

4-H Camper Checklist (9-15 years old)

Before you turn this application in did you complete each of the following...

- Completed Class Description (page 2)
- Fill out entire registration/health form and sign or initial where indicated (page 3-4)
- Include front and back copy of health insurance card (page 4)
- Camper *and* Parent Signatures for Authorizations & Releases (page 5)
- Camper *and* Parent Signatures for Code of Conduct (page 7)
- Parent Signature for Damage Fees (page 8)
- Submit Payment: either the non-refundable \$50 deposit, or full amount of \$235
Please make checks payable to *Pendleton County 4-H Council*; complete payment due: April 3, 2020

A \$50 non-refundable deposit is due with this application.

Do not return the application/payment to the school – it cannot be processed there!

Please return applications to the Pendleton County Extension Office:

45 David Pribble Drive, Falmouth, KY 41040

Return by mail or in person:

Monday — Friday 8:00 a.m.—4:30 p.m.

We are closed: Tuesday—Friday 12:00—1:00 p.m.

North Central 4-H Camp Info:

Phone: (859) 289-5308

Address: 260 Camp Drive, Carlisle, KY 40311

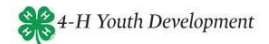
Stage 1: Application	Application Deadline: February 21, 2020 Amt Due w/Application: \$50 (non-refundable)
Stage 2: Payment	Full Payment Deadline: April 3, 2020 Total Camp Cost: \$235 Make Checks Payable to: <i>PC County 4-H Council</i>
Stage 3: Preparation	May/TBD: Orientation Materials Distributed Camp Dates: June 22-26, 2020



PARTICIPANT NAME: _____



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4-H Camp Class Descriptions

We need to know your top 10 favorite classes. Please rank your choices from 1-10 and leave the rest blank.
(1 is your top choice)

Class	Description	Rank
Archery	Learn the basics of shooting a bow and arrow!	
Arts & Crafts	Use your creative skills to make some cool crafts.	
Backyard	Have fun playing one of your favorite sports! (Basketball, Gaga Ball, etc.)	
Camp Day Spa	Pamper yourself through camp with relaxing homemade remedies.	
Canoeing	Learn canoeing skills on the 4-H Camp Lake!	
Drone Tech	Try your hand at maneuvering a drone through an obstacle course!	
Fishing	Learn to cast, pick a fishing spot, & catch a fish!	
Foods	Make a delicious, different snack each day!	
High Ropes	Challenge yourself to climb the wall and slide across the zip line!	
Kayak	Kayak around the 4-H Camp Lake	
Kitchen Ninjas	Rule the kitchen with your ninja skills!	
Lego Robotics	Learn basic coding using Lego robotics!	
Low Ropes	Challenge yourself & others as you accomplish this obstacle course!	
Marketing/ Photography	Making videos or presentations, using photography, for camp promo. Be a part of capturing all the priceless moments at camp!	
Nature	Hike trails of camp & learn about the relationship between the earth & you!	
Outdoor Living Skills	Learn some new skills to help with your outdoor adventures!	
Quiet Games	Hang out with other campers playing board games, cards, & low-key activities.	
Recreation	Learn new and exciting games and teambuilding activities!	
Riflery	Learn firearm safety and shooting skills with a .22 rifle!	
Sewing	Learn basic sewing skills while at camp!	
Shotgun	Learn the basics of Trap shooting!	
Soccer	Play one of your favorite sports and show off your soccer skills!	
Swimming, Advanced	Learn more swimming techniques and spend time in the pool.	
Swimming, Beginning	Learn basic swimming techniques and spend time in the pool.	
Ultimate Frisbee	Hang out with other campers in this awesome Ultimate Frisbee Class	
Volleyball	Learn the basics and show off your volleyball skills!	
Whiffle Ball	A variation of baseball designed for indoor/outdoor play in confined areas.	

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.

_____ Date: _____ (Office Use Only)



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4-H Youth Development

HCP Approval Stamp

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Kentucky 4-H Camping 2020 – Pendleton County

Camp Participation Registration – Camper/Teen (Ages 9-15)

Legal First Name:		Last Name:		Middle Name:		Preferred Name:	
Attended camp before? <input type="checkbox"/> No <input type="checkbox"/> Yes: # of years: _____	Birthdate: ____/____/____	Age child will be at camp:	School Grade entering Fall 2020:	Name of School:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
T-Shirt Size: (Check One) <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL <input type="checkbox"/> A2XL <input type="checkbox"/> A3XL <input type="checkbox"/> A4XL							
Participant's Street Address: _____						Race: (check all that apply) <input type="checkbox"/> Native American <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White	
City: _____ State: _____ Zip: _____							
Preferred method of communicating regarding camp details: <input type="checkbox"/> Parent/Guardian Email <input type="checkbox"/> Participant's Home Address						Are you: <input type="checkbox"/> Hispanic -or- <input type="checkbox"/> Non-Hispanic	
Participant's LEGAL Custodial Parents/Guardians							
#1 – Full Name:		Cell/Home Phone:		Email:			
#2 – Full Name:		Cell/Home Phone:		Email:			
Emergency Contact if above individuals are unavailable							
Full Name:		Cell/Home Phone:		Relationship to participant:			
Participant's Family Physician							
Name: _____				Street Address: _____			
Phone: _____				City: _____ State: _____ Zip: _____			
Roommate Selection							
1.) _____				3.) _____			
2.) _____				4.) _____			

For Office Use Only:

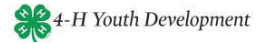
App# _____ Date: _____ Amt: \$ _____ Cash or Check # _____ Receipt # _____

See database for additional payment information.

PARTICIPANT NAME: _____



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Cooperative Extension Service



Immunization Records

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

Yes No (If no, check with your 4-H agent for a waiver of liability form.)

Insurance Information

Does the participant have health insurance coverage?

Yes (Attach a copy – front and back – of the insurance card in the boxes below. Use tape; *please do not staple.*)

No (No worries! Camp provides an excess medical insurance coverage in the event of injuries or illnesses.)

FRONT OF INSURANCE CARD

BACK OF INSURANCE CARD

Medical & Health Information

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:

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LEXINGTON, KY 40546



Disabilities
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PARTICIPANT NAME: _____

Authorizations/Releases

****This is a legal document. You must read and understand 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 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 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).

Camper Signature

Parent/Guardian Signature

Date





This page intentionally left blank.

PARTICIPANT NAME: _____

**Kentucky 4-H Camping Program
Camper Code of Conduct / Expectations**

- | | |
|--|---|
| <ol style="list-style-type: none"> 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. | <ol style="list-style-type: none"> 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.

Camper Signature	Parent/Guardian Signature	Date
<p>Cooperative Extension Service Agriculture and Natural Resources Family and Consumer Sciences 4-H Youth Development Community and Economic Development</p>	<p>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.</p> <p>LEXINGTON, KY 40546</p>	  <p>Disabilities accommodated with prior notification.</p>

PARTICIPANT NAME: _____

**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 his/her 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	Cost of Replacement
Cabin HVAC	Repair or Replace	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 or 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	ANY 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: _____

