



University of Kentucky
College of Agriculture,
Food and Environment
Cooperative Extension Service



4-H Youth Development

HCP Approval Stamp

Kentucky 4-H Camping 2023

Camp Participant Registration – *Camper/Teen*

Last Name:	Legal First Name:	Middle Name:	Preferred Name:
Attended camp before? <input type="checkbox"/> Yes - # years: ____ <input type="checkbox"/> No	Fall 2023 School & Grade:	County:	Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female
Shirt Size: (Select One) YS YM YL YXL AS AM AL AXL A2XL A3XL A4XL <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		Birthdate: ____ / ____ / ____	Age on 1st day of camp?
Participant's Home Address:			Participant's Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other Participant's Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Legal Parent/Guardian #1 Full Name:		Email Address:	Cell/Home Number:
		<input type="checkbox"/> Yes - I would like to receive email notifications of upcoming statewide Camp-Sponsored Events and Promotions at this email address.	
Legal Parent/Guardian #2 Full Name:		Email Address:	Cell/Home Number:
		<input type="checkbox"/> Yes - I would like to receive email notifications of upcoming statewide Camp-Sponsored Events and Promotions at this email address.	
Emergency Contact Full Name:		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? www.4hcampevents.com

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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, or physical or mental disability. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.
LEXINGTON, KY 40546



Disabilities
accommodated
with prior notification.



PARTICIPANT NAME: _____

Is the camp participant up to date on immunizations as outlined by Kentucky law required for enrollment in public, private, or home school, based upon the grade the participant will be enrolled for the upcoming school year?

☐ YES

☐ 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 boxes below.

☐ NO (No worries! The camp provides excess medical insurance coverage in the event of injuries or illnesses.)

FRONT OF INSURANCE CARD

BACK 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 make accommodations based on their individualized needs. **List all specific items** 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, sleepwalker, etc.)

Allergies (check the applicable boxes below and describe the allergy and reaction seen)

No known allergies: ☐ Food: ☐ Medication: ☐ Seasonal/Environmental: ☐

Dietary (check the boxes below if applicable)

Vegetarian: ☐ Gluten Intolerant: ☐ Does not eat Pork: ☐

Other accommodations or important details (use additional sheet of paper 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 other 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 phone or cell phone) without approval of the County Extension Agent. All County Extension Agents should be informed of incoming calls 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.
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.
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.





PARTICIPANT NAME: _____

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.
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 the camp participant being sent home.

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: _____





PARTICIPANT NAME: _____

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

I have reviewed and acknowledge the essential standards for camp participants policy.

Parent/Guardian Signature: _____ Date: _____





PARTICIPANT NAME: _____

AUTHORIZATIONS/RELEASES

This is a legal document. You must read and understand it before signing it.

MEDIA RELEASE:

I grant the Kentucky 4-H Program and the University of Kentucky, Kentucky State University, and persons acting through them, the right to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of my minor child without compensation for use in promotion/advertising, educational publications, electronic publishing, and personal memorabilia. Participant names may be published.

☐ Yes. I grant permission for media releases. ☐ No. I do not grant permission for media releases.

Pick-up Release:

It is my responsibility to arrange to pick up my child/children upon return from camp. There will be no exceptions to this policy regardless of relationship to the child. Please inform everyone approved by you on this release that he/she must present a driver's license or photo ID before the child will be released. **Parents, Guardians, and Emergency Contacts listed on page 1 and 2 are automatically assumed to have pick up authorization.** In addition to the parents/guardians listed on page 1, the following 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:

I 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 jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severely debilitating or life-threatening hazards. I understand that injury or loss may result from unknown or unexpected risks and the use of equipment, materials, or facilities recommended by the University of Kentucky; environmental conditions; from the acts or omissions of others; or from the unavailability of immediate and adequate emergency medical care. I understand that the University of Kentucky does not guarantee the personal health or safety of participants, nor does it protect against the risk of loss of personal property. In consideration for allowing my child to participate in the camping program, I do hereby release the University of Kentucky, the University of Kentucky Cooperative Extension Service, the county Extension District Board(s), the 4-H Camp, Kentucky State University and their trustees, directors, officers, members, agents, employees, volunteers, and assigns from any and all liability, damages, cost, and expenses arising out of or relating to bodily or psychological injury, loss of life, or personal property that may occur as a result of participating in the camping program. I understand that my child's participation in the Kentucky 4-H Summer Camping Program is based on the challenge by choice philosophy. I recognize that programs are designed to use experiential, engaging teaching techniques, but that my child's participation is purely voluntary, always, and my child will choose his or her level of participation in any activity (including, but not limited to: high ropes, rock climbing, low challenge elements, rifles, archery, trap shooting, horses, and cave exploration). I understand that my participation in this activity may entail certain anticipated and unanticipated risks regarding personal injury or illness. I further understand and acknowledge that there is currently a COVID-19 pandemic in the U.S. and that there may be health risks associated with entering facilities and/or participating in activities and events owned or operated by the University of Kentucky or the University of Kentucky Cooperative Extension Service. I hereby acknowledge my voluntary and informed assumption of full responsibility and liability regarding any injuries or illness, including COVID-19, that I may incur coincident to my participation in this activity.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____





Carter County 4-H Camp Scholarship Application

Camper Name: _____

Parent/Guardian Name: _____

Number of Children at Home: _____

Number of Children Attending Camp: _____

Gross Monthly Income from Work (Before Deductions) _____

Monthly Income from Welfare Payments, Child Support, Alimony _____

Monthly Income from Pensions, Retirement, Social Security _____

All Other Monthly Income _____

Total Monthly Income _____

Did this child receive free lunch at school during the past year? _____

Did this child receive reduced lunch at school during the past year? _____

Name of School: _____

Amount of scholarship requested: _____

If this child received only a ½ scholarship, could they still attend camp? _____

If this child did not receive any type of scholarship, could they still attend camp? _____

Has this child ever been to 4-H Camp? _____

Have other children in this family attended 4-H Camp? _____

If yes, please list name and year. _____

I agree that the information above is true to the best of my ability. Any false information may result in my child not receiving any type of 4-H camp scholarship.

Signature of Parent/Guardian

--- Back side must be completed! ---



List any 4-H accomplishments the camper has made in the past year.

List other activities the camper is involved with.

***The camper must write a short story (approximately 75 words) below telling why they would like to attend 4-H camp. The application will not be looked at if the child does not complete this part. ***

***** SCHOLARSHIP APPLICATIONS MUST BE RETURNED BY June 30th! ALL SCHOLARSHIP APPLICATIONS MUST INCLUDE THE SHORT STORY THAT THE CAMPER HAS WROTE TELLING WHY THEY WANT TO ATTEND CAMP!**

Return applications to: Carter County Extension Office
Rebecca Hayes
94 Fairground Drive
Grayson, KY 41143



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4-H Youth Development

Carter County 4-H Camp Scholarships

Each point is worth \$2. Once points are used, they cannot be used again. Points are not transferable.

Points start accumulating after the previous year's camp and expire after 1 year.

This form will be due to the Extension Office by June 30, 2023.

4-H Member Name: _____

4-H Club Name: _____

Activities & Events	Points Possible	Date(s)	Points Earned	Office Use Only: Points Verified
Achievement Profile Award	State Level: 4			
Activity Days or Day Camps	1 (per day)			
Avian Bowl & Poultry Judging	State: 4			
	State champion (top 4): 2			
	Nationals: 5			
	National Champion: 3			
4-H Camp	Camper: 2			
	Counselor-in-Training or Junior Counselor: 3			
Capitol Experience	1			
Club Officer	1			
	Attended club officer training: 2			
	Completed secretary/treasurer book or club scrapbook: 2			
Community Service	3 points per hour (Up to 15 hours; See approved list of activities)			
Fundraisers	1 point per club or county fundraiser			
Horticulture Judging	State: 4			
	State champion (top 4): 2			
	Nationals: 5			
	National Champion: 3			
Issues Conference	2			
	If follow up at county: 5 (Provide picture to document)			
4-H Journals	2			
Junior Forestry Field Day	2			
	If overall top 10: 2			
Lawn Mower/Tractor Contest	District (each contest): 3			
	State (each contest): 4			
	Top 2 at State (each contest): 2			
LEGO Competitions	Regional: 3			
	State: 4			

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Disabilities
accommodated
with prior notification.

