



♦	Cooperative Extension Service
A (A)	Extension Service

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)		Birthdate:	Age on 1st day of camp?
YS YM YL YXL AS AM	1 AL AXL A2XL A3XL A4XL	//	
Participant's Home Addr	ress:		Participant's Race: White Black Asian American Indian Hawaiian Other Participant's Ethnicity: Hispanic Non-Hispanic
Legal Parent/Guardian #1 F	full Name:	Email Address: Yes - I would like to receive email notific Sponsored Events and Promotions at this	
Legal Parent/Guardian #2 F	Full Name:	Email Address:	Cell/Home Number:
	ame and Cell/Home Number:	☐ Yes - I would like to receive email notific Sponsored Events and Promotions at this of Relationship to Participant:	eations of upcoming statewide Camp-
Physician Name:		Physician Phone Number:	

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

Is your participant looking for more camp opportunities? <u>www.4hcampevents.com</u>







		utlined by Kentucky law required for led for the upcoming school year?	r enrollment in public, private, or home
YES	grade the participant will be emb	ned for the apconning sendor year.	
	theck with your 4-H Agent for a v		
1 1	<mark>re health insurance coverage? (Ch</mark> quired information below.)	neck all boxes that apply.)	
,	,	D-1: Nl/Ml ID.	
Insurance Pro	vider:	Policy Number/Member ID: _	
Provider's Pho	ne:	Group ID (if applicable):	
☐ NO (No worries! The	e camp provides excess medical i	nsurance coverage in the event of inj	uries or illnesses.)
☐ ACTIVE DUTY MII	LITARY		
I			
What is specific informs	ation about your camp participant	t which the staff should be made awa	are of to provide a better camp
experience for the camp	participant? Information disclos	sed in this section may allow us to ma	ake accommodations based on their
individualized needs. L	ist all specificitems that the partic	cipant is provided at home or school	to have a successful experience.
		Are there any recent cirucu	mstances that may lead to
your child needing	extra support?		
N.C. 11 1/D1 1 1 / 1/0		1	
Medical/Physical (1	i.e., astnma, autism, seizur	<mark>res,</mark> s <mark>leepwalker, </mark> sensitivity to	o lights and sounds, etc.)
Allergies (check th	<mark>e applicable boxes below a</mark>	and describe the allergy and	<mark>reaction seen)</mark>
No known allergie	s: Food:	Medication:	Seasonal/Environmental:
Dietary (check the	boxes below if applicable	<u>)</u>	
Vegetarian:	Gluten Intolerant:	Alpha Gal:	Does not eat Pork:
Requests for accon	nmodation or other impor	tant details (use additional s	heet of paper if needed):
		,	



PARTICIPANT NAME:





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.



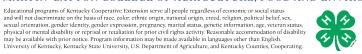


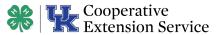


- 20. Camp participants are to respect camp property. Any misconduct resulting in damage to camp property or buses, including graffiti, shall be paid for by the camp participant and/or parent or guardian. A list of damage fees is available.
- 21. All medications must be turned in to the designated adult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





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:



