CAMPER NUMBER

TAYLOR COUNTY 4-H CAMP REGISTRATION FORM JUNE 10-13, 2025 | LAKE CUMBERLAND 4-H CAMP

Name:			
Last	Fir	st	Middle
Address:			
City:	Stat	e: Zip:	
Phone Number:		T-Shirt Size: Y_	A
Email Address:			
		2024-2025	
School:		Grade:	
Age on June 10, 2025 (F	irst Day of Camp):	Sex:	
Have you Ever Attended	d 4-H Camp Before: Ye	s No If Yes, Ho	w Many Years?
Cabinmate Requests:			
Optional:			
•	assistance to attend 4-H Ca	amn? Answering "Yes" (does not guarantee a
	nd 4-H Camp Yes		ades not guarantee a
Camp Orientation:			
•	camp orientation is required	l for all camp participa	nts and camp volunteers
	re Monday, May 19, 2025, ai		·
The dates of offentation a	re Moriday, May 19, 2025, ai	ilu Tilui Suay, May 22, 20	325, at 5.50 - 7.00 p.m.
	Parent/Guardia	n Signatura	
	raieii, duaidia	ii Sigiiatui e	

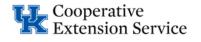
Return this form with payment to the Taylor County Extension Office at 1143 South Columbia

Ave. in Campbellsville. DO NOT RETURN IT TO YOUR SCHOOL! 2025 CAMP REGISTRATION

DEADLINE IS MAY 23, 2025. We have a limited number of spots and a waitlist will be created.

Lexington, KY 40506

RCVD BY:



RCVD BY:

Cooperative **Extension Service**

Agriculture and Natural Resources Family and Consumer Sciences 4-H Youth Development Community and Economic Development

MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

RCVD BY:

Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, physical or mental disability or reprisal or retailation for prior civil rights activity. Reasonable accommodation of disability may be available with prior notice. Program information may be made available in languages other than English. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating





FOR OFFICE USE ONLY	1ST PAYMENT	2ND PAYMENT	3RD PAYMENT	SCHOLARSHIP
DISCOUNT ADDITIED	DATE RECEIVED:	DATE RECEIVED:	DATE RECEIVED:	APPLICATION
DISCOUNT APPLIED FIRST 50	AMOUNT PAID:	AMOUNT PAID:	AMOUNT PAID:	YES
ADULT ATTENDING	CASH / CHECK / CARD	CASH / CHECK / CARD	CASH / CHECK / CARD	NO







Kentucky 4-H Camping 2025

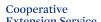
Camp Participant Registration – Camper/Teen

HCP Approval Stamp		

Last Name:	Legal First Name:	Middle Name:	Preferred Name:
Attended camp before? ☐ Yes - # years: ☐ No	Fall 2025 School & Grade:	County:	Biological Sex: ☐ Male ☐ Female
Shirt Size: (Select One)		Birthdate:	Age on 1st day of camp?
YS YM YL YXL AS AM	1 AL AXL A2XL A3XL A4XL	//	
Participant's Home Address:			Participant's Race: White Black Asian American Indian Hawaiian Other Participant's Ethnicity: Hispanic Non-Hispanic
Legal Parent/Guardian #1 F	'ull Name:	Email Address: Yes - I would like to receive email notific	
I ID //C I' //2 F	N II NI	Sponsored Events and Promotions at this	
Legal Parent/Guardian #2 F	un Name:	Email Address: ☐ Yes - I would like to receive email notific Sponsored Events and Promotions at this of the second seco	
Emergency Contact Full Na	nme and Cell/Home Number:	Relationship to Participant:	Left Blank For Office Use:
Physician Name:		Physician Phone Number:	

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

Is your participant looking for more camp opportunities? www.4hcampevents.com







PARTICIPANT NAME:			_
Is the camp participant up to date on immschool, based upon the grade the participated YES	ant will be enrolled for the	e upcoming school year?	r enrollment in public, private, or home
NO (If marked NO, check with your 4-			
Does the participant have health insuranc YES (Provide the required information		xes that apply.)	
Insurance Provider:	Poli	icy Number/Member ID: _	
Provider's Phone:	<i>Gro</i>	oup ID (if applicable):	
□ NO (No worries! The camp provides e	excess medical insurance o	coverage in the event of inj	iuries or illnesses.)
ACTIVE DUTY MILITARY			
What is specific information about your c	eamn participant which the	e staff should be made aw	are of to provide a better camp
experience for the camp participant? Info individualized needs. <u>List all specificiter</u>	ormation disclosed in this	section may allow us to ma	ake accommodations based on their
Behavioral (i.e., mental, emotion		re any recent cirucu	mstances that may lead to
your child needing extra support	<u>t?</u>		
Medical/Physical (i.e., asthma, as	utism, seizures, sleer	owalker, sensitivity to	o lights and sounds, etc.)
		<u></u>	<u> </u>
Allergies (check the applicable b	oxes below and desc	ribe the allergy and	<u>reaction seen)</u>
No known allergies:	Food:	Medication:	Seasonal/Environmental:
Dietary (check the boxes below i	if annlicable)		
		Alpha Gal:	Does not eat Pork:
0		•	
Requests for accommodation or	otner important det	ans (use additional si	neet of paper if needed):
Contact your 4-H Agent with qu	estions about availal	ble accommodations.	<u>:</u>





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 nondesignated areas of camp.
- 4. Camp participants are permitted to enter the cabin in which they are assigned. All other cabins are restricted.
- 5. Campers are not allowed in the cabins during a class or activity. If a camper is ill, they are to stay at the medical center (not in a cabin) until the Health Care Provider (HCP) feels the camper may return to activities.
- 6. Camp participants are to be attentive, responsive and courteous to any staff, adult or teen counselor making a presentation before the group.
- 7. Absolutely no phone calls are to be made by campers (camp office phone or cell phone) without approval of the County Extension Agent. All County Extension Agents should be informed of incoming calls at the camp office to campers.
- 8. Accidents or illnesses, no matter how minor, are to be reported to the County Agent and Camp Healthcare Provider. If medical care is needed, the Agent will coordinate treatment with the Camp Healthcare Provider.
- 9. Obscene, discriminatory and/or inappropriate language or dress, roughhousing, and insubordination is not acceptable at any time and may result in dismissal from camp.
- 10. Fireworks are not to be used by camp participants at any time.
- 11. Swimming, boating, or any waterfront activity is not permitted except during designated times and under proper supervision.
- 12. Appropriate dress, including footwear, should be adhered to as outlined in the 4-H Camp Dress Code.
- 13. Camp participants are always to remain with their groups, and must obey the rule of 3 when traveling. Individuals are not to be on the trails or near the lakes without an accompanying adult.
- 14. Camp participants are not permitted to leave the grounds at any time without notifying and receiving approval from the Contact Agent and their County Extension Agent.
- 15. Camp participants are expected to be in their cabins, with lights out, as designated on the camp program schedule.
- 16. No visitors, other than parents or immediate family, may visit campers during the camp. Visits must be approved in advance by the County Extension Agent.
- 17. No camp participant is to be around or on maintenance equipment.
- 18. Camp participants who are having personal conflicts with others should discuss these with their cabin counselor, dean, or County Extension Agent.
- 19. Campers and teens are to work with counselors in carrying out daily assigned jobs to help keep the camp running smoothly. Grounds are to be kept clean at all times. Camp participants are expected to leave the cabins, facilities and grounds clean and orderly.





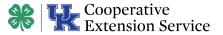




- 20. Camp participants are to respect camp property. Any misconduct resulting in damage to camp property or buses, including graffiti, shall be paid for by the camp participant and/or parent or guardian. A list of damage fees is available.
- 21. All medications must be turned in to the designated adult and picked up by the parent/guardian at the bus pick up site. The Health Care Provider will be responsible for securing all medications at camp.
- 22. Camp is not responsible for personal property of any camp participant or staff.
- 23. We care about the safety of all camp participants. Incidents of serious misbehavior (i.e. threats, fighting, bullying, causing injury, alcohol/drug incidents, any altercations between adults and/or minors, intentional property damage/vandalism, etc.) will be reported to the Camp Director and County Extension Agent and an incident report will be completed. Incidents of serious misbehavior may result in dismissal from camp.
- 24. Camp participants should demonstrate respect toward others. Bullying, hazing, or pranks (i.e.: shaving cream, toothpaste in pillow/sleeping bags, defacing property, including inappropriate use of electronics/social media) will not be tolerated and may result in dismissal from camp.

Any conduct inconsistent with the above rules may result in consequences such as the camp participant/parent/guardian/immediate family member being sent home, restricting future participation in 4-H activities, termination of 4-H membership, or other consequences determined by the county's or state's policy. If a camp participant must be sent home, it will be the responsibility of the parent/guardian to pick them up at camp. There is no refund of the camp fee for an early departure.

Participant Signature:	Date:
Parent/Guardian Signature:	Date:



Kentucky Residential 4-H Camp Essential Standards for Camp Participants

The University of Kentucky is an equal opportunity university. Parents/Guardians of children who have medical conditions or other disabilities requiring special attention should alert the agent to ensure proper care and accommodations are provided. If the camper requires personal care or a level of attention not available through camp staff or volunteers; a family friend, relative of the same sex over age 19, or a parent/guardian must accompany the child as a full-time 1:1 caretaker. The parent/guardian will agree to pay the individual costs of the caretaker (25% of the camper registration fees.) Any person accompanying a camper as a caretaker must successfully complete the Client Protection Process and is expected to follow all camp code of conduct policies for volunteers. To determine whether a caretaker should accompany a camper, the following factors will be considered:

- Ability to dress without assistance
- Ability to maintain personal hygiene, e.g. bathing, brushing teeth
- Ability to attend to toileting needs
- Ability to understand, follow, and respond to oral/written instruction
- Ability to remain at rest or sleeping according to the camp schedule
- Ability to participate in group activities with minimal individual attention
- Ability to participate in a communal living environment with minimal individual attention
- Ability to sustain a 15-hour (7am-10pm) camp day with limited rest periods
- Ability to understand and respond to dangerous conditions
- Ability to take medications according to a pre-set schedule and with minimal assistance

If a caretaker is not provided and a camper cannot meet the essential standards listed above, they may be dismissed from camp. If a camper must be sent home, it will be the responsibility of the parent/guardian to pick them up at camp. There is no refund of the camp fee for an early departure.

I have reviewed and acknowledge the essential standards for camp participants policy.		
Parent/Guardian Signature:	Date:	



4-H Youth Development Community and Economic Development







PARTICIPANT NAME:				
AUTHODITATIONS /DELEASES				
7		TIONS/RELEASES read and understand it before signing it.		
MEDIA RELEASE: I grant the Kentucky 4-H Pro reproduce, assign, and/or dist promotion/advertising, educa	gram and the University of Kentucky, Ken ribute photographs, films, videotapes, and tional publications, electronic publishing,	sound recordings of my minor child without compensation for use in and personal memorabilia. Participant names may be published.		
☐ Yes. I grant permission for	r media releases. No. I do not gran	t 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#		
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 r				
to my participation in this act Participant Signature: Parent/Guardian Signature:		Date: Date:		

Cooperative **Extension Service**

