

# 4-H CAMP 2024



## “UNDER THE BIG TOP”



**JUNE 11 - 14, 2024**  
**LAKE CUMBERLAND 4-H CAMP**  
**ADAIR, GREEN, TAYLOR & WAYNE**



**2024 CAMP FEE: \$300**

**FIRST 50 YOUTH TO REGISTER WILL RECEIVE \$100 OFF THE COST OF CAMP, THANKS TO THE TAYLOR COUNTY FARM BUREAU FEDERATION & 4-H COUNCIL**



**THIS REGISTRATION PACKET MUST BE COMPLETED (INCLUDING INSURANCE CARD AND ALL SIGNATURES) & TURNED IN WITH \$100 DEPOSIT TO THE TAYLOR COUNTY EXTENSION OFFICE TO RESERVE YOUR SPOT!**

**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**

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Disabilities accommodated with prior notification.





# TAYLOR COUNTY 4-H CAMP REGISTRATION FORM

## JUNE 11-14, 2024 | LAKE CUMBERLAND 4-H CAMP

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Email Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Age on June 11, 2024 (First Day of Camp): \_\_\_\_\_ Sex: \_\_\_\_\_

Have you Ever Attended 4-H Camp Before: \_\_\_\_ Yes \_\_\_\_ No If Yes, How Many Years? \_\_\_\_\_

Cabinmate Requests: \_\_\_\_\_

### Check one:

I am paying the \$100 non-refundable deposit. The remaining is due by May 29, 2024

I am paying the full \$200 (for first 50) camp fee

I am paying the full \$300 (after the first 50) camp fee

\*There is a \$3.30 online transaction fee per \$100 for CARD Payments.

### Optional:

I need additional financial assistance to attend 4-H Camp? Answering "Yes" does not guarantee a partial scholarship to attend 4-H Camp \_\_\_\_ Yes \_\_\_\_ No

### Camp Orientation:

Camp Orientation will be Thursday, May 30, at 5:30PM & 6:30PM at the Taylor County Extension Office. Choose the time that works best for you to attend. Orientation is required for all camp participants.

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

**Return this form with payment to the Taylor County Extension Office at 1143 South Columbia Ave. in Campbellsville. DO NOT RETURN TO YOUR SCHOOL! 2024 CAMP REGISTRATION DEADLINE IS MAY 29, 2024. We have a limited number of spots and a waitlist will be created.**



**FOR OFFICE USE ONLY**  
DATE RECEIVED: \_\_\_\_\_  
CAMPER NUMBER: \_\_\_\_\_  
AMOUNT PAID: \_\_\_\_\_  
Cash / Card / Check





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		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: <input type="checkbox"/> Yes - I would like to receive email notifications of upcoming statewide Camp-Sponsored Events and Promotions at this email address.		Cell/Home Number:
Legal Parent/Guardian #2 Full Name:	Email Address: <input type="checkbox"/> Yes - I would like to receive email notifications of upcoming statewide Camp-Sponsored Events and Promotions at this email address.		Cell/Home Number:
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: \_\_\_\_\_





4-H Participant Information/Enrollment Form (NOT FOR RESIDENTIAL CAMP)

Note: The form must be completed by the participant and/or parent or guardian in order to participate in the 4-H program. All items must be completed, even if the response is not applicable - indicate by using N/A (i.e. no health insurance).

Name: \_\_\_\_\_ County/Area: \_\_\_\_\_
Preferred Name: \_\_\_\_\_ School Name: \_\_\_\_\_
Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_ 4-H Age: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Grade: \_\_\_\_\_
4-Her Phone: \_\_\_\_\_ # of Years in 4-H: \_\_\_\_\_ Gender: Female Male
4-Her Email: \_\_\_\_\_
Residence:
Farm Town < 10,000 or Rural Non-Farm Town/City/Suburb 10,000-50,000 City/Suburb >50,000 City-Central >50,000
Race (please choose more than one if applicable): American Indian Asian Black Native Hawaiian or Pacific Islander
White Prefer Not to Say Not Listed: \_\_\_\_\_
Ethnicity: Hispanic Non-Hispanic T-Shirt Size: \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_ Phone number: \_\_\_\_\_
Email: \_\_\_\_\_ Emergency Contact? Yes No Add Cell # to Remind Msg. App? Yes No
Parent/Guardian 2: \_\_\_\_\_ Phone number: \_\_\_\_\_
Email: \_\_\_\_\_ Emergency Contact? Yes No Add Cell Phone # to Remind Msg. App? Yes No

Is any member of your family a current or former member of the United States Military or National Guard? Yes No

Health History

Does the participant have, or at any time has had, any of the following? Check "Yes" or "No" to each item. Please explain any "yes" answers (noting the number of the item) in the space below or on an additional sheet if necessary. Reporting conditions will not prevent a person from attending and will be kept confidential.

