

May 12th, 2025

4-H Agents, FFA Advisors, Youth Leaders and Parents,

The 2025 Southeast Dairy Youth Retreat is scheduled for July 6th – 10th in Bowling Green, KY. This annual event is a tremendous opportunity for youth ages 8 to 18. During the retreat, youth participants from seven southeastern states will interact with dairy industry professionals during hands-on learning activities. This year's agenda includes tours of local, Kentucky dairy farmers and dairy processors as well as opportunities to explore what Kentucky has to offer from caves to corvettes! In addition to the site seeing, participants will experience educational opportunities while getting to network, develop friendships, and have fun with their peers across the Southeast!

Please Read the Following Carefully:

If you plan to travel with the Georgia delegation, the cost is **\$300** per youth participant and includes registration, lodging (4 youth per room), events, most meals, travel and chaperones. The Georgia Dairy Youth Foundation does offer some financial support to those needing it. Please visit their website at <https://www.gadyf.com/> for more information. Group transport will be arranged by UGA Extension and will depart from Athens, GA on Sunday with certified 4-H volunteers as chaperones. You will be provided more information following receipt of your registration materials.

The process of registering is a quick turnaround this year.

Please plan to email your registration forms by May 23rd to jfain@uga.edu.

To complete your registration, please mail payment by May 30th to:

Dr. Jillian Bohlen
Rhodes Center for Animal and Dairy Science
425 River Rd.
Athens, GA 30602

While you may see some duplication in the forms required, all are necessary to meet Georgia and Kentucky rules. Finally, on the youth registration form, you will see that contact information is required for the "county coordinator". This person will be contacted to verify registrants. Each youth registrant must have the signature and/or contact information (recognizing support of youth member) of a county coordinator. The county coordinator may be an Extension Agent or FFA Advisor.

I hope that youth from your county will take advantage of this tremendous event! There are few others offered that are anything like it. As a final note, events like this are not possible without the generous support of the Georgia Dairy Youth Foundation. We are incredibly thankful for their partnership. If you have any questions, please do not hesitate to contact me.

Sincerely,



Jillian Bohlen, PhD, PAS
Associate Professor and State Dairy Extension Specialist
P: 706-542-9108
E: jfain@uga.edu

georgia4h.org

Southeast Dairy Youth Retreat Schedule
(Tentative for help with planning travel)

Sunday, July 6, 2025

6:00 PM Registration Opens

Monday, July 7, 2025 (Barren County Area Farms Tours and Feed Mill Tour)

8:00 AM Leave Hotels

9:00 AM Farm Tour in Smith Grove, KY – We will have a grab and go type breakfast at our first stop for the day

Noon Lunch
 CPC Tour

 Kenny's Cheese
Dinner Barren County Area

Tuesday, July 8, 2025 (Hands on Educational Activities and Farm Tours)

9:00 AM Farm Tour in Logan County, Kentucky

Afternoon Western Kentucky University Tour, Educational Stations, Evening Activities

Wednesday, July 9, 2025 (Fun Day)

Lost River Cave Tour

Corvette Museum Tour

Chaney's Dairy Barn for evening

Please note: There may be some free time on Wednesday due to scheduling tours in smaller groups.

Thursday, July 10, 2025

Have a Safe Trip Home!

Hart County District Dairy Show in Munfordville, KY, for Kentucky Youth Exhibitors Only

2025 Southeast Dairy Youth Retreat
July 6th – 10th
Bowling Green, KY

Name _____

Address _____

Cell number of youth participant (if applicable): (____)_____

Age (as July 1, 2025) _____ Male _____ Female _____

* Participants must be ages 8 – 18 to participate as of the above date to participate *

Parent or Guardian:

Name _____

Best number to reach by phone: (____)_____

Email address _____

Name of person(s) you wish to room with (there will be 4 youth per room):

1. _____

2. _____

3. _____

Please note that we will do our best to accommodate rooming requests but changes may be required.

