

# IMPORTANT INFO!

Laurel County 4-H's "Big Top" Summer Camp is just around the corner and everything you need to register is enclosed in this packet. Camp will be July 2 – July 5, 2024, at Feltner Camp in London. We're hoping for a full camp this year!

**Who Can Go** – Camp is open to youth ages 9-15 or 8-year-old youth who have completed the 3<sup>rd</sup> grade. If you are interested in becoming a teen leader, youth ages 16-17, contact the extension office at 606-864-4167.

**How to Sign Up** – All camp forms and fees are due no later than June 14, 2024. Space is limited! Spaces are filled on a first-come, first-pay basis and are dependent on the number of adult chaperones. Make checks payable to: Laurel County 4-H Council. Please bring your registration forms and fees to the extension office or mail to: Attn. 4-H Camp, 200 County Extension Road, London, KY 40741.

**Lodging & Meals** – Camp registration is \$150 and includes meals, lodging, a camp t-shirt, and class fees. All campers will stay in cabins with 10-20 other youth and at least one adult and one teen leader.

**Scholarships** – There is a limited number of scholarships available. All completed scholarship applications must be received with a completed camp application and a \$35 nonrefundable registration fee no later than April 8, 2024. Winners will be notified on or around April 19.

**Health Forms/Medical Insurance Cards** – We require you to provide all health information on the health form. Each camper must submit a copy of his/her Medical Insurance Card.

**Head Lice Checks** – Campers are required to have a lice check 72 hours before camp. Please note that we will not be conducting lice checks during orientation. ***Lice checks will be the parents'/guardians' responsibility.*** Lice checks can be conducted by a school nurse, doctor, or hair professional during the allotted time frame. More detailed information will be given during the mandatory orientation.

**Mandatory Camper Orientation** – All campers and at least one parent/guardian **MUST** attend Camper Orientation. Orientation is mandatory for camp attendance. No exceptions. Campers must attend **ONE** of the following orientations: June 20, 2024, or June 24, 2024. Orientation will be held at the Extension office from 6pm – 8 pm.

**We will have fireworks and a carnival evening (Sno-cones, face painting, carnival games, & more) at camp!**

### Laurel County 4-H Camp Important Dates and Refund Schedule



April 8	4-H Camp Scholarship Deadline. Completed scholarship application and proof of income must be turned in to the Extension office by 4:30 p.m. to be considered for a 4-H camp scholarship.
June 7	The deadline for submitting a camp application with a \$150 registration fee which includes a \$35 nonrefundable fee. <b>First cancellation deadline:</b> 4-H parent/guardian must notify Laurel County 4-H in writing by the end of the business day on June 7 that the camper does not want to go to camp. 100% of the registration fee will be refunded minus the \$35 nonrefundable fee.
June 20 OR June 24	Mandatory Camper Orientation for campers. Campers must attend with a parent/guardian. Will be held at the Laurel County Cooperative Extension Service from 6-8 pm.
June 14	<b>Second cancellation deadline:</b> 4-H parent/guardian must notify Laurel County 4-H in writing by the end of the business day on June 14 that the camper does not want to go to camp. 50% of the registration fee will be refunded.
June 28	<b>Third cancellation deadline:</b> 4-H parent/guardian must notify Laurel County 4-H in writing by the end of the business day on June 28 that the camper does not want to go to camp. 30% of the registration fee will be refunded.
<b>No part of fees shall be refunded or returned after June 28, 2024.</b>	

## Please Don't Forget!

We have **limited camp space**. Spaces are filled on a first-come, first-pay basis, and available spots are dependent upon the number of adult counselors. **Your camp spot is not reserved until we have received your completed camp application and registration fees.**

## Volunteers Needed!

We have spaces for both teen and adult counselors. All adult volunteers must complete the adult registration packet, undergo a background, and reference check before attending 4-H Camp. **Adults who volunteer receive one camper space FREE, for the camper of their choice.**





HCP Approval Stamp

# Kentucky 4-H Camping 2024

## 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 2024 School & Grade:	County:	Biological Sex: <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](http://www.4hcampstore.com)**

**Is your participant looking for more camp opportunities? [www.4hcampevents.com](http://www.4hcampevents.com)**



**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.)*  
 ACTIVE DUTY MILITARY *(not required to provide a copy of Military ID/Insurance Card)*

**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, seizures, 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:       Alpha Gal:       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 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.



**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. 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 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

If a caregiver 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: \_\_\_\_\_



**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: \_\_\_\_\_





## 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 / repair	Cost of replacement
Cabin HVAC	Replace or repair	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/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
<b>Other</b>	<b>ANY DAMAGE TO ANYTHING NOT LISTED INCLUDING PROGRAM EQUIPMENT WILL BE BILLED AT THE COST OF REPAIR/REPLACEMENT.</b>	

**I understand that I am responsible for paying for any damages that my child may cause to camp property.**

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

\_\_\_\_\_  
Date





## Kentucky 4-H Camping Medication Policy

- Medications for youth and adults **MUST** be kept in the Camp Health Office.
- Medications should be submitted to the Extension Agent in a clear Ziploc bag:
  - On the outside of the bag using a permanent marker: (1) the name of the participant, (2) county name, and (3) sleeping facility (e.g., cabin #4, boy's outpost, yurt #2).
  - Inside the bag should contain: (1) all medications, (2) a completed medicine form, and (3) a recent photograph of the participant.
- All prescription medication **MUST** be in its original container. This is a state law.
- Parents/Guardians should send only the number of pills the camper will need for the camp session.
- Medication may only be given to the person whose name is on the prescription medication container. Siblings cannot share medications unless both names are on the container.
- If a participant's prescription has changed and the directions on the medication bottle are different, the parent/guardian must include a note from the physician (on his/her letterhead) with the correct instructions for taking the medication. The medication cannot be given without the physician's note.
- If a participant must keep an inhaler or epi pen on their person during the camping session, the parent should provide a backpack or other item in which to securely store them while participating in activities. Camp cannot be responsible for lost inhalers or epi pens.
- For participants who require special medical treatments, IV's, blood sugar tests, insulin, etc. a trained assistant or the camper will be responsible for this care. Camp's health care provider is not allowed to administer these special treatments.
- Camp provides a variety of over the counter medications for general use, (e.g., cough syrup, Benadryl, sting ease). If a parent/guardian wants aspirin given to their child, it must be sent with the child. Camp does not administer aspirin to anyone less than 18 years of age. If the parent/guardian wishes to send a specific brand name over the counter medication, they may do so. A medication form must be completed for the camper for this medication.

Revised 08/20/2020





# Kentucky 4-H Camp Medication Form 2024

<b>Participant's Name</b>	<b>County</b>	<b>Sleeping Facility</b> (e.g., cabin #2, yurt #1)	<b>Age</b>	<b>Weight</b>

Name of Medicine	Dosage	Time of Medicine (Check all that apply)					Notes (e.g., as needed, take w/ food)
		Breakfast	Lunch	Dinner	Bedtime	Other	
1							
2							
3							
4							
5							
6							

**DIRECTIONS:**

Place the following items in a clear bag: (1) medications in original containers, (2) this completed form, and (3) a recent photo of the participant. On the outside of the bag write (with a permanent marker) the participant's name, county, and sleeping facility.

**OFFICE USE ONLY**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	HCP Review Stamp
Breakfast								
Lunch								
Dinner								
Bedtime								
Other								
As needed								