- 1) Asthma Yes No
2) Bronchitis Yes No
3) Convulsions Yes No
4) Diabetes Yes No
5) Ear Infection Yes No
6) Fainting Yes No
7) Heart Condition Yes No
8) Headaches Yes No
9) Hypoglycemia Yes No
10) Serious Allergy to Insects Yes No
11) Serious Allergy to Nuts Yes No
12) Serious Allergy to Gluten Yes No
13) Serious Allergy to Dairy Yes No
14) Wear Glasses/Contacts Yes No
15) Other Conditions Yes No
16) Other Allergy (please explain) Yes No

Please explain any "yes" responses, including medications taken for any conditions:
Please explain any restrictions (dietary, physical, etc):
Social, emotional, and/or behavioral health information:

The following over the counter medications may be administered to my child without contacting me:

- Antihistamine Pill Antacid Ibuprofen (Advil) Hydrocortisone Cream
Acetaminophen (Tylenol) Decongestant Dramamine Polysporin (topical antibiotic)

Medical Treatment

All information provided on this form is correct and complete to the best of my knowledge. This person has permission to engage in all events and activities. I hereby give permission to the event designee to provide routine health care, administer prescription and over the counter medications as noted and seek emergency medical treatment if warranted.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

Publicity Release

I hereby grant the 4-H program, University of Kentucky and their agents, the right to use, reproduce, assign and/or distribute still pictures, video and sound recordings of myself or my minor child without compensation for use in promotion, advertising, educational publications or online content.

SIGNATURE OF /GUARDIAN: \_\_\_\_\_ NO, I do not permit

# 4-H ENROLLMENT FORM

Please bubble the clubs you are interested in below. The 4-H newsletter will include dates of club meetings and activities. We'll also send information out about clubs/activities to those who indicate interest once they are ready to begin. Once you have returned this enrollment form you may begin attending meetings. 4-H age is 9-18 as of January 1, 2024 and Cloverbuds are for ages 5 to 8 as of January 1, 2024

