



HCP Approval Stamp

[Empty box for HCP Approval Stamp]

Kentucky 4-H Camping 2025
Camp Participant Registration – Camper/Teen

Registration form with fields for: Last Name, Legal First Name, Middle Name, Preferred Name, Attended camp before?, Fall 2025 School & Grade, County, Biological Sex, Shirt Size, Birthdate, Age on 1st day of camp?, Participant's Home Address, Participant's Race, Participant's Ethnicity, Legal Parent/Guardian #1 Full Name, Email Address, Cell/Home Number, Legal Parent/Guardian #2 Full Name, Emergency Contact Full Name 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 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? (Check all boxes that apply.)

- YES (Provide the required information below.)

Insurance Provider: _____ Policy Number/Member ID: _____

Provider's Phone: _____ Group ID (if applicable): _____

- NO (No worries! The camp provides excess medical insurance coverage in the event of injuries or illnesses.)

- ACTIVE DUTY MILITARY

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) Are there any recent circumstances that may lead to your child needing extra support?

Medical/Physical (i.e., asthma, autism, seizures, sleepwalker, sensitivity to lights and sounds, 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:

Requests for accommodation or other important details (use additional sheet of paper if needed):

Contact your 4-H Agent with questions about available accommodations.



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 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: _____

**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

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 retaliation 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.
Lexington, KY 40506



Disabilities
accommodated
with prior notification.

PARTICIPANT NAME: _____

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: _____



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 hereby acknowledge my voluntary and informed assumption of full responsibility and liability regarding any injuries or illness, that I may incur coincident to my participation in this activity.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



Reducing the Exposure Risk of Bed Bugs at 4-H Camp

Bed bugs are not associated with disease-spread but can leave itchy and inflamed bites on humans. They can also populate a dwelling if they are accidentally brought in on clothing, bedding, stuffed animals, or luggage.

While rare, the risk of bed bugs at residential camps is a possibility. All the mattresses used at 4-H Camp are manufactured with AntiBac Vinyl to be bed bug proof, but this does not prevent the insects from transferring to the joints of the wooden bunk beds from affected luggage and bedding brought to camp. 4-H Camp is under contract with a certified pest control company to conduct monthly inspections and treat any issues that arise. Reducing the exposure risk begins with preparations made at home as you help your camp participant pack for 4-H Camp.

Inspecting Luggage for 4-H Camp:

Complete a visual inspection of all the items your camp participant will bring to camp. Adult bed bugs are reddish-brown, wingless, and about the size of an apple seed (5 to 7 millimeters). They are flat with oval-shaped bodies. Young bedbugs, or nymphs, are smaller and can appear translucent or yellowish in color. Bedbug eggs are tiny and white.

Preparing Luggage for 4-H Camp:

Bed bugs and their eggs are effectively killed when exposed to temperatures above 120 degrees for a minimum of 20 minutes. It is recommended that all camp participants complete the following steps when preparing their luggage for transport to 4-H Camp:

- Wash all bedding, pillows, clothes, backpacks, shoes, and stuffed animals in hot water and dry the items on high heat for a 20-minute cycle, at minimum.
- Loosely place all these items and any others that will be brought to 4-H Camp, in a sealed black trash bag and place them outdoors in direct sunlight or in a vehicle sitting in direct sunlight for a full day. Exceptions would be items that are susceptible to melting or damage from heat such as deodorant and medication.
- Once the sealed black trash bags are removed from the vehicle, store the contents in a safe space away from potentially affected areas in the home, such as a garage or in a vehicle.

If an Exposure Occurs at 4-H Camp:

- 4-H Camp personnel follow strict procedures to ensure that guests are safe, comfortable, and have as few disruptions to their overnight stay as possible.
- Extension Agents responsible for 4-H Camp are provided with *Procedures for Mitigating Exposure when Bedbugs are Present at 4-H Camp* to aid in the prompt heat treatment of affected cabins and luggage. Insecticides are never used on, or near, bedding, or personal belongings.



- If the exposure occurs in your camp participant's cabin, you will receive a "Bed Bug Exposure Information Sheet" with instructions for safely handling their personal belongings at the conclusion of the 4-H Camp session.

Symptoms of Exposure:

It can be difficult to distinguish bed bug bites from other insect bites. In general, the sites of bed bug bites are usually:

- Red, often with a darker red spot in the middle