	National: 5			
	If overall top 3 at any competition: 2			
Horse & Livestock Exhibitors	Earning 6 Hours: 2			
	Clinics: 1			
	County Fair: 2 points per species			
	District Shows & State Fair: 3 points per show (Provide picture to document)			
	State Fair Class Champion: 2			
NRESci Academy	2			
	If teach at county: 5 (Provide picture to document)			
Officer Competition	2			
Published Newspaper Article	2 per article (Attach copy of newspaper article) Must be written by 4-H member.			
Projects	School: 2			
	County: 2 (Communication Night or County Fair)			
	State Fair: 4			
	State Fair Class Champion: 2			
Senior Forestry Contest	4			
	State champion (top 4): 2			
	Nationals: 5			
	National Champion: 3			
Shooting Sports	Meets: 2 per meet			
	State Shoot: 4			
	Top 3 at State: 2			
	Camp: 2			
Speech & Demonstration	School: 2			
	County: 2			
	District: 3			
	State: 4			
	Top 3 at State: 2			
State Teen Council	If miss no meetings: 3			
	If teach at county: 5 (Provide picture to document)			
Teen Conference	2			
	If teach at county: 5 (Provide picture to document)			
Teen Summit	2			
	If teach at county: 5 (Provide picture to document)			
Win With Wood	4			
	If in overall top 3: 2			
Written Communication Contest	County: 2			
	Selected for State Contest: 1			
	TOTAL POINTS			
<div> <div>POINTS VERIFIED BY:</div> <div>FOR OFFICE USE ONLY</div> <div>DATE:</div> </div>				

4-H Civic Engagement Scholarship Guidelines

Description:

A volunteer service activity is defined as any volunteer (non-paid) service performed for our community or state, which proves benefits others and is meeting a specific need of the agency being served.

Guidelines:

1. Hours or points cannot be carried over year after year.
2. Hours must be earned in during the July 1- June 30 calendar year.
3. A youth may perform an activity not listed below, if first approved by the Extension Office.
4. Parents/Guardians are responsible for all transportation needed for the activity.
5. At the time of service, each youth is required to have the service log form signed by the sponsor before any hours will be credited.
6. Civic engagement work may only be done at non-profit organizations/groups.
7. Civic engagement scholarships are limited to \$90. (3 points per hour; \$2 per point; 15 hours maximum)
8. Civic engagement is defined as: work done free of charge for someone or some group in the community who cannot reimburse the youth for their services.
9. Civic engagement activities can not be done during school time.
10. All civic engagement hours must be completed and submitted to the Extension Office one month prior to camp.
11. Suggested activities or organizations are listed below. Just because a group is listed below, does not guarantee they will have volunteer opportunities available at all times.
 - Hospital
 - YMCA
 - Schools
 - Scouts
 - Senior Citizens Center
 - MADD
 - Salvation Army (bell ringers, if under age must have adult assisting)
 - Special Olympics
 - State Park (assisting with special events)
 - Chamber of Commerce
 - Fire Department
 - Natural Resources & Soil Conservation
 - Relay for Life
 - Youth Service Centers
 - United Way
12. The following activities do not qualify as civic engagement:
 - Working at a family members business or home
 - Performing or rehearsal in a play
 - Walking a dog or searching for a lost dog
 - Assisting or caring for family member (family obligation)
 - Performing routine duties at church (sitting in nursery, etc.)
 - Performing routine duties at school (during school hours), must be afterschool
13. If in doubt about an activity, please contact the Extension Office.

4-H Civic Engagement Volunteer Log

Name: _____

Phone: _____

Year: _____

Date	Where Service was Performed or Name of Non-Profit Group	Description of Service	Supervisor Signature	Supervisor's Title	Time Worked

I hereby have read the 4-H Community Service Scholarship Guidelines and have personally performed the service listed above at a non-profit organization.

Child's Signature

Date