

Teen Counselor Important Info!

Thank you so much for your interest in volunteering at 4-H Summer Camp. We are excited for another great camping week this summer and are looking forward to you joining us.

Laurel County 4-H's "Big Top" Summer Camp is just around the corner and everything you need to register as a camp volunteer 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 Attend Camp as a Junior Counselor – Junior Counselors must be 16-17 years old on the first day of camp (July 2, 2024). All junior counselors must attend one of the scheduled camp counselor trainings.

Counselor Trainings:

- Option 1 – May 10-11, 2024. An overnight training at J. M. Feltner camp. Counselors from our entire camping group (Estill, Laurel, and Franklin). Opportunity to get to know the camp grounds and counselors. (Friday starting at 6 p.m. and ending on Saturday at 3 p.m.).
- Option 2 – June 8, 2024, at the Laurel County Extension Office from 9 a.m. – 4 p.m.

Additionally, Junior Counselors are asked to attend at least one of the camper orientations to help and to be introduced to campers.

Camper Orientations: June 20 and June 24th at the Laurel County Extension office from 6 p.m. -8 p.m.

Cost – Camp cost is free for all attending Junior Counselors, but spots are limited.

How to Sign Up – All camp forms and no later than June 1, 2024. Space is limited! You must turn in a completed teen counselor application which includes registration, health information (copy of medical insurance card), signed volunteer position duty, and complete the required Junior Counselor.

Deadline – Junior Counselor applications are due by June 1, 2024, or until spaces are full.

New at Camp – This year we will be setting off a fireworks show. We will also have a carnival night. During the carnival night, we will have sno-cones, face painting, and carnival games.



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

Is your participant looking for more camp opportunities? 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: _____





4-H Camp Position Volunteer Teen Leader

POSITION DESCRIPTION:

Kentucky 4-H/Youth Development Program
The University of Kentucky Cooperative Extension Service

POSITION TITLE:

Teen Leader/ Junior Counselor

QUALIFICATIONS:

Experience as a 4-H Camper

Must undergo the Kentucky 4-H volunteer application and screening process and be accepted as a volunteer. Must be 16 years of age or older.

SUPERVISOR:

Elizabeth Easley, Laurel County Agent for 4-H Youth Development.

TIME REQUIRED / DURATION OF APPOINTMENT:

During Camp Session

LOCATIONS:

J.M. Feltner 4-H Camp, London

SPECIFIC RESPONSIBILITIES:

Teen Leaders might have the following responsibilities:

1. Along with the Adult Leader, reside in a cabin with campers. A teen leader must never be alone with campers while in the cabin. An adult must always be present when in the cabin.
2. Assist in orienting campers to the camp and program.
3. Help guide campers in making choices of classes.
4. Be on the alert for homesickness or other issues.
5. Check health and safety needs of campers.
6. Help take care of campers' personal property.
7. Help create positive attitude of campers in cabin.
8. Maintain order in cabin or group.
9. Assist campers during class periods.
10. Have a "quiet" cabin after lights are out.
11. Watch for fatigue in camp group.
12. Assist in rainy day programs by supervising games in cabin, etc.
13. Promote camper participation in all activities.





14. Assist campers with housekeeping responsibilities.
15. Set a good example in all you do at camp; serves as a role model to campers.
16. Report daily on progress, situation, problems and successes to County Agents and attend Staff meetings as requested.
17. Assist with program planning and evaluation.
18. Assist Camp Staff, adult leaders or Extension Agents, upon request, in such areas as classes, meditations, flags, crafts, etc.
19. Assist Camp Staff, Adult Volunteers, and County Agents in managing emergency events, e.g. severe weather, tornado warning, missing camper. Specific tasks will be assigned.
20. Work with campers in planning and conducting such programs as flag raising and lowering and meditations.
21. All leaders must attend camp training and orientation programs offered at the county or multi-county level.
22. All leaders are ultimately responsible to the Contact Agent for the camp in which they are involved.

GENERAL RESPONSIBILITIES:

A 4-H Camp Teen Leader may assist the County Extension Agent in the care and welfare of the youth from a county. Certain responsibilities may be delegated to a Teen Leader, but **at no time may a teen leader substitute for an adult leader and/or Extension Agent.** The teen leader is not to leave the campground without permission and prior notification from the extension agent.

County Extension Agents will assume the responsibility of recruiting Teen Leaders. Leaders should be selected upon the basis of their ability to work and cooperate with County Agents and other Volunteers. They should be responsible, dependable, and more interested in others than in themselves. Leaders should not be selected as a part of an awards program. They should be selected upon the basis of their ability to perform and cooperate with the total Camp Staff. Selection should be made on the following personal qualities.

Teen Leaders should:

1. Have a genuine interest in working with youth.
2. Have a sincere interest in 4-H camp.
3. Be friendly, cooperative, and have a high degree of personal responsibility.
4. Possess tolerance, consideration and fair-mindedness.
5. Be sympathetic and understanding.
6. Be enthusiastic.

Volunteer Signature

Date

Revised 10/01/2018



Disabilities accommodated with prior notification.

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





Cooperative Extension Service

Kentucky 4-H Camp Medication Form 2024

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

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								

Cooperative Extension Service

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Disabilities Handicapped with prior notification.