**Address:** 1143 S. Columbia Ave, Campbellsville, KY, 42718

**Email:** kimberly.thomas@uky.edu

**Phone:** (270) 465-4511

**Sign Up for Remind Messages:** Text @4htaylor to 81010

## 4-H Clubs: 23-24 Program Year

### 4-H Ambassadors (Grades 7th - 12th)

*Club For Teens: Life-Skills, Leadership & Experience Focused*

### Archery Club (Ages 9-18)

*Archery Safety & Skill Focused. Compete in Area & State Contests*

### Art Club (Ages 9-18)

*Join Us for Monthly Art Projects & Fun!*

### Bee Club (Ages 9-18, Cloverbuds + Adult Welcome)

*Learn About Honeybees, Pollinators and Beekeeping*

### Cloverbud Club (Ages 5-8 + Adult Welcome)

*Club For Ages 5-8: Explores Various 4-H Topics Each Month*

### Cooking Club (Ages 9-18)

*Kitchen Skills & Cooking Focused*

### Country Ham Project (Ages 9-18)

*Learn About Country Ham & Give A Speech at The KY State Fair*

### Horse Club (Ages 9-18)

*Club for Horse Enthusiasts. Do Not Have to Own a Horse to Join*

### Homeschool Club (Ages 9-18, Cloverbuds)

*Hangout with other Homeschoolers While Doing Fun Projects*

### Horticulture Club (Ages 9-18)

*Hands on Plants Centered Projects Each Month*

### Horticulture Judging (Ages 9-18)

*Learn the Identification of Horticultural Products*

### Livestock Club (Ages 9-18, Cloverbuds + Adults)

*Join A Community of Youth & Their Families to Learn About Animals*

### Livestock Judging (Ages 9-18)

*Livestock Knowledge & Contest Focused*

### Sewing Project (Ages 9-18)

*Learn How to Sew Using a Sewing Machine*

### Shooting Sports Club (Ages 9-18)

*Gun Safety & Skill Focused*

### Soil Judging (Ages 9-18)

*Learn The Basics of Soil Judging & Compete at The State Contest*

### Summer Camp (Ages 9-18, & Adult Welcome)

*Join Us for Summer Camp in June. Registration Starts in March!*

# 4-H Youth Development CODE OF CONDUCT FORM (NOT FOR RESIDENTIAL CAMPS)

All 4-H members and family/friends associated with 4-H members must respect the individual rights, safety and property of others and adhere to this Code of Conduct. A 4-H member may be prohibited from participating in a specific event/program if the participation by the individual poses a danger to the 4-H member and/or others. The following guidelines are designed to make all 4-H events safe, meaningful, and satisfying to youth and others attending.

#### WHILE ATTENDING ALL 4-H MEETINGS, PROJECTS, PROGRAMS, ACTIVITIES AND EVENTS:

- Each 4-H participant is expected to attend all planned sessions, workshops, field trips, and meetings of the event, and to be in appropriate attire. Dress codes will be specific to individual events. Delegation chaperones and/or volunteers are responsible for ensuring that members participate in all aspects of the planned program activities.
- The possession and use of alcoholic beverages, tobacco products, vape juice and/or devices, and/or drugs (except for medications prescribed to the participant by a licensed physician) are prohibited. Delegation chaperones and/or volunteers shall limit use of tobacco products to designated areas.
- Possession of firearms not for educational use is prohibited.
- Setting off fire alarms and tampering with fire extinguishing and other emergency equipment are prohibited.
- Gambling of any type is prohibited.
- Respect toward others and facilities shall be demonstrated. Bullying, harassment of others or destruction of property shall not be tolerated. Bullying and harassment can include the use of social media.
- Obscene, discriminatory and/or inappropriate language, roughhousing, and insubordination are prohibited at all times.
- Display of overly affectionate or inappropriate attention between participants is prohibited.
- Technological equipment (including but not limited to cell phones, laptops or mp3 players) shall not interfere with the program and may not be allowed in certain situations.
- All clothing shall be acceptable in repair and appearance and shall be worn within the bounds of decency and good taste as appropriate for 4-H events. Articles of clothing which display profanity, products, or slogans which promote tobacco, alcohol, drugs, sex or are in any other way distracting, are prohibited. Each county may adopt additional Code of Conduct guidelines.

#### WHILE ATTENDING OVERNIGHT CONFERENCES, CAMPS, AND EVENTS, THE FOLLOWING WILL ALSO APPLY:

- All participants are to be in their assigned area at curfew and comply with quiet hours, lights out, and other rules of the event.
- No member or volunteer may leave the grounds without the permission of the conference director or adult in charge. An adult shall accompany a 4-H member any time they leave the grounds. Adults shall notify another adult in the delegation before leaving the grounds.
- At overnight events, only conference participants may be in sleeping areas. Lounges or common areas may be used only for working committees and social activities.
- Room service such as phone calls, food, laundry, or others shall not be permitted without chaperone permission.

Any violations of this Code of Conduct shall be reported promptly to the adult in charge of the delegation/program and to the person in charge of the event. The person in charge of the event shall have the final responsibility for disciplinary action. **Failure to comply with the Code of Conduct by 4-H'ers and family/friends associated with the 4-H participant may result in penalty including, but not limited to, the following:**

- Sent home from the activity or event at his/her own expense
- Barred from participation from future 4-H events
- Assessed the cost of damages for destruction of property

I, \_\_\_\_\_ have read the Code of Conduct and agree to abide by its rules. By signing this document, I acknowledge that infraction of this Code of Conduct will result in any or all of the penalties listed above.

Member/Volunteer \_\_\_\_\_

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

County: **Taylor County**

Date: \_\_\_\_\_

**OFFICIAL OFFICE USE:**

**Date Received:** \_\_\_\_\_

**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**

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4-H Online

9/1/23