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Lexington, KY 40506



PARTICIPANT NAME:		
	AUTUODITATION	C (DELEACE)
	AUTHORIZATION This is a legal document. You must read	
reproduce, assign, and/or dispromotion/advertising, educ	ogram and the University of Kentucky, Kentucky stribute photographs, films, videotapes, and sound ational publications, electronic publishing, and pe	State University, and persons acting through them, the right to use, recordings of my minor child without compensation for use in rsonal memorabilia. Participant names may be published.
☐ Yes. I grant permission for	or media releases. No. I do not grant perm	ission for media releases.
relationship to the child. Ple child will be released. Pare	ase inform everyone approved by you on this releasts, Guardians, and Emergency Contacts listed	n camp. There will be no exceptions to this policy regardless of ase that he/she must present a driver's license or photo ID before the on page 1 and 2 are automatically assumed to have pick up wing 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 guidelines. Violations m	selected by the camp to secure and administer treesee Camp Code of Conduct with my participant. We ay result in loss of privileges, removal from camp	ton for my child. In the event I cannot be reached in an emergency, I atment, including trips off camp property. (parent/guardian and participant) understand and agree to comply with with no refund, assessment of a damage fee for which I will be An incident report will be completed for major violations.
I acknowledge that there are damage to my personal propand traditional camp activiti falls, pinches, scrapes, twist debilitating or life-threatenin materials, or facilities recommavailability of immediate health or safety of participar in the camping program, I dextension District Board(s), and assigns from any and all property that may occur as a Camping Program is based techniques, but that my child (including, but not limited to I understand that my participations).	serty as a result of allowing participation in the cares, transportation accidents, weather-related hazars, and jolts that could result in scratches, bruises, and hazards. I understand that injury or loss may remended by the University of Kentucky; environment and adequate emergency medical care. I understants, nor does it protect against the risk of loss of perfect the 4-H Camp, Kentucky State University and the I liability, damages, cost, and expenses arising out a result of participating in the camping program. I can the challenge by choice philosophy. I recognized its participation is purely voluntary, always, and result of propes, rock climbing, low challenge elements pation in this activity may entail certain anticipated and informed assumption of full responsibility and	IN TO PARTICIPATE: risk of physical injury, disability, or death and risk of loss of use or mping program. Risks include but are not limited to recreational games ds and natural disasters, infectious diseases, the possibility of slips and prains, lacerations, fractures, concussions, or even more severely sult from unknown or unexpected risks and the use of equipment, ental conditions; from the acts or omissions of others; or from the ad that the University of Kentucky does not guarantee the personal ersonal property. In consideration for allowing my child to participate University of Kentucky Cooperative Extension Service, the county eir trustees, directors, officers, members, agents, employees, volunteers, of or relating to bodily or psychological injury, loss of life, or personal understand that my child's participation in the Kentucky 4-H Summer e that programs are designed to use experiential, engaging teaching my child will choose his or her level of participation in any activity ents, rifles, archery, trap shooting, horses, and cave exploration). d and unanticipated risks regarding personal injury or illness. I hereby I liability regarding any injuries or illness, that I may incur coincident
Participant Signature:		Date:
Parent/Guardian Signature:		Date:

Cooperative Extension Service



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4-H Participant Information/Enrollment Form

Should this information change during the program year, it is the responsibility of the parent/guardian(s) to notify the Extension Personnel in writing.

I. Re-Enrollment If re-enrolling, please complete section I. Re-Enrollment, then review sections II through IX and verify review by signing and dating. Name: School Name: County:							
Name: School Name: County: Grade: II. Family Information This is the primary information we will use to communicate with your 4-H member. Family Name: Family Email: Family Phone: Family Address: III. Member Information First Name: Last Name:							
Grade: II. Family Information This is the primary information we will use to communicate with your 4-H member. Family Name: Family Phone: Family Address: III. Member Information First Name: Last Name:							
II. Family Information This is the primary information we will use to communicate with your 4-H member. Family Name: Family Phone: Family Address: III. Member Information First Name: Last Name:							
This is the primary information we will use to communicate with your 4-H member. Family Name: Family Email: Family Phone: Family Address: HI. Member Information First Name: Last Name:							
Family Name: Family Email: Family Phone: Family Address: III. Member Information First Name: Last Name:							
Family Phone: Family Address: III. Member Information First Name: Last Name:							
III. Member Information First Name: Last Name:							
First Name: Last Name:							
Preferred Name (optional): Birthdate: # of Previous Years in 4-H:							
Sex: M F Residence: Farm Town <10,000 or Rural Non-Farm Town/City/Suburb 10,000-50,000 City/Suburb >50,000 City-Central >50,000							
ic/Latino: Yes No Race: American Indian Asian Black Native Hawaiian or Pacific Islander White Prefer not to say Not Listed:							
IV. Parent/Guardian 1 Information							
Last Name: First Name:							
Phone: May we release personal information to this person? Yes No.							
V. Parent/Guardian 2 Information							
Last Name: First Name:							
Phone: May we release personal information to this person? Yes No							
VI. Other Emergency Contact							
Name: Relationship:							
Phone: May we release personal information to this person? Yes No							
VII. Pick Up Information							
In addition to the parent/guardian(s) and emergency contacts listed, please list the names of up to two additional people authorized to pick up the							
above referenced child. These individuals will not be contacted in case of an emergency, the parent/guardian(s) or emergency contact information							
will only be used. If an individual who is not listed on this form is permitted to pick up your child/children, the parent/guardian(s) will need to provide written permission (letter or email) to Extension personnel or approved volunteer responsible for the event/activity.							
Name of First Person: Relationship to 4-H Member:							

