

4-H SUMMER CAMP 2023 Camper Application

TIME WARP

June 6 - June 9



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

4-H Youth Development

~~\$275~~

\$80

per camper for Estill County
Youth thanks to donations from
our local contributors.

Cost: \$80 for Estill County residents only

(includes \$40 non-refundable application fee)

Camp cost covers all lodging, meals, t-shirt, activities and class fees.

Location: J.M. Feltner 4-H Camp London, KY

4-H Summer Camp is for youth ages 9-15. Youth ages 16-17 can apply to serve as Junior Counselors.

Dear Parent/Guardian and Camper:

Please read and fill out this application entirely before returning it to the Estill County Extension Office **with your \$40 non-refundable application fee.** Remember that camp and classes are filled on a first come-first served basis and we do expect a full camp again this year!

- Campers do not have to be currently enrolled in 4-H to attend summer camp. Camp is open to youth ages 9-15 (must turn 9 by May 26, 2023) or youth going into 4th grade in the fall of 2023. Youth ages 16-17 can apply to serve as Junior Counselors (JCs). Applications are available at the Extension Office.
- Camp registration is \$80.00 (this includes a non-refundable \$40 application fee) and includes all meals, lodging, transportation, use of equipment at camp, a camp tee-shirt and class fees. All campers will stay in cabins with 10-20 other youth and at least one adult and one teen leader.
- **Payments can be set up with a total balance due no later than Friday, May 19th.** If the youth receives a scholarship, amounts pre-paid over the amount of the scholarship awarded will be returned—except the \$40 deposit.
- We expect to have a limited number of scholarships available again this year. The number of scholarships available is dependent upon the number of donations received. Please complete and return scholarship application to apply. **All scholarship applications must be received no later than April 17th! All aspects of the scholarship application must be completed. Incomplete scholarship applications will be voided.**
- No refunds will be given AFTER May 19th. **\$40 application fee is non-refundable.**
- Please complete and return all parts of the health form along with front and back copies of medical insurance card. (Physicals are no longer required.)
- All campers and at least one parent/guardian must attend a mandatory Camper Orientation at the Extension Office. Campers will receive class schedules and cabin assignments at this meeting. Date and time to be announced later.
- Any parent or adult wishing to attend camp should contact the Extension Office for a registration packet. **All adults must undergo a background check, reference check, interview, and be approved by the Client Protection Committee before attending 4-H Camp.** There is no charge for adults wishing to attend 4-H Camp. Please contact your 4-H Agent for more information.

Payment Information (Office Use Only)

Amount Paid: _____

Date: _____

Received by: _____

Check No.: _____ or Cash _____

We look forward to another fun and exciting summer camp this year!

Taylor Miles
Estill County Extension Agent for 4-H Youth Development



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



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HCP Approval Stamp

Kentucky 4-H Camping 2023

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 2023 School & Grade:	County:	Gender Identity: <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

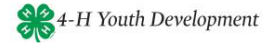
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PARTICIPANT NAME: _____

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.)*

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, 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:** **Does not eat Pork:**

Other accommodations or important details (use additional sheet of paper if needed):



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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: _____



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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

I have reviewed and acknowledge the essential standards for camp participants policy.

Parent/Guardian Signature: _____ Date: _____



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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 other 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 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 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.
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.
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.
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 the camp participant being sent home.

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: _____



The University of Kentucky 4-H Camping Program No Nit Policy

What does this mean? A child will not be permitted to attend 4-H camp if it has been determined through a head check that the child has head lice or nits on the scalp. This head check must take place within a 72 hour period of time preceding boarding the bus for camp. It is the County Extension Agent's responsibility to inform parents of the No Nit Policy and the proper procedure for getting a head check for lice for their child prior to camp.

Why does the camping program have a No Nit Policy? The No Nit Policy encourages each family and county to do its part at home with routine screening, early detection, accurate identification and thorough removal of lice and nits. Early intervention provides the needed assurance for parents, agents and campers that everything possible is being done to prevent a head lice outbreak at camp among children where close contact is inevitable.

What are head lice?

Head lice are small parasitic insects found on the heads of people. Head lice (pediculus capitis) is very common in preschool and elementary-age children. Head lice derive nutrients by biting and eating blood several times each day, and cannot survive for more than a day or so at room temperature without ready access to a blood meal.

