





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

Camp Participant Registration – Camper/Teen

HCP Approval Stamp			

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 Addı	ress:		Participant's Race:  White Black Asian American Indian Hawaiian Other Participant's Ethnicity: Hispanic Non-Hispanic
Legal Parent/Guardian #1 F	full Name:	Email Address:	Cell/Home Number:
		☐ Yes - I would like to receive email notifice Sponsored Events and Promotions at this	eations of upcoming statewide Camp-
Legal Parent/Guardian #2 F	ull Name:	Email Address:	Cell/Home Number:
		☐ Yes - I would like to receive email notific Sponsored Events and Promotions at this e	email address.
Emergency Contact Full Na	ume:	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>

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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 white for the camp participant? Information disclosed in this section needs. <b>List all specific items</b> that the participant is provided a	n may allow us to make accomm	odations based on their individualized
Behavioral (i.e., mental, emotional, physical)		
Medical (i.e., asthma, autism, seizures, sleepwalk	<u>ker, etc.)</u>	
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.







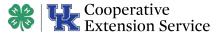


- 20. Camp participants are to respect camp property. Any misconduct resulting in damage to camp property or buses, including graffiti, shall be paid for by the camp participant and/or parent or guardian. A list of damage fees is available.
- 21. All medications must be turned in to the designated adult 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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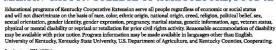




PARTICIPANT NAME:		
	AUTUODITAT	JONE PELEVEE
Th		IONS/RELEASES  ead and understand it before signing it.
MEDIA RELEASE: I grant the Kentucky 4-H Progra reproduce, assign, and/or distrib	am and the University of Kentucky, Kentucky bute photographs, films, videotapes, and so nal publications, electronic 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#
CONSENT TO TREAT:  The health history reported on page one and two are correct and complete to the best of my knowledge. I hereby permit the camp to provide routine health care, administer over the counter medication, assist in administering participant's prescription medications as needed, and seek emergency medical treatment including ordering x-rays and routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I permit the camp to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby permit the physician selected by the camp to secure and administer treatment, including trips off camp property.  CODE OF CONDUCT:  I have read and discussed the Camp Code of Conduct with my participant. We (parent/guardian and participant) understand and agree to comply with the guidelines. Violations may result in loss of privileges, removal from camp with no refund, assessment of a damage fee for which I will be responsible for paying, and/or ineligibility to participate in future 4-H events. An incident report will be completed for major violations.  ASSUMPTION OF RISK, RELEASE OF LIABILITY, and PERMISSION TO PARTICIPATE:  1 acknowledge that there are certain risks, hazards, and dangers, including the risk of physical injury, disability, or death and risk of loss of use or damage to my personal property as a result of allowing participation in the camping program. Risks include but are not limited to recreational games and traditional camp activities, transportation accidents, weather-related hazards and natural disasters, infectious diseases, the possibility of slips and falls, pinches, scrapes, twists, and jolis that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severely debilitating or life-threatening hazards. I understand that the University of Kentucky does not guarantee the personal health or safety of participants, nor does it protect against the ri		
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









## PICK-UP/RELEASE FORM



This form must be completed or your child	will not be permitted to attend 4-H Summer Camp.	
I, the parent/guardian/foster parent of	have read, understand and	
agree to the following. My child will return from 4-H Ca	amp on <b>Friday, August 2nd at 12:00 p.m.</b> The bus will	
unload at McCracken County Extension Service.		
will be no exception to this policy regardless of relationsh this release that he/she must present a valid driver's licent CAMPER'S PARENTS ARE SEPARATED OR DIVORCE	ildren upon her/his return from camp at the above time. There hip to the child. Please inform everyone approved by you on use or photo ID before the child will be released. IF A CED, UNLESS THE CAMP IS PROVIDED WITH A COPY OF Y, BOTH BIOLOGICAL AND ADOPTIVE PARENTS HAVE	
CAMPER NAME	COUNTY: McCracken	
Fathers Name:	Cell Phone:	
Home Phone: ( )	Work Phone:	
Mothers Name:	Cell Phone:	
Home Phone: ( )	Work Phone:	
If applicable, the custodial parent is:		
Home Phone: Cell Phone:	Work Phone:	
	ed up by person(s) listed below. I understand my child cannot be	
picked up from the campgrounds by anyone except his/		
NAME: RELATIONSHI	P Phone/Cell#	
NAME:RELATIONSHIP	P:Phone/Cell#	
NAME:RELATIONSHIP	P:Phone/Cell#	
	en no one listed above is present to pick up a camper, I over to local child protection authorities.	
BY SIGNING THIS, I ACKNOWLEDGE THAT I HAVE READ ALL THE ABOVE INFORMATION RELATED TO PICKING UP MY CHILD WHEN HE/SHE RETURNS FROM 4-H CAMP, AND I HAVE INSTRUCTED MY CHILD THAT HE/SHE IS TO LEAVE WITH NO ONE UNLESS LISTED ABOVE. HE/SHE ALSO HAS BEEN TOLD TO REPORT IMMEDIATELY TO THE AGENT IF THE DESIGNATED PERSON(S) IS/ARE NOT PRESENT AT THE TIME THE BUS ARRIVES.  SIGNATURE DATE		
RELATIONSHIP TO THE CHILD:	Reviewed 1/1/2024	

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