





## **Kentucky 4-H Camping 2025**

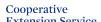
Camp Participant Registration – Camper/Teen

<b>HCP Approval Stamp</b>		

Last Name:	Legal First Name:	Middle Name:	Preferred Name:
Attended camp before?  ☐ Yes - # years: ☐ No	Fall 2025 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:  Yes - I would like to receive email notific	
I ID //C I' //2 F	N II NI	Sponsored Events and Promotions at this	
Legal Parent/Guardian #2 F	un Name:	Email Address:  ☐ Yes - I would like to receive email notific Sponsored Events and Promotions at this of the second seco	
Emergency Contact Full Na	nme and Cell/Home Number:	Relationship to Participant:	Left Blank For Office Use:
Physician Name:		Physician Phone Number:	

Buy your participant some camp gear. www.shop4hcamp.com

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







PARTICIPANT NAME:			_
Is the camp participant up to date on immschool, based upon the grade the participated YES	ant will be enrolled for the	he upcoming school year?	r enrollment in public, private, or home
NO (If marked NO, check with your 4-			
Does the participant have health insuranc YES (Provide the required information		oxes that apply.)	
Insurance Provider:		olicy Number/Member ID: _	
Provider's Phone:	Gr	roup ID (if applicable):	
□ NO (No worries! The camp provides e	excess medical insurance	coverage in the event of inj	iuries or illnesses.)
ACTIVE DUTY MILITARY			
What is specific information about your c	eamn narticinant which f	he staff should be made awa	are of to provide a better camp
experience for the camp participant? Info individualized needs. <u>List all specificiter</u>	ormation disclosed in this	s section may allow us to ma	ake accommodations based on their
Behavioral (i.e., mental, emotion		ere any recent cirucu	mstances that may lead to
your child needing extra support	<u>t?</u>		
Medical/Physical (i.e., asthma, as	utism, seizures, slee	epwalker, sensitivity to	o lights and sounds, etc.)
	,,	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>
Allergies (check the applicable b	oxes below and des	scribe the allergy and	<u>reaction seen)</u>
No known allergies:	Food:	<b>Medication:</b>	Seasonal/Environmental:
Dietary (check the boxes below i	if applicable)		
		Alpha Gal:	Does not eat Pork:
0		-	
Requests for accommodation or	otner important de	tans (use additional si	neet of paper if needed):
Contact your 4-H Agent with qu	estions about availa	able accommodations.	<u>:</u>





## **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.





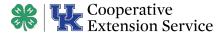




- 20. Camp participants are to respect camp property. Any misconduct resulting in damage to camp property or buses, including graffiti, shall be paid for by the camp participant and/or parent or guardian. A list of damage fees is available.
- 21. All medications must be turned in to the designated adult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

The University of Kentucky is an equal opportunity university. 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, relative of the same sex over age 19, or a parent/guardian must accompany the child as a full-time 1:1 caretaker. The parent/guardian will agree to pay the individual costs of the caretaker (25% of the camper registration fees.) Any person accompanying a camper as a caretaker must successfully complete the Client Protection Process and is expected to follow all camp code of conduct policies for volunteers. To determine whether a caretaker 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, follow, and respond to oral/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 caretaker 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:	

MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT





Lexington, KY 40506



PARTICIPANT NAME:		
	ALITHODIZA	TIONS /DELEASES
7		TIONS/RELEASES read and understand it before signing it.
MEDIA RELEASE: I grant the Kentucky 4-H Pro reproduce, assign, and/or dist promotion/advertising, educa	gram and the University of Kentucky, Ken ribute photographs, films, videotapes, and tional publications, electronic publishing,	sound recordings of my minor child without compensation for use in and personal memorabilia. Participant names may be published.
☐ Yes. I grant permission for	r media releases.   No. I do not gran	t permission for media releases.
relationship to the child. Plea child will be released. <b>Paren</b>	se inform everyone approved by you on the ts, Guardians, and Emergency Contacts	rn from camp. There will be no exceptions to this policy regardless of is release that he/she must present a driver's license or photo ID before the <b>listed on page 1 and 2 are automatically assumed to have pick up</b> following individuals are granted permission to pick up my child:
NAME:	RELATIONSHIP	Phone/Cell#
NAME:	RELATIONSHIP	Phone/Cell#
NAME:	RELATIONSHIP	Phone/Cell#
CODE OF CONDUCT: I have read and discussed the the guidelines. Violations ma responsible for paying, and/o  ASSUMPTION OF RISK, I acknowledge that there are damage to my personal prope and traditional camp activitie falls, pinches, scrapes, twists, debilitating or life-threatening materials, or facilities recommunavailability of immediate a health or safety of participant in the camping program, I do Extension District Board(s), tand assigns from any and all property that may occur as a Camping Program is based of techniques, but that my child (including, but not limited to I understand that my particip acknowledge my voluntary as	Camp Code of Conduct with my participal y result in loss of privileges, removal from a rineligibility to participate in future 4-H ereceptation in the camping participate in future 4-H ereceptation in the camping participation in the camping programment of participating in the camping programment of participation is purely voluntary, always the challenge by choice philosophy. I recample the camping programment in this activity may entail certain and the informed assumption of full responsibility responsibility responsibility responsibility responsibility responsibility responsibility and participation of full responsibility	the treatment, including trips off camp property.  Int. We (parent/guardian and participant) understand and agree to comply with a camp with no refund, assessment of a damage fee for which I will be wents. An incident report will be completed for major violations.  ISSION TO PARTICIPATE:  Ing the risk of physical injury, disability, or death and risk of loss of use or the camping program. Risks include but are not limited to recreational games I hazards and natural disasters, infectious diseases, the possibility of slips and the ses, sprains, lacerations, fractures, concussions, or even more severely may result from unknown or unexpected risks and the use of equipment, vironmental conditions; from the acts or omissions of others; or from the derstand that the University of Kentucky does not guarantee the personal is of personal property. In consideration for allowing my child to participate to the University of Kentucky Cooperative Extension Service, the county and their trustees, directors, officers, members, agents, employees, volunteers, nig out of or relating to bodily or psychological injury, loss of life, or personal from I understand that my child's participation in the Kentucky 4-H Summer cognize that programs are designed to use experiential, engaging teaching and my child will choose his or her level of participation in any activity elements, rifles, archery, trap shooting, horses, and cave exploration). icipated and unanticipated risks regarding personal injury or illness. I hereby ity and liability regarding any injuries or illness, that I may incur coincident
to my participation in this act  Participant Signature:  Parent/Guardian Signature:		Date: Date:

Cooperative **Extension Service** 