County coordinator: This should be signed by the youth member's county agent or FFA advisor to show their support for the youth member attending this retreat.

Name _____

Email _____

Signature _____

REGISTRATION DUE BY MAY 23RD AND EMAILED TO JFAIN@UGA.EDU
PAYMENT DUE BY MAY 30TH VIA CHECK

GEORGIA 4-H CODE OF CONDUCT

4-H'ers Name: _____ County _____
Address: _____ Phone _____
School: _____ Grade: _____ Year: _____

BEHAVIOR STANDARDS

The Georgia 4-H Code of Conduct is valid for one year and applies to all activities coordinated through Georgia 4-H.

- 4-H'ers are expected to attend all sessions as part of a planned program exhibiting positive character and behavior including (but not limited to) trustworthiness, responsibility, respectfulness, caring, citizenship and fairness.
- 4-H'ers are expected to be responsive to the reasonable requests of leaders and respectful of the needs for their personal safety and the safety of others.
- 4-H'ers should dress appropriately, use appropriate language and respect the rights of others.
- 4-H'ers may not behave recklessly or in a manner which prohibits others from participating in the program in the manner intended.
- 4-H'ers may have access to technology at UGA/CES offices and facilities. Technology use is for educational purposes. 4-H'ers may not access inappropriate websites or materials.
- Realizing these guidelines are not "all inclusive" the University of Georgia Extension staff and volunteers reserve the right to make adjustments to these policies.

CONSEQUENCES OF MISBEHAVIOR

4-H'ers and adults who observe a breach in the Code of Conduct must report the misbehavior to the appropriate leader. The leader will complete an incident report and determine the next steps regarding the incident.

If 4-H'ers are found participating in actions listed below, during 4-H events, law enforcement or other legal authorities may be notified and may lead the review and consequences related to the incident. In these incidents, 4-H'ers may be removed from the event and suspended or expelled from future 4-H participation. These behaviors may include, but are not restricted to:

- Possession or use of illegal drugs
- Possession or use of a weapon
- Assault or harassment
- Inappropriate sexual behavior

4-H'ers who participate in these actions outside of the program may also be removed, suspended, or expelled from future 4-H participation.

If the 4-H'er is found participating in the actions listed below, 4-H leaders may be notified and may lead the review and consequences related to the behavior. 4-H'ers misbehaving will have the opportunity to explain their actions to leaders in charge of the activity and may request a review board. The person coordinating the event may also convene a review board for the purposes of determining what has occurred and what disciplinary action should be taken. A review board will consist of one Extension faculty or staff member, two volunteers and three 4-H members. The Extension faculty member coordinating the event will serve as chairperson. In some cases, incidents are deemed serious and may be referred to law enforcement or other legal authorities.

If the 4-H'er receives consequences from the leader or through the review process, his/her parents/guardians may be notified; the 4-H'er may be sent home at the parents' expense and may be suspended from participation in 4-H events. Suspensions may be up to one year. If a 4-H'er wishes to appeal the decision of the review board, the 4-H'er must appeal in writing through the County Extension office. Appeals must be filed within 10 days of notification of the disciplinary action. The appeal is sent to the Program Development Coordinator of the 4-H member and the State 4-H Leader for ruling by the State 4-H Leader. Following any disciplinary review, the person coordinating the activity will provide written notification to the appropriate parties including but not limited to the 4-H'er, his/her parent/guardian and his/her county Extension faculty member.

