation in 4-H programs and I voluntarily authorize my child's participation in reliance upon my own judgment and knowledge of my child's experience and capabilities. I hereby agree to indemnify and hold harmless the University of Kentucky Cooperative Extension Service and all related parties from any liability, losses, costs, damages, claims or causes of action of any kind or nature arising from or related in any way to my child's participation in 4-H program. (Initials)

XIV. 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.

PARENT/GUARDIAN _____ NO, I DO NOT PERMIT

XV. 6th-12th Grade Participants:

Want more information from the University of Kentucky, Martin-Gatton College of Agriculture, Food and Environment?

YES, please share my information!

4-H Youth Development Code of Conduct Form

All 4-H members and family/friends/caretakers associated with 4-H members must respect the individual rights, safety and property of others and adhere to this Code of Conduct Code of Conduct, University, state and federal guidelines. 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. Safety of all involved in 4-H programs is top priority, the following guidelines are designed to ensure all involved understand their role in participating in a safe and educational environment for all.

WHILE ENROLLED AS A 4-H MEMBER:

- To be a member in good standing it is expected that the 4-H participant attends planned sessions, workshops, field trips, and meetings associated with their enrollment. To be eligible for cumulative events in 4-H, members must complete at least six hours of education in the core program area they are participating in under the expectations laid out by the 4-H program.
- Dress codes will be specific to individual events/programs/activities.
- 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, with proper paperwork and accommodations made) are prohibited.
- Possession of firearms not for educational use is prohibited.
- Setting of fire alarms and tampering with fire extinguishing and other emergency equipment are prohibited.
- Gambling of any type is prohibited.
- 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.
- Physical violence is not tolerated.
- Obscene, discriminatory and/or inappropriate language, roughhousing, and insubordination are prohibited at all times.
- Display of overly affectionate or inappropriate attention between participants is prohibited.
- Technological equipment (including but not limited to cell phones, cameras, laptops, or mp3 players) shall not interfere with the program and may not be allowed in certain situations.
- Articles of clothing which display profanity, products, or slogans which promote tobacco, alcohol, drugs, sex, or are in any other way distracting, are prohibited.
- Additional expectations may be required based on the activity/program/event the 4-H member is participating in.

WHILE ATTENDING OVERNIGHT 4-H EXPERIENCES THE FOLLOWING WILL ALSO APPLY:

- All participants must follow the agenda and expectations that are set forth by the program planners. Chaperones/adult volunteers will actively monitor all participants.
- All participants are to be in their assigned area at curfew and comply with quiet hours, lights out, and other rules of the event. Chaperones/adult volunteers will actively monitor all participants based on Client Protection and Risk Management Standards.
- No member or volunteer may leave the event/activity/program without the permission of the event planner or adult in charge. An adult shall accompany a 4-H member at any time they leave the grounds. Adults shall notify another adult before leaving the grounds.
- At overnight events, only conference participants may be in sleeping areas. Individuals may only be in their assigned sleeping area. Lounges or common areas may be used only for working committees and social activities.

Any violations of this Code of Conduct, University, state and federal policies shall be reported promptly to the chaperone for the individual and to the person in charge of the event. The person in charge of the event shall have the final responsibility for disciplinary action with support from UK CES administration Failure to comply with the Code of Conduct, University, state and federal policies by 4-Hers and family/friends/caretakers 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 their own expense.
- Barred 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.
(Print Name)

I understand that infraction of this Code of Conduct will result in any or all of the penalties listed above.

Member: _____ County: _____

Parent/Guardian: _____ Date: _____

