



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

## Kentucky 4-H Camping Program 2017 Camp Participant Registration – *Camper/Teen (Age 17 or less)*

Last Name:	Legal First Name:	Middle Name:	Preferred Name:
Attended camp before? <input type="checkbox"/> Yes - # years: ____ <input type="checkbox"/> No	School grade entering:	Birthdate: ____/____/____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Participant's home address:		Race (check all that apply) <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
<b>Participant's Custodial Parent/Guardian #1</b>			
Full Name:	Home Address: <input type="checkbox"/> Same as participant	Cell/Home Phone:	
<b>Participant's Custodial Parent/Guardian #2</b>			
Full Name:	Home Address: <input type="checkbox"/> Same as participant	Cell/Home Phone:	
<b>Emergency Contact if above individuals are unavailable</b>			
Full Name:	Relationship to participant:	Cell/Home Phone:	
<b>Participant's Family Physician</b>			
Name:	Address:	Phone:	
<b>Participant's Dentist</b>			
Name:	Address:	Phone:	
Medication Allergies (list all known)		Reaction & Management:	
Food Allergies and Dietary Restrictions (list all known)		Reaction & Management:	
Other Allergies (list all known)		Reaction & Management:	

**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.



Had/does the participant:	YES	NO		YES	NO
Had any recent injury, illness, or infectious disease?			Ever had high blood pressure?		
Have a chronic or recurring illness/condition?			Ever been diagnosed with a heart murmur?		
Ever been hospitalized?			Ever had back problems?		
Ever had surgery?			Ever had problems with joints, knees, or ankles?		
Have frequent headaches?			Have an orthodontic appliance brought to camp?		
Ever been knocked unconscious?			Have any skin problems (rash, acne)?		
Wear glasses, contacts, or protective eyewear?			If female, any abnormal menstrual history?		
Ever had frequent ear infections?			Had problems with diarrhea or constipation?		
Ever passed out, dizzy, or chest pain during exercise?			Had mononucleosis in the past 12 months?		
Ever had an eating disorder?			Have diabetes?		
Had problems with sleepwalking?			Have asthma?		
Ever had seizures?			Have a history of bed wetting?		
Ever had emotional difficulties?			Have severe allergies?		
Carry an epi-pen or inhaler?					

Explanation of YES answers:

**Immunization Records**

Participant is up-to-date on immunizations as outlined by Kentucky law required for enrollment in public school, based upon the grade enrolled.

YES  NO

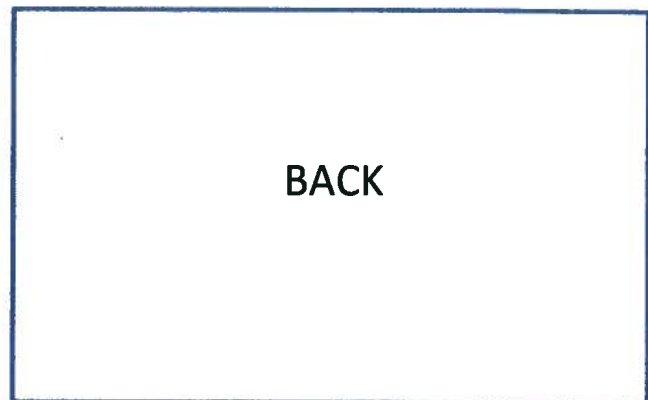
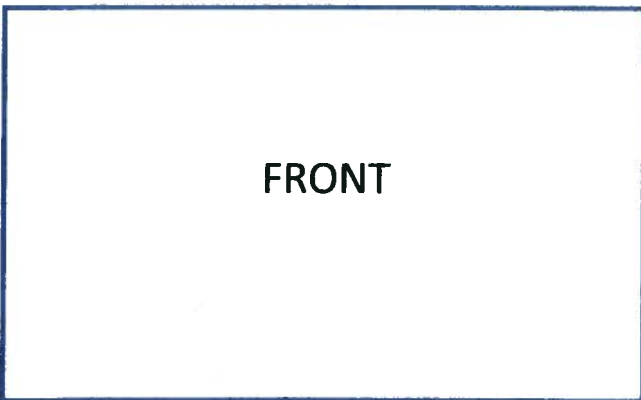
Date of most recent tetanus shot/booster (Month/Year): \_\_\_\_\_ / \_\_\_\_\_ **\*REQUIRED\***

**Participant's Insurance Information**

Carrier or Plan Name:

Group Number:

Attach a copy (front and back) of the participant's insurance card in the boxes below. Please use tape. **DO NOT STAPLE.**



Participant is not covered by medical insurance.