There are three forms of lice:

Nits - they are head lice eggs that are attached to the hair shaft. They are difficult to see and are white or yellow. They can be mistaken for dandruff. Nits take about 1 week to hatch.

Nymph - the nymph is a baby louse and it is much smaller than an adult louse. The nymph state lasts about 7 days.

Adult - the adult louse is tan to grayish-white and has 6 legs. It is the size of a sesame seed. An adult louse can live 30 days on a person's head.

How You Get Head Lice:

- By physical contact with a person that has head lice (head to head, sharing hats, clothing, combs, brushes or towels; head lice do not jump from one person to another).
- By lying on a bed, couch, pillow, carpet, or stuffed animal that has been used by an infested person.

The Symptoms of Head Lice Infestation:

- Itching
- Tickling feeling of something moving in the hair.
- Sores can develop from scratching the scalp.
- The louse's saliva and feces may sensitize people to their bites, thereby exacerbating the irritation and increasing the chance of secondary infection from excessive scratching.

How Head Lice Infestation Is Diagnosed:

- Observation of nits, nymphs, or adult lice on the head of an individual.
- If nits are observed 1/4 inch from the scalp, the infestation is probably an old one and does not need treating.

How To Treat Head Lice:

- The drug of choice is permethrin 1% (e.g., Nix)
- Pyrethrin (Rid) is used if there appears to be a treatment failure with permethrin.

How To Prevent Infestation of Head Lice:

- Do not share hats, combs or brushes.
- Avoid head to head contact with infected people.
- Do not lie on a bed, couch, pillow, carpet, or stuffed animal of an infested person.

Clarification of Head Lice Myths:

- Head lice are not known to transmit infectious agents from person to person.
- Shaving the head bald or cutting the hair short does not prevent head lice.
- Hair soaps, bleaches and dyes do not eliminate head lice.
- Pets do not give people head lice.
- You can not suffocate the head lice with oils or gels.
- Heat from a hair dryer will not kill head lice.
- Do not apply any application (i.e. mayonnaise, Vaseline, olive oil, etc.) to the head to repel lice. It will not work.
- Do not apply caustic agents (gasoline, kerosene, etc.) to the head to kill lice. They may be harmful to your health.

I, _____, have reviewed the information on head lice with my child. I understand that if the camp EMT finds evidence of lice on my child I will be **required to immediately** pick up my child from camp.

➔ Parent/Guardian Signature: _____ Date: _____

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Camp Classes

NAME: _____

Rank class selections **1** (first choice) through **10** (last choice). Classes are filled on a first come, first serve basis. If all classes are not ranked, they will be assigned based on availability. Youth is not guaranteed to receive the classes they pick.

___ Advanced Swimming

___ High Ropes

___ Beginning Swimming

___ Low Ropes

___ Archery

___ Nature

___ Rifles

___ Murder Mystery

___ Canoeing

___ Basketball

___ Free Swim

___ Volleyball

___ Camp Spa **

___ Media/Photo

___ Mad Scientist **

___ Recreation

___ Craft Class

NOTE: ** Means classes are
subject to change

___ CIT (14-15 year olds)

Special Requests

My child would like to be cabin mates with:

Additional remarks:

(Requests only - we do everything we can to honor these, but please remember, they are NOT guaranteed!)

General Camp Class Descriptions

- **Advanced Swimming** - Participates in water activities/games; Use diving board
- **Beginning Swimming** - Learn basic swim techniques; Participate in water activities/games
- **Archery** - Learn archery safety and basic skills; Use archery equipment at range
- **Canoeing** - Learn canoeing safety, basic skills, and water games; Use canoes on lake
- **High Ropes** - Learn rock climb wall safety and skills for climbing; Learn zipline safety; Climb 40 foot mock rock wall and zipline down on the other side
- **Low Ropes** - Participate in low rope elements not far from the ground, while working as a team to complete challenges (examples: rope bridge crossing, bridge balance, rope spider web activity, and many more)
- **Nature** - Learn about nature as you take hikes on the trails around camp
- **Recreation** - Learn and participate in various games and camp dances
- **Riflery** - Learn rifle safety and basic skills; Use equipment at range
- **Volleyball** - Learn basic skills and participate in games
- **Basketball** - Learn basic skills and participate in games
- **Craft Class** - Make some awesome crafts! A different craft each day!

**Some class descriptions were not available at time of camp application release. When additional details become available, we will post those class descriptions.*

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