VIII. Military Service (if none, skip this section)

Relationship to Member serving:			<u> </u>		Branc	ch of service	
Service Status:	Active Duty	Natio	onal Guard	Rese	rves	Other:	

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Name of Second Person:

Phone:

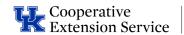
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Relationship to 4-H Member:

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.







4-H Youth Development

NOT FOR RESIDENTIAL CAMPS

IX. Health History

Does the participant have, or at any time has had, any of the following? Check "Yes" or "No" to each item. Please explain any "Yes" answers (noting the number of the item) in the space below or on an additional sheet if necessary. Reporting conditions allow Extension personnel and approved volunteers to best support your young person and will be kept confidential.

Allergies

1.Serious Allergy to Insects	Yes	No	Please explain any "yes" responses, including medications for any allergies:
2.Serious Allergy to Dairy	Yes	No	
3.Serious Allergy to Gluten	Yes	No	
4.Serious Allergy to Nuts	Yes	No	
5.Other Allergy(Please explain)	Yes	No	
The following over the counter medications m	av be admi	inistered to n	y child without contacting me

econgestant:		Yes Yes	No No			Ye			Antihistamine Pill: Hydrocortisone Cream:		Yes No Yes No		
Ibuprofen (Advi	il)	Y	s No Polyspor		in (topic	(topical antibiotic) Yes No		No					
onditions												_	
1.Asthma	Yes	No	6.Fain	ting		Yes	No	11.V	Vear Glasse	es/Contacts?	Yes	No	
2.Bronchitis	Yes	No	7.Head	7.Headaches		Yes	No	Please explain any "yes" responses, including medications taken				dications taken fo	
3.Convulsions	Yes	No	8.Hear	8.Heart Condition			No	any	condition	s:			
4.Diabetes	Yes	No	9.Hyp	9.Hypoglycemia			No						
5.Ear Infection	Yes	No	10.Oth	ner Cond	litions	Yes	No						

Social, emotional, and/or behavioral health information:

X. REVIEW CONFIRMATION SIGNATURE

All information provided on this form is correct and complete to the best of my knowledge. This person has permission to engage in all events and activities. I hereby give permission to the event designee to provide routine health care, administer prescription and over the counter medications as noted and seek emergency medical treatment if warranted. I agree to the release of all records necessary for medical treatment, billing, or insurance. In the event I cannot be reached in an emergency, I give permission to the attending physician to secure and administer treatment, including hospitalization.

PARENT/GUARDIAN:	DATE:
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XI. SURVEY & EVALUATION RELEASE

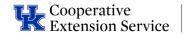
I hereby establish my willingness to participate as an adult (i.e., 4-H leader, other volunteer, parent/ guardian, site manager, etc.) and give permission for my child (under 18 years of age) to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program. I understand that participation in surveys and evaluations is voluntary and that my child and I may choose not to participate and may withdraw from surveys and evaluations without impact on my or my child's eligibility to participate in the 4-H program. I understand that my child or I may be asked for consent before completing a survey or an evaluation.