**CAMP USE ONLY:**

Health History reviewed by camp medical personnel on:





**AUTHORIZATIONS/RELEASES**

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

**Consent to Treat:**

The health history reported on page one and two are correct and complete to the best of my knowledge. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to 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 give permission to the camp to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including trips out of camp.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Media Release:**

I grant the Kentucky 4-H Program and the University of Kentucky, 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.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Code of Conduct:**

I have read and discussed the Code of Conduct with my participant. We (parent/guardian and participant) understand and agree to comply with the guidelines. Violations may result in the loss of privileges, removal from camp with no refund, assessment of a damage fee 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.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Permission to Participate:**

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, at all times, and my child will choose his or her level of participation in any activity. My initials below grant participant permission to participate in these specialized higher risk activities. No initials will assume the participant may NOT participate.

\_\_\_\_\_ High Ropes Course \_\_\_\_\_ Low Ropes Course \_\_\_\_\_ Archery \_\_\_\_\_ Rifles \_\_\_\_\_ Trap (When offered) \_\_\_\_\_ Horses (West KY only)

**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. If a participant's parents are separated or divorced, unless the camp is provided with a copy of a Kentucky court order to the contrary, both biological and adoptive parents have access to the participant. The following individuals have my permission to pick up my child/children.

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ Phone/Cell# \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ Phone/Cell# \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ Phone/Cell# \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Assumption of Risk and Release of Liability:**

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/or adequate emergency medical care. I understand that the University of Kentucky does not guarantee the personal health or safety for 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, 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.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





### 4-H Summer Camp Medication & Prescription Form 2017

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_ Weight: \_\_\_\_\_

Camp: \_\_\_\_\_ County: \_\_\_\_\_ Cabin Number: \_\_\_\_\_

*For Office Use Only*

Date:

Health Care Provider  
(HCP's Initials)

**INSTRUCTIONS:** The following **must be completed for each medication brought to camp** that is to be taken by your child during 4-H camp. Please list medications **in the order** in which they are to be taken. **This includes inhalers.** Fill in the name and dosage (as listed on the container) for each medication, along with any special instructions (take with food, etc.). Please place an  in the appropriate Day/Time slot under the parent column for when medicine should be administered. Or check mark **As Needed** next to Dosage if appropriate. **PLEASE SEND ONLY THE NUMBER OF PILLS YOUR CHILD WILL NEED FOR THE CAMP SESSION IN THE ORIGINAL CONTAINER(S).** (HCP will initial as medication is given.)

**PLEASE LIST any medications that should be kept with the participant all times (i.e. EpiPen, inhaler):**

1. Prescription Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ As Needed:  \_\_\_\_\_  
Special Instructions:

	Breakfast		Noon		Dinner		Bedtime		Other	
	Parent <input checked="" type="checkbox"/>	HCP's Initials	Parent <input checked="" type="checkbox"/>	HCP's Initials	Parent <input checked="" type="checkbox"/>	HCP's Initials	Parent <input checked="" type="checkbox"/>	HCP's Initials	Parent <input checked="" type="checkbox"/>	HCP's Initials
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										

2. Prescription Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ As Needed:  \_\_\_\_\_  
Special Instructions:

	Breakfast		Noon		Dinner		Bedtime		Other	
	Parent <input checked="" type="checkbox"/>	HCP's Initials	Parent <input checked="" type="checkbox"/>	HCP's Initials	Parent <input checked="" type="checkbox"/>	HCP's Initials	Parent <input checked="" type="checkbox"/>	HCP's Initials	Parent <input checked="" type="checkbox"/>	HCP's Initials
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										

**Parent Declaration:** I, \_\_\_\_\_, as the parent or legal guardian of \_\_\_\_\_, in the event that my directions differ from those on the original container, understand that I must obtain a note from the prescribing physician confirming the directions that should be followed in administering medications to my child. Furthermore, I understand that if there are any questions or concerns, I may be contacted at (H) \_\_\_\_\_ (Cell) \_\_\_\_\_





Participant Name: \_\_\_\_\_

3. Prescription Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ As Needed: (✓) \_\_\_\_\_

Special Instructions:

	Breakfast		Noon		Dinner		Bedtime		Other	
	Parent (✓)	HCP's Initials	Parent (✓)	HCP's Initials	Parent (✓)	HCP's Initials	Parent (✓)	HCP's Initials	Parent (✓)	HCP's Initials
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										

4. Prescription Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ As Needed: (✓) \_\_\_\_\_

Special Instructions:

	Breakfast		Noon		Dinner		Bedtime		Other	
	Parent (✓)	HCP's Initials	Parent (✓)	HCP's Initials	Parent (✓)	HCP's Initials	Parent (✓)	HCP's Initials	Parent (✓)	HCP's Initials
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										

5. Prescription Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ As Needed: (✓) \_\_\_\_\_

Special Instructions:

	Breakfast		Noon		Dinner		Bedtime		Other	
	Parent (✓)	HCP's Initials	Parent (✓)	HCP's Initials	Parent (✓)	HCP's Initials	Parent (✓)	HCP's Initials	Parent (✓)	HCP's Initials
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										

## ALL MEDICATION MUST BE IN ORIGINAL CONTAINERS

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

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LEXINGTON, KY 40546



Disabilities  
accommodated  
with prior notification.



## Kentucky 4-H Camping Program Camper Code of Conduct / Expectations OM-4, 9

1. Possession or use of alcohol or illegal drugs by any person involved in the 4-H Camp Program is strictly prohibited.
2. Any weapon or article construed to be a weapon, hunting or pocket knife must be checked in with the Extension Agent from the camper's county upon arrival at camp. These items may be returned at the end of camp. The best prevention is to leave these items at home.
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 sex is not, at any time, to enter a restricted area unless approved by the Camp Program Director.
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. There is to be no visitation to friends in cabins.
7. Campers are to be attentive, responsive and courteous to any staff, adult or teen counselor making a presentation before the group.
8. 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.
9. Campers are not permitted to bring cell phones to camp.
10. Accidents or illnesses, no matter how minor, are to be reported to the HCP and County Agent.
11. Obscene, discriminatory and/or inappropriate language or dress, roughhousing, and insubordination is not acceptable at any time during camp.
12. Fireworks are not to be used by campers at any time during camp.
13. Swimming, boating, or any waterfront activity is not permitted except during designated times and under proper supervision.
14. Appropriate dress, including footwear, should be adhered to as outlined at camper orientation.
15. Campers are always to remain with their groups. Individuals are not to be on the trails or near the lakes without an accompanying adult.
16. 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.
17. All campers are expected to be in their cabins, with lights out, as designated on the camp program.
18. No visitors, other than parents or immediate family, may visit campers during the camp.
19. No camper is to be around or on maintenance equipment parked or being used on camp property.
20. Campers who are having personal conflicts with other campers are encouraged to discuss these with their cabin counselor, dean or County Extension Agent.
21. 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.
22. Campers are expected to leave the cabins, facilities and grounds clean and orderly.
23. 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 on any camp property.





- 24. 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.
- 25. Electrical appliances (hair dryers, curling irons, etc.) are to be used in cabins only; not in restrooms.
- 26. Camp is not responsible for personal property of any camper, volunteer or staff.
- 27. We care about the safety of your child, 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 an incident report will be completed.
- 28. 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.
- 29. 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.
- 30. 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.

\_\_\_\_\_  
Camper/Volunteer Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**Bath Co. 4-H CAMP T-SHIRT  
ORDER FORM**



Camper/Teen/Adult Name: \_\_\_\_\_



**Check Size**

Youth Small (6-8) \_\_\_\_\_ Youth Medium (10-12) \_\_\_\_\_

Youth Large (14-16) \_\_\_\_\_

Youth XLarge/Adult Small \_\_\_\_\_ Adult Medium \_\_\_\_\_ Adult Large \_\_\_\_\_

Adult XL \_\_\_\_\_ Adult XXL \_\_\_\_\_ Adult XXXL \_\_\_\_\_

Other \_\_\_\_\_

**\*\*\*\*Please note that some sizes may run small\*\*\*\***

Please return this form back to the Extension Office with the rest of the camp forms by **Friday May 5<sup>th</sup>, 2017.**

*Educational programs of Kentucky Cooperative Extension serve all people regardless of race, color, age, sex, religion, disability, or national origin.*



Disabilities accommodated with prior notification.