

## Lead the Pack at CAMP JUNE 6TH-9TH

APPLICATION
DEADLINE: APRIL
18TH, 2025

REGISTRATION FEE: \$40

**SPOTS ARE LIMITED!!** 

OWSLEY COUNTY EXTENSION OFFICE 606-593-5109 Mandatory Camper Orientation: May 8, 2025 3:00-6:00p.m,

### **Cooperative Extension Service**

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

### 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. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating,











### Kentucky 4-H Camping 2025

Camp Participant Registration - Camper/Teen

HCP Approval Stamp	

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)  YS YM YL YXL AS AM  OOOOC	A AL AXL A2XL A3XL A4XL	Birthdate:/	Age on 1st day of camp?
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:  Yes - I would like to receive email notific Sponsored Events and Promotions at this	
Legal Parent/Guardian #2 F		Email Address:  Yes - I would like to receive email notific Sponsored Events and Promotions at this e	Cell/Home Number: ations of upcoming statewide Camp-
	me and Cell/Home Number:	Relationship to Participant:	
Physician Name:		Physician Phone Number:	

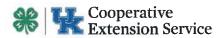
Buy your participant some camp gear. www.shop4hcamp.com

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 immunizations as outlined by k	Centucky law required for enrollment in public, private, or home
school, based upon the grade the participant will be enrolled for the YES	upcoming school year?
NO (If marked NO, check with your 4-H Agent for a waiver of lia	
Does the participant have health insurance coverage? (Check all box YES (Provide the required information below.)	es that apply.)
Insurance Provider:Polic	y Number/Member ID:
Provider's Phone: Grou	p ID (if applicable):
NO (No worries! The camp provides excess medical insurance co	verage in the event of injuries or illnesses.)
☐ ACTIVE DUTY MILITARY	
What is specific information about your camp participant which the experience for the camp participant? Information disclosed in this se individualized needs. <u>List all specificitems</u> that the participant is pro-	ection may allow us to make accommodations based on their
Behavioral (i.e., mental, emotional, physical) Are ther	e any recent cirucumstances that may lead to
your child needing extra support?	
Medical/Physical (i.e., asthma, autism, seizures, sleepy	valker, sensitivity to lights and sounds, etc.)
Allergies (check the applicable boxes below and descr	ibo the allergy and reaction soon)
No known allergies: Food:	Medication: Seasonal/Environmental:
Dietary (check the boxes below if applicable)	
Vegetarian: Gluten Intolerant:	Alpha Gal: Does not eat Pork:
Requests for accommodation or other important deta	
requests for accommodation of other important deta	is (use auditional sheet of paper if needed).
Contact your 4-H Agent with questions about available	e accommodations.

Cooperative



### 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.
- 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:

Lexington, KY 40506







### **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 standard	ds for camp participants policy.
Parent/Guardian Signature:	Date:

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PARTICIPANT NAME:	
AUTHORIZATIONS/RELEAS	FS
This is a legal document. You must read and under	
MEDIA RELEASE:  I grant the Kentucky 4-H Program and the University of Kentucky, Kentucky State Univer reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of promotion/advertising, educational publications, electronic publishing, and personal memory Yes. I grant permission for media releases. □ No. I do not grant permission for media releases. □ No. I do not grant permission for media releases. □ No. I do not grant permission for media releases. □ No. I do not grant permission for media releases. □ No. I do not grant permission for media releases. □ No. I do not grant permission for media releases. □ No. I do not grant permission for media releases. □ No. I do not grant permission for media releases. □ No. I do not grant permission for media releases.	rsity, and persons acting through them, the right to use, of my minor child without compensation for use in orabilia. Participant names may be published.
Pick-up Release:	outu 1 vicuses.
It is my responsibility to arrange to pick up my child/children upon return from camp. The relationship to the child. Please inform everyone approved by you on this release that he/sl child will be released. Parents, Guardians, and Emergency Contacts listed on page 1 a authorization. In addition to the parents/guardians listed on page 1, the following individual	he must present a driver's license or photo ID before the and 2 are automatically assumed to have pick up
NAME: RELATIONSHIP	Phone/Cell#
NAME:RELATIONSHIP	Phone/Cell#
NAME:RELATIONSHIP	Phone/Cell#
medical treatment including ordering x-rays and routine tests. I agree to the release of any insurance purposes. I permit the camp to arrange necessary related transportation for my chereby permit the physician selected by the camp to secure and administer treatment, inclu CODE OF CONDUCT:  I have read and discussed the Camp Code of Conduct with my participant. We (parent/guathe guidelines. Violations may result in loss of privileges, removal from camp with no refuresponsible for paying, and/or ineligibility to participate in future 4-H events. An incident ASSUMPTION OF RISK, RELEASE OF LIABILITY, and PERMISSION TO PAR' I acknowledge that there are certain risks, hazards, and dangers, including the risk of physidamage to my personal property as a result of allowing participation in the camping program and traditional camp activities, transportation accidents, weather-related hazards and naturally falls, pinches, scrapes, twists, and jolts that could result in scratches, bruises, sprains, lacer debilitating or life-threatening hazards. I understand that injury or loss may result from understands, or facilities recommended by the University of Kentucky; environmental conditionavailability of immediate and adequate emergency medical care. I understand that the Uhealth or safety of participants, nor does it protect against the risk of loss of personal proper in the camping program, I do hereby release the University of Kentucky, the University of Extension District Board(s), the 4-H Camp, Kentucky State University and their trustees, of and assigns from any and all liability, damages, cost, and expenses arising out of or relating	hild. In the event I cannot be reached in an emergency, I dding trips off camp property.  rdian and participant) understand and agree to comply with and, assessment of a damage fee for which I will be report will be completed for major violations.  TICIPATE: ical injury, disability, or death and risk of loss of use or am. Risks include but are not limited to recreational games al disasters, infectious diseases, the possibility of slips and ations, fractures, concussions, or even more severely known or unexpected risks and the use of equipment, ions; from the acts or omissions of others; or from the niversity of Kentucky does not guarantee the personal erty. In consideration for allowing my child to participate Kentucky Cooperative Extension Service, the county directors, officers, members, agents, employees, volunteers,
property that may occur as a result of participating in the camping program. I understand to Camping Program is based on the challenge by choice philosophy. I recognize that prograt techniques, but that my child's participation is purely voluntary, always, and my child will (including, but not limited to: high ropes, rock climbing, low challenge elements, rifles, and I understand that my participation in this activity may entail certain anticipated and unanticacknowledge my voluntary and informed assumption of full responsibility and liability reg to my participation in this activity.  Participant Signature:	hat my child's participation in the Kentucky 4-H Summer ms are designed to use experiential, engaging teaching choose his or her level of participation in any activity chery, trap shooting, horses, and cave exploration). icipated risks regarding personal injury or illness. I hereby
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

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### 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 their 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	DAMAGE TO ANYTHING NOT LISTED, INCLUDING PROGRAM EQUIPMENT, WILL BE BILLED AT THE COST OF REPAIR/REPLACEMENT.	

I understand that I am responsible for paying for any damages that	my child may cause to camp property.
Parent/Guardian Signature	Date









# Kentucky 4-H Camp Medication Form 2025

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

	Name of Medicine	Dosage	Time of Medicine (Check all that apply)	Time (Check	of Medi	cine		Notes
		•	Breakfast	Lunch	Dinner	Bedtime	Other	
-								
7								
က								
4								
2								
9								

### 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   Tuesd	Tuesday	lay Wednesday Thursday Friday	Thursday	Saturday	<b>HCP Review Stamp</b>
Breakfast							
Lunch							
Dinner							
Bedtime							
Other							
As needed							



Lexington, KY 40506 Agriculture and Natural Resources Family and Consumer Sciences 4-H Youth Development Community and Economic Developme

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