- Breaking curfew or disturbing the peace
- Unexcused absences from the activities or premise of an event
- Unauthorized use of vehicles during the event
- Reckless or inappropriate behavior
- Use of foul or offensive language
- Possession or use of alcohol or tobacco
- Possession or use of e-cigarettes or other vaping devices
- Breach of the 4-H Code of Ethics
- Remaining in the presence of those who are breaking the 4-H Code of Conduct
- Theft, misuse or abuse of public or personal property
- Possession of fireworks
- Distribution, misuse, or abuse of over-the-counter, homeopathic, including supplements and vitamins, or prescription medications

PARENT/GUARDIAN & 4-H'er AGREEMENTS Release Waiver of Liability and Covenant Not to Sue

I have read the Georgia 4-H Code of Conduct and agree to participate fully in all aspects of program activities. I understand the standard of behavior and agree to maintain such during 4-H programming.

4-H'ers Signature

Date

I have reviewed the Code of Conduct and agree to all of its provisions. For the sole consideration of the Cooperative Extension Service's arranging for participation in 4-H programming, I hereby release and forever discharge The University of Georgia, the Board of Regents of the University System of Georgia, their members individually, and their officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind that I may have, either on my own behalf or in my capacity as a legal representative of my child, arising from or in any way connected with my child's participation in 4-H. I further covenant and agree that for the consideration stated above I will not sue the Institution, the Board of Regents of the University System of Georgia, its members individually, its officers, agents or employees for any claim for damages arising or growing out of my child's participating in the program. I understand that the acceptance of this Release, Waiver of Liability, and Covenant not to sue the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or part, of sovereign immunity by said Board, its members, officers, agents, and employees. I certify that my child is participating in 4-H with my knowledge and consent. I have read and understand all of the above policies. I also give permission my child's images, likeness, and voice to be used by the Board of Regents of the University System of Georgia by and on behalf of the University of Georgia in print or electronic form.

Parent/Guardian Signature

Date

Phone

VALID FOR ONE 4-H PROGRAM YEAR (AUGUST 1 - JULY 31)

Revised MAY 2021



Georgia 4-H Medical Information & Release Form
This form should be completed prior to each 4-H event.



EVENT: _____ Date(s) of EVENT: _____

4-H'ers Information

Name _____ County _____

Address _____

Date of Birth _____ Grade _____ Gender _____ Preferred Phone _____

Parent/Guardian Information

Name: _____ Preferred Phone: _____ Alt. Phone: _____

Email Address: _____ Text: _____

Name: _____ Preferred Phone: _____ Alt. Phone: _____

Please list the names of two adults other than parent/guardian who may be contacted in case of emergency.

Name: _____ Preferred Phone: _____ Alt. Phone: _____

Name: _____ Preferred Phone: _____ Alt. Phone: _____

Medical Information

*The following information is requested in case of accident or illness to better treat your child.
The information is optional and not required for participation.*

Name of Physician: _____ Phone: _____

Date of Last Physical Examination: _____ Drug Allergies: _____

Other Allergies: _____

Describe any recent illness or injury: _____

Describe any pre-existing conditions: _____

Describe any other circumstances that would help leaders or medical professionals in working with the 4-H'er: _____

PARENT/GUARDIAN AGREEMENT:

I understand that should a health problem arise, I will be notified but that if I cannot be reached by telephone, such medical treatment, including surgery, as deemed necessary by competent medical personnel could be rendered; that such necessary information may be released for insurance purposes. Furthermore, I am aware that participation in 4-H programming includes risk including, but not limited to, transportation to/from events, sports and recreational games, ropes courses, water activities, hiking, as well as risks that are not foreseeable. Risks also include exposure to contagious diseases and communicable illnesses, including but not limited to COVID-19. For the sole consideration of the Cooperative Extension Service's arranging for participation in 4-H programming, I hereby release and forever discharge The University of Georgia, the Board of Regents of the University System of Georgia, their members individually, and their officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind that I may have, either on my own behalf or in my capacity as a legal representative of my child, arising from or in any way connected with my child's participation in 4-H. I further covenant and agree that for the consideration stated above I will not sue the Institution, the Board of Regents of the University System of Georgia, its members individually, its officers, agents or employees for any claim for damages arising or growing out of my child's participating in the program. I understand that the acceptance of this Release, Waiver of Liability, and Convent not to sue the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or part, of sovereign immunity by said Board, its members, officers, agents, and employees. I certify that my child is participating in 4-H with my knowledge and consent. I have read and understand all of the above policies. I hereby grant permission for my child's images, likeness, and voice to be recorded in any media during this program and to be used by the University of Georgia and Georgia 4-H on behalf of the Board of Regents of the University System of Georgia in any publications, media, or technology now known or hereby developed in the future for any lawful purpose whatsoever without further permission from me. I understand I will not be compensated further for use of these recordings.

Parent/Guardian Signature
5/2021

PLEASE COMPLETE BOTH SIDES

Date

Over the Counter & Prescription Medication Summary



4-H'ers Name _____ County _____

Parent/guardian should list any over-the-counter medication that may be given to the 4-H'er in case of illness. In addition, list any/all medication routinely taken by the 4-H'er including prescription and over the counter medications.

Check Yes or No to indicate if you allow your child to receive the following medications while participating in 4-H programming.

1. Administration of Acetaminophen (Tylenol ®) or Ibuprofen (Motrin ® or Advil ®) at an age appropriate or weight appropriate dose for discomfort, pain, or fever
☐ Yes ☐ No *** Parent/Guardian will be contacted if student's fever is 100° F or higher.
2. Antacid liquid or Antacid tablets for indigestion/minor stomach discomforts and at an age appropriate dose
☐ Yes ☐ No
3. Diphenhydramine (Benadryl®) for symptoms of allergic reactions, insect stings, or rashes at an appropriate dose
☐ Yes ☐ No
4. Sore throat relief spray for sore throat
☐ Yes ☐ No
5. Cough Drops for coughing
☐ Yes ☐ No
6. Itch and rash relief cream/ointment for minor skin irritations
☐ Yes ☐ No
7. Lubricating eye drops for eye irritations
☐ Yes ☐ No
8. Oral pain relief gel for tooth/mouth discomfort
☐ Yes ☐ No
9. Triple antibiotic ointment for minor skin abrasions/wounds
☐ Yes ☐ No

Please list any prescription, over-the-counter, or homeopathic medications your child is currently taking. This information is necessary if your child is to be treated by a medical professional. Examples: Claritin, vitamins, etc. If the following medication should be administered during this event, complete the Georgia 4-H Medicine Form. Any medications brought to a program must be in its original container, unexpired, and clearly labeled with the 4-H'ers name. Youth may not share any medication with others.

All medications should be turned in to program/activity leaders at the program start and should accompany a Georgia 4-H Medicine Form. Any exceptions to this (such as an inhaler for asthma or an epi-pen for allergic reactions) must be verified with a 4-H staff member prior to the event.

Medication	Condition being treated for

I am the parent/guardian of _____ and give permission for the medications listed to be administered as directed. By signing below, I am agreeing the information is currently correct. I agree to notify 4-H immediately in writing should any of this information change. I also understand that I will be notified if my child distributes or shares any prescription, over-the-counter, or homeopathic medication, or if my child is found to be in possession of any medications not listed on this form.

Parent/Guardian Signature

Date

4-H Participant Information/Enrollment Form

Should this information change during the program year, it is the responsibility of the parent/guardian(s) to notify the Extension Personnel in writing.

I. Re-Enrollment

If re-enrolling, please complete section I. Re-Enrollment, then review sections II through IX and verify review by signing and dating.

Name:		School Name:		County:	
Grade:					

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:	
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
			White	Prefer not to say	Native Hawaiian or Pacific Islander
				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 (noting the number of the item) in the space below or on 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)

Social, emotional, and/or behavioral health information:

X. 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: _____

XI. 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)

XII. 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)

XII. 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

PARENT/GUARDIAN _____

NO, I DO NOT PERMIT

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. 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, 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.
- 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 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. Failure to comply with the Code of Conduct 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: _____

