



## 4-H Camp Fee: \$200 \$50 Deposit due with packet



## **Kentucky 4-H Camping 2024**

Camp Participant Registration – Camper/Teen

<b>HCP Approval Stamp</b>				

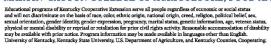
Last Name:	Legal First Name:	Middle Name:	Preferred Name:
Attended camp before? ☐ Yes - # years: ☐ No	Fall 2024 School & Grade:	County:	Biological Sex: ☐ Male ☐ Female
Shirt Size: (Select One)		Birthdate:	Age on 1st day of camp?
YS YM YL YXL AS AM	1 AL AXL A2XL A3XL A4XL	//	
Participant's Home Addi	ress:		Participant's Race:  White Black Asian American Indian Hawaiian Other Participant's Ethnicity: Hispanic Non-Hispanic
Legal Parent/Guardian #1 F	'ull Name:	Email Address:	Cell/Home Number:
		☐ Yes - I would like to receive email notific Sponsored Events and Promotions at this	
Legal Parent/Guardian #2 Full Name:		Email Address:	Cell/Home Number:
		☐ Yes - I would like to receive email notific Sponsored Events and Promotions at this of	eations of upcoming statewide Campernail address.
Emergency Contact Full Na	me:	Relationship to Participant:	Cell/Home Number:
Physician Name:		Physician Phone Number:	

Buy your participant some camp gear. <a href="www.4hcampstore.com">www.4hcampstore.com</a>

Is your participant looking for more camp opportunities? <a href="www.4hcampevents.com">www.4hcampevents.com</a>

Cooperative **Extension Service**  MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

Family and Consumer Sciences may be available with 14-H Youth Development University of Kentuck Community and Economic Development Lexington, KY 40506







PARTICIPANT NAME:		_	
Is the camp participant up to date on immunizations as outline school, based upon the grade the participant will be enrolled f	for the upcoming school year?	enrollment in public, private, or home	
□ NO (If marked NO, check with your 4-H Agent for a waive Does the participant have health insurance coverage?	er of liability form.)		
☐ YES (Insert a JPEG or PNG file – front and back – of the ☐ NO (No worries! The camp provides excess medical insura			
☐ ACTIVE DUTY MILITARY (not required to provide a co			
FRONT OF INSURANCE CARD	BACK O	F INSURANCE CARD	
What is <b>specific</b> information about your camp participant which the staff should be made aware of to provide a better camp experience for the camp participant? Information disclosed in this section may allow us to make accommodations based on their individualized needs. <b>List all specific items</b> that the participant is provided at home or school to have a successful experience.			
Behavioral (i.e., mental, emotional, physical)			
Medical (i.e., asthma, autism, seizures, sleepwalker, etc.)			
Allergies (check the applicable boxes below and	describe the allergy and r	reaction seen)	
No known allergies: Food:	Medication:	Seasonal/Environmental:	
<u>Dietary (check the boxes below if applicable)</u>			
Vegetarian: Gluten Intolerant:	Alpha Gal:	Does not eat Pork:	
Other accommodations or important details (use	e additional sheet of paper	r if needed):	







