

CAMPERS AGE: 9-15

(MUST TURN 9 BEFORE THE FIRST DAY

OF CAMP OR HAVE COMPLETED 3RD

GRADE!)

JUNIOR COUNSELORS AGE 16-18

(MUST FILL OUT THIS APPLICATION)

COST: \$30

A HUGE THANK YOU TO THE OWSLEY
COUNTY DISTRICT BOARD AND 4-H COUNCIL
FOR LOWERING CAMP COSTS BY COVERING
PROGRAMMING COSTS OTHERWISE IT WOULD
HAVE BEEN \$300.00 PER CHILD!

REGISTRATION DEADLINE: FRIDAY MAY 3, 2024 MANDATORY CAMPER ORIENTATION: MAY 7, 3 P.M.-6 P.M.

VOLUNTEERS NEEDED! IF YOU ARE INTERESTED IN ATTENDING 4-H CAMP AS AN ADULT COUNSELOR PLEASE PICK UP THE APPLICATION PACKETAT THE EXTENSION OFFICE!

Cooperative Extension Service

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.











Kentucky 4-H Camping 2024

Camp Participant Registration - Camper/Teen

HCP A	proval S	tamp	

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?
AS AM AL AXL A2XL	A3XL A4XL	/	
Participant's Mailing Ad	dress:		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	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	
Emergency Contact Full Na	ime:	Relationship to Participant:	Cell/Home Number:
Physician Name:		Physician Phone Number:	

Buy your participant some camp gear. www.4hcampstore.com

Is your participant looking for more camp opportunities? <u>www.4hcampevents.com</u>

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

Agriculture and Natural Resources
Family and Consumer Sciences
4-H Youth Development
Community and Economic Development









PARTICIPANT NAME:	
Is the camp participant up to date on immunizations as outlined by Kentucky law r school, based upon the grade the participant will be enrolled for the upcoming scho	
NO (If marked NO, check with your 4-H Agent for a waiver of liability form.)	
Does the participant have health insurance coverage? YES (Insert a JPEG or PNG file – front and back – of the insurance card in the NO (No worries! The camp provides excess medical insurance coverage in the ACTIVE DUTY MILITARY (not required to provide a copy of Military ID/Ins	event of injuries or illnesses.)
the state of the s	ACK OF INSURANCE CARD
What is specific 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 main needs. List all specific items that the participant is provided at home or school to have	ke accommodations based on their individualized
Behavioral (i.e., mental, emotional, physical)	
Medical (i.e., asthma, autism, seizures, sleepwalker, etc.)	
Allergies (check the applicable boxes below and describe the aller	gy and reaction seen)
No known allergies: Food: Medicati	
Dietary (check the boxes below if applicable)	
Vegetarian: Gluten Intolerant: Alpha G	Gal: Does not eat Pork:
Other accommodations or important details (use additional sheet	of paper if needed):

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







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 nondesignated areas of camp.
- 4. Camp participants are permitted to enter the cabin in which they are assigned. All other cabins are restricted.
- 5. 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/guardian/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/guardian 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 acknow	edge the essential standards for camp participants policy.
Parent/Guardian Signature:	Date:





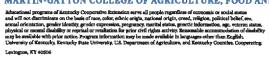


PARTICIPANT NAME:	
AUTUODITATIONO/DELEACEO	
AUTHORIZATIONS/RELEASES This is a legal document. You must read and underst	
MEDIA RELEASE: I grant the Kentucky 4-H Program and the University of Kentucky, Kentucky State University reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of promotion/advertising, educational publications, electronic publishing, and personal memoral Yes. I grant permission for media releases.	y, and persons acting through them, the right to use, ny minor child without compensation for use in bilia. Participant names may be published.
Pick-up Release: It is my responsibility to arrange to pick up my child/children upon return from camp. There relationship to the child. Please inform everyone approved by you on this release that he/she child will be released. Parents, Guardians, and Emergency Contacts listed on page 1 and authorization. In addition to the parents/guardians listed on page 1, the following individuals:	will be no exceptions to this policy regardless of must present a driver's license or photo ID before the 2 are automatically assumed to have pick up
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 knealth care, administer over the counter medication, assist in administering participant's press medical treatment including ordering x-rays and routine tests. I agree to the release of any reconsurance purposes. I permit the camp to arrange necessary related transportation for my chilch hereby permit the physician selected by the camp to secure and administer treatment, including the property of the property of the property of the guidelines. Violations may result in loss of privileges, removal from camp with no refund responsible for paying, and/or ineligibility to participate in future 4-H events. An incident repurpose, the guidelines of the present of the property of the guidelines of the present of the guidelines. Violations may result in loss of privileges, removal from camp with no refund responsible for paying, and/or ineligibility to participate in future 4-H events. An incident repurpose of the guidelines of paying, and/or ineligibility to participate in future 4-H events. An incident repurpose of the guidelines of paying, and/or ineligibility to participate in future 4-H events. An incident repurpose of the guidelines of paying, and/or ineligibility of participation in the camping program, and traditional camp activities, transportation accidents, weather-related hazards and natural of alls, pinches, scrapes, twists, and jolts that could result in scratches, bruises, sprains, laceratic debilitating or life-threatening hazards. I understand that injury or loss may result from unknown and all paying the guidelines of facilities recommended by the University of Kentucky; environmental condition unavailability of immediate and adequate emergency medical care. I understand that the University of participatins, nor does it protect against the risk of loss of personal property in the camping program, I do hereby release the University of Kentucky, the University of Kentucky of participating in the	cription medications as needed, and seek emergency ords necessary for treatment, referral, billing, or d. In the event I cannot be reached in an emergency, I ag trips off camp property. In an and participant) understand and agree to comply with assessment of a damage fee for which I will be ort will be completed for major violations. CIPATE: Injury, disability, or death and risk of loss of use or Risks include but are not limited to recreational games disasters, infectious diseases, the possibility of slips and ons, fractures, concussions, or even more severely with or unexpected risks and the use of equipment, s; from the acts or omissions of others; or from the ersity of Kentucky does not guarantee the personal. In consideration for allowing my child to participate intucky Cooperative Extension Service, the county cotors, officers, members, agents, employees, volunteers, to bodily or psychological injury, loss of life, or personal my child's participation in the Kentucky 4-H Summer are designed to use experiential, engaging teaching coose his or her level of participation in any activity ry, trap shooting, horses, and cave exploration). ated risks regarding personal injury or illness. I further at there may be health risks associated with entering Kentucky or the University of Kentucky Cooperative
Participant Signature:	Date:
Parent/Guardian Signature:	Date:

Cooperative Extension Service

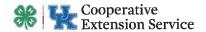
MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

Agriculture and Natural Resources
Family and Consumer Sciences
4-H Youth Development
Community and Economic Development









Kentucky 4-H Camping Program Damage Fees

The following contains only those items most frequently damaged or taken. Intentional damage to any other camp property will be assessed at the time of damage. Should intentional damage or theft occur, it is the responsibility of the child and his/her parents to reimburse the costs. No charges are made for worn equipment or normal usage. Charges are required for damage resulting from horseplay and malicious or intentional behavior. Graffiti on camp property will not be tolerated.

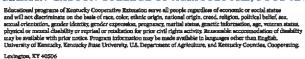
Basketball Backboard	Broken or missing	Cost of replacement
Basketball Rim	Broken or missing	150.00
Brooms, Mops	Broken or missing	20.00
Bunk Bed	Bed Replacement / repair	Cost of replacement
Cabin HVAC	Replace or repair	1500.00+
Cabin Keys	Lost or missing or broken	10.00+
Changing Tents	Damaged or missing	50.00
Dust Pans	Broken or missing	10.00
Fire Extinguisher	Discharged or broken	75.00
First Aid Kits	Lost or missing	25.00
Graffiti	Defaced with Graffiti	50.00
HVAC Controls	Repair/Replace	100.00+
Mattress	Replacement	150.00
Screen Door	Repair or Replace	50.00
Smoke/CO Detector	Damaged or missing	100.00
Trash Cans	Broken or missing	25.00+
Windows	Repair or Replace	100.00+
Window AC	Replace	250.00
Window Screens	Replace	50.00
Other	ANY DAMAGE TO ANYTHING NOT LISTED INCLUDING PROGRAM EQUIPMENT WILL BE BILLED AT THE COST OF REPAIR/REPLACEMENT.	

I understand that I am responsibl	le fo	r paying f	or any	lamages tl	hat my	chile chile	l ma	y cause	to camp	p prop	erty.
-----------------------------------	-------	------------	--------	------------	--------	-------------	------	---------	---------	--------	-------

Parent/Guardian Signature	Date



Family and Consumer Sciences 4-H Youth Development Community and Economic Development



MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT









Kentucky 4-H Camp Medication Form 2024

Participant's Name	County	Sleeping Facility (e.g., cabin #2, yurt #1)	Age	Weight

	Name of Medicine	Dosage		Time (Check	of Medi	Time of Medicine (Check all that apply)		Notes
		•	Breakfast	Lunch	Dinner	Bedtime	Other	(e.g., as needed, take w/ tood)
-								
7								
ო								
4								
Ŋ								
ဖ								

DIRECTIONS:

Place the following items in a clear bag: (1) medications in original containers, (2) this completed form, and (3) a recent photo of the participant. On the outside of the bag write (with a permanent marker) the participant's name, county, and sleeping facility.

OFFICE USE ONLY

	Sunday	Sunday Monday	Luesc	lay Wednesday Thursday Friday Saturday	Thursday	Friday	Saturday	HCP Review Stamp
Breakfast								
Lunch								
Dinner								
Bedtime								
Other								
As needed								



MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT Agriculture and Natural Resources Family and Consumer Sciences 4-H Youth Development Community and Econumic Development



