


TO: Youth 8-17 Years Old, Adult Volunteers, & Parents
FROM: 
Terence Clemons
CEA for 4-H Youth Development
RE: Summer 2020 4-H Camp Information
DATE: January 2, 2020

Cooperative Extension Service
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<https://bath.ca.uky.edu/content/4h-youth-development>

It's time again for 4-H Camp!!! If you are like me, you are tired of the cold and ready for the warm weather. Since we are talking about summer, I have sent you some information about summer camp to get you thinking and planning for fun, sun, and camping.

This year, Bath County will be camping during the days of May 26th – May 29th at the North Central 4-H Camp, in Carlisle. The camping age is 8 (or going into 4th Grade) - 14. Junior Counselor in Training (JCIT) age is 15. Junior Counselor (JC) age is 16-17. It is very important if you are interested in attending to register as soon as possible, spots are limited and beds fill quickly. **The deadline to register is Friday, May 1st.**

Some fun activities that will be available at camp this year are:

Various Camp Classes Field Games Sally Down the Alley Water Olympics Evening Activities
Special Programs Much, Much, More

Back for 2020!!! If a camper pays full registration fee between the dates of January 1- April 17, that camper will get \$25 discounted from their Camp Registration. So that means, a camper pays only \$200, if all camp fees are submitted by April 17th. The camp fee schedule is as follows: Campers 8-14 years of age must pay \$225 & J.C.I.T./J.C. 15-17 years of age must pay \$170. Bath Co. 4-H will still conduct multi-sibling discounts, payment options, working toward acquiring donations, and performing fundraisers. If the cost seems high; please remember it is hard to put a price on the memories and friendships developed from attending 4-H Camp. Parents, if you and your child are strongly considering attending camp, a \$25.00 reservation fee can be paid to reserve a spot until full amount is paid. You can pay for your fee as much or little you want until we leave for camp. Call one of the phone numbers above to find out about payment options. Adult Counselors (A. C. 18 years of age and older) go to camp for free. Camper/Counselor Applications can be picked up at School Resource Centers, downloaded from address above, picked up from County Extension Office or mailed to home address. Do not hesitate to contact me!!!

If you are registering to go to camp as a J. C. I. T. or J. C. or A. C., a Camping Group Counselor Orientation will be conducted (I will share more information with counselors upon registering). If you are thinking of becoming an Adult Counselor, please contact me as soon as possible, due to the limited number I can take.

As in the past, 2 Bath County Only Camp Attendees Orientations will be conducted to assure everyone attending will get 2020 camp updates, camp rules/expectations, camp transportation etc. directly from me. County Only Orientations are mandatory for all attending. Contact me at the above reply information if you have any questions about camp, volunteering, cost, etc. Looking forward to hearing from you!!





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

4-H Youth Development

HCP Approval Stamp

Kentucky 4-H Camping 2020

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 2020 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		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:
Legal Parent/Guardian #2 Full Name:	Email Address:		Cell/Home Number:
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

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

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 *(Attach a copy – front and back – of the insurance card in the boxes below. Use tape, DO NOT staple.)*
- 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? Are there 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, braces, glasses)

Dietary (i.e., gluten intolerant, sensitive to dairy, picky eater)

Other accommodations or important details:





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 Kentucky 4-H Camp, the University of Kentucky, Kentucky State University, and its members, trustees, officers, employees, independent contractors, volunteers and extension staff 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).

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____





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(s) decide to permit adults (18 years and over) to use them, it may occur only in areas designated by the Camp Director. Absolutely no tobacco products in cabins, woods or other areas of camp.
4. Boys and girls cabin areas are restricted. A camper of the opposite gender is not, at any time, to enter a restricted area.
5. Campers are not allowed in the cabins during a class or activity. If a camper is ill, he/she is to stay at the medical center (not in a cabin) until the Health Care Provider (HCP) feels the camper may return to activities.
6. Campers 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 Healthcare Provider and County Agent.
9. Obscene, discriminatory and/or inappropriate language or dress, roughhousing, and insubordination is not acceptable at any time during camp.
10. Fireworks are not to be used by campers at any time during camp.
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 at camper orientation.
13. Campers 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. Campers are not permitted to leave the grounds at any time without notifying and receiving approval from the Camp Program Director and their County Extension Agent.
15. All campers 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.
17. No camper is to be around or on maintenance equipment.
18. Campers who are having personal conflicts with other campers should discuss these with their cabin counselor, dean or County Extension Agent.
19. Campers 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. Campers are expected to leave the cabins, facilities and grounds clean and orderly.





- 20. Campers are to respect camp property. Any malicious or intentional damage to camp property or buses shall be paid for by the camper and/or parent or guardian, including graffiti.
- 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 camper, volunteer or staff.
- 23. We care about the safety of all camp participants, incidents of serious misbehavior (i.e. 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. Campers should demonstrate respect toward others. Bullying, hazing or malicious 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 perpetrator(s) being sent home.

Any conduct inconsistent with the above rules may result in consequences such as the camper/family/friend 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 him or her up at camp. There is no refund of the camper fee for an early departure.

Participant Signature

Parent/Guardian Signature

Date



Kentucky Residential 4-H Camp Essential Standards for Children with Special Needs

It is the policy of the University of Kentucky, Kentucky 4-H and the Kentucky 4-H Camping program to encourage and accept campers 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.

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 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