## Kentucky 4-H Camping Code of Conduct and Expectations

- 1. Campers are not permitted to bring cell phones to camp.
- 2. Possession or use of alcohol, illegal drugs, or weapons by any person is prohibited.
- 3. Use of tobacco products is not allowed for campers/teens at 4-H camp. Should a county decide to permit adults (21 years and over) to use them, it may occur only in areas designated by the Camp Director. Absolutely no tobacco products are to be used in cabins, woods or non-designated areas of camp.
- 4. Camp participants are permitted to enter the cabin in which they are assigned. All other cabins are restricted.
- Campers are not allowed in the cabins during a class or activity. If a camper is ill, they are to stay at the medical center (not in a cabin) until the Health Care Provider (HCP) feels the camper may return to activities.
- 6. Camp participants are to be attentive, responsive and courteous to any staff, adult or teen counselor making a presentation before the group.
- 7. Absolutely no phone calls are to be made by campers (camp office phone or cell phone) without approval of the County Extension Agent. All County Extension Agents should be informed of incoming calls at the camp office to campers.
- 8. Accidents or illnesses, no matter how minor, are to be reported to the County Agent and Camp Healthcare Provider. If medical care is needed, the Agent will coordinate treatment with the Camp Healthcare Provider.
- 9. Obscene, discriminatory and/or inappropriate language or dress, roughhousing, and insubordination is not acceptable at any time and may result in dismissal from camp.
- 10. Fireworks are not to be used by camp participants at any time.
- 11. Swimming, boating, or any waterfront activity is not permitted except during designated times and under proper supervision.
- 12. Appropriate dress, including footwear, should be adhered to as outlined in the 4-H Camp Dress Code.
- 13. Camp participants are always to remain with their groups, and must obey the rule of 3 when traveling. Individuals are not to be on the trails or near the lakes without an accompanying adult.
- 14. Camp participants are not permitted to leave the grounds at any time without notifying and receiving approval from the Contact Agent and their County Extension Agent.
- 15. Camp participants are expected to be in their cabins, with lights out, as designated on the camp program schedule.
- 16. No visitors, other than parents or immediate family, may visit campers during the camp. Visits must be approved in advance by the County Extension Agent.
- 17. No camp participant is to be around or on maintenance equipment.
- 18. Camp participants who are having personal conflicts with others should discuss these with their cabin counselor, dean, or County Extension Agent.
- 19. Campers and teens are to work with counselors in carrying out daily assigned jobs to help keep the camp running smoothly. Grounds are to be kept clean at all times. Camp participants are expected to leave the cabins, facilities and grounds clean and orderly.







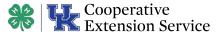


- 20. Camp participants are to respect camp property. Any misconduct resulting in damage to camp property or buses, including graffiti, shall be paid for by the camp participant and/or parent or guardian. A list of damage fees is available.
- 21. All medications must be turned in to the designated adult and picked up by the parent/guardian at the bus pick up site. The Health Care Provider will be responsible for securing all medications at camp.
- 22. Camp is not responsible for personal property of any camp participant or staff.
- 23. We care about the safety of all camp participants. Incidents of serious misbehavior (i.e. threats, fighting, bullying, causing injury, alcohol/drug incidents, any altercations between adults and/or minors, intentional property damage/vandalism, etc.) will be reported to the Camp Director and County Extension Agent and an incident report will be completed. Incidents of serious misbehavior may result in dismissal from camp.
- 24. Camp participants should demonstrate respect toward others. Bullying, hazing, or pranks (i.e.: shaving cream, toothpaste in pillow/sleeping bags, defacing property, including inappropriate use of electronics/social media) will not be tolerated and may result in dismissal from camp.

Any conduct inconsistent with the above rules may result in consequences such as the camp participant/parent/quardian/immediate family member being sent home, restricting future participation in 4-H activities, termination of 4-H membership, or other consequences determined by the county's or state's policy. If a camper must be sent home, it will be the responsibility of the parent/quardian to pick them up at camp. There is no refund of the camp fee for an early departure.

Participant Signature:	Date:
Parent/Guardian Signature:	Date:





## **Kentucky Residential 4-H Camp Essential Standards for Camp Participants**

It is the policy of the University of Kentucky, Kentucky 4-H and the Kentucky 4-H Camping program to encourage and accept participants without regard to 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, or physical or mental ability. Parents/Guardians of children who have medical conditions or other disabilities requiring special attention should alert the agent to ensure proper care and accommodations are provided. If the camper requires personal care or a level of attention not available through camp staff or volunteers, a family friend or relative of the same sex over age 18 or a parent/guardian must accompany the child as a caregiver. The parent/guardian will agree to pay the individual costs of the caretaker (25% of the camper registration fees.) The Client Protection Process will be performed on the caretaker with favorable results.