Yes No I am willing to participate or give permission for my child to participate in any program evaluation. (Initials)

XII. PERMISSION TO PARTICIPATE

I acknowledge that my child is participating in 4-H programs for their own personal benefit and that my child will participate in recreational and other activities as part of 4-H programs. I understand that some activities may have inherent dangers and physical risks and that no amount of care, caution, instruction, or expertise can completely eliminate them. I assume responsibility for all risks, known and unknown, involving my child's participation in 4-H programs and I voluntarily authorize my child's participation in reliance upon my own judgment and knowledge of my child's experience and capabilities. I hereby agree to indemnify and hold harmless the University of Kentucky Cooperative Extension Service and all related parties from any liability, losses, costs, damages, claims or causes of action of any kind or nature arising from or related in any way to my child's participation in 4-H program. (Initials)

XII. PUBLICITY RELEASE I hereby grant the 4-H program, University of Kentucky and their agents, the right to use, reproduce, assign, and/or distribute still pictures, video, and sound recordings of myself or my minor child without compensation for use in promotion, advertising, educational publications or online content	
PARENT/GUARDIAN	NO, I DO NOT PERMIT



4-H Youth Development Code of Conduct Form

All 4-H members and family/friends/caretakers associated with 4-H members must respect the individual rights, safety and property of others and adhere to this Code of Conduct. A 4-H member may be prohibited from participating in a specific event/program if the participation by the individual poses a danger to the 4-H member and/or others. Safety of all involved in 4-H programs is top priority, the following guidelines are designed to ensure all involved understand their role in participating in a safe and educational environment for all.

WHILE ENROLLED AS A 4-H MEMBER:

- To be a member in good standing it is expected that the 4-H participant attends planned sessions, workshops, field trips, and meetings associated with their enrollment. To be eligible for cumulative events in 4-H, members must complete at least six hours of education in the core program area they are participating in under the expectations laid out by the 4-H program.
- Dress codes will be specific to individual events/programs/activities.

4-H Youth Development

- The possession and use of alcoholic beverages, tobacco products, vape juice and/or devices, and/or drugs (except for
 medications prescribed to the participant by a licensed physician, with proper paperwork and accommodations made)
 are prohibited.
- Possession of firearms not for educational use is prohibited.
- · Setting of fire alarms and tampering with fire extinguishing and other emergency equipment are prohibited.
- Gambling of any type is prohibited.
- Respect toward others and facilities shall be demonstrated. Bullying, harassment of others or destruction of property shall not be tolerated. Bullying and harassment can include the use of social media.
- Physical violence is not tolerated.
- · Obscene, discriminatory and/or inappropriate language, roughhousing, and insubordination are prohibited at all times.
- Display of overly affectionate or inappropriate attention between participants is prohibited.
- Technological equipment (including but not limited to cell phones, laptops, or mp3 players) shall not interfere with the
 program and may not be allowed in certain situations.
- Articles of clothing which display profanity, products, or slogans which promote tobacco, alcohol, drugs, sex, or are in any other way distracting, are prohibited.
- Additional expectations may be required based on the activity/program/event the 4-H member is participating in.

WHILE ATTENDING OVERNIGHT 4-H EXPERIENCES THE FOLLOWING WILL ALSO APPLY:

- All participants must follow the agenda and expectations that are set forth by the program planners. Chaperones/adult volunteers will actively monitor all participants.
- All participants are to be in their assigned area at curfew and comply with quiet hours, lights out, and other rules of the event. Chaperones/adult volunteers will actively monitor all participants.
- No member or volunteer may leave the event/activity/program without the permission of the event planner or adult in charge. An adult shall accompany a 4-H member at any time they leave the grounds. Adults shall notify another adult before leaving the grounds.
- At overnight events, only conference participants may be in sleeping areas. Individuals may only be in their assigned sleeping area. Lounges or common areas may be used only for working committees and social activities.

Any violations of this Code of Conduct shall be reported promptly to the chaperone for the individual and to the person in charge of the event. The person in charge of the event shall have the final responsibility for disciplinary action. Failure to comply with the Code of Conduct by 4-Hers and family/friends/caretakers associated with the 4-H participant may result in penalty including, but not limited to, the following:

- Sent home from the activity or event at their own expense.
- Barred from participation from future 4-H events.
- Assessed the cost of damages for destruction of property.

I,(Print Name)	, have read the Code of Conduct and agree to abide by its rules
I understand that infraction of this Code of Conduct will res	sult in any or all of the penalties listed above.
Member:	County:
Parent/Guardian:	Date:

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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, marial 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 availableable 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.