To determine whether a caregiver should accompany a camper, the following factors will be considered:

- Ability to dress without assistance
- Ability to maintain personal hygiene, e.g. bathing, brushing teeth
- Ability to attend to toileting needs
- Ability to understand and follow oral or written instruction
- Ability to remain at rest or sleeping according to the camp schedule
- Ability to participate in group activities with minimal individual attention
- Ability to participate in a communal living environment with minimal individual attention
- Ability to sustain a 15-hour (7am-10pm) camp day with limited rest periods
- Ability to understand and respond to dangerous conditions
- Ability to take medications according to a pre-set schedule and with minimal assistance

If a caregiver is not provided and a camper cannot meet the essential standards listed above, they may be dismissed from camp. If a camper must be sent home, it will be the responsibility of the parent/guardian to pick them up at camp. There is no refund of the camp fee for an early departure.

I have reviewed and acknowledge the essential standards for camp participants policy.		
Parent/Guardian Signature:	Date:	



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PARTICIPANT NAME:		
MEDIA RELEASE: I grant the Kentucky 4-H Progra reproduce, assign, and/or distrib	am and the University of Kentucky, Kentucky bute photographs, films, videotapes, and so nal publications, electronic publishing, an	ncky State University, and persons acting through them, the right to use, bund recordings of my minor child without compensation for use in depersonal memorabilia. Participant names may be published.  permission for media releases.
It is my responsibility to arrange relationship to the child. Please child will be released. <b>Parents</b> ,	inform everyone approved by you on this Guardians, and Emergency Contacts li	from camp. There will be no exceptions to this policy regardless of release that he/she must present a driver's license or photo ID before the sted on page 1 and 2 are automatically assumed to have pick up ollowing individuals are granted permission to pick up my child:
NAME:	RELATIONSHIP	Phone/Cell#
NAME:	RELATIONSHIP	Phone/Cell#
NAME:	RELATIONSHIP	Phone/Cell#
health care, administer over the medical treatment including ord insurance purposes. I permit the hereby permit the physician selection of the guidelines. Violations may responsible for paying, and/or in a ASSUMPTION OF RISK, RE I acknowledge that there are cerdamage to my personal property and traditional camp activities, at debilitating or life-threatening health or safety of participants, in the camping program, I do he Extension District Board(s), the and assigns from any and all lia property that may occur as a rest Camping Program is based on the techniques, but that my child's program, but not limited to: hi I understand that my participating in Extension Service. I hereby ack	counter medication, assist in administering x-rays and routine tests. I agree to the camp to arrange necessary related transpected by the camp to secure and administer amp Code of Conduct with my participant result in loss of privileges, removal from cheligibility to participate in future 4-H eventually to participate in future 4-H eventually as a result of allowing participation in the transportation accidents, weather-related had jolts that could result in scratches, bruis azards. I understand that injury or loss manded by the University of Kentucky; enviradequate emergency medical care. I understand the trisk of loss treby release the University of Kentucky; 4-H Camp, Kentucky State University and bility, damages, cost, and expenses arising ult of participating in the camping program he challenge by choice philosophy. I reconstruction is purely voluntary, always, and the proper, rock climbing, low challenge elements of the country of the comparticipation is purely voluntary, always, and there is currently a COVID-19 pandem activities and events owned or operated by	g the risk of physical injury, disability, or death and risk of loss of use or e camping program. Risks include but are not limited to recreational games nazards and natural disasters, infectious diseases, the possibility of slips and ses, sprains, lacerations, fractures, concussions, or even more severely ay result from unknown or unexpected risks and the use of equipment, ronmental conditions; from the acts or omissions of others; or from the extand that the University of Kentucky does not guarantee the personal of personal property. In consideration for allowing my child to participate the University of Kentucky Cooperative Extension Service, the county at their trustees, directors, officers, members, agents, employees, volunteers, gout of or relating to bodily or psychological injury, loss of life, or personal m. I understand that my child's participation in the Kentucky 4-H Summer agnize that programs are designed to use experiential, engaging teaching and my child will choose his or her level of participation in any activity ements, rifles, archery, trap shooting, horses, and cave exploration). ipated and unanticipated risks regarding personal injury or illness. I further ic in the U.S. and that there may be health risks associated with entering by the University of Kentucky or the University of Kentucky Cooperative sumption of full responsibility and liability regarding any injuries or illness,
Participant Signature:		Date:
Parent/Guardian Signature:		Date:

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Agriculture and Natural Resources sexual orientation, gre physical or mental diss may be available with 1-4H Youth Development Community and Economic Development Lexington, KY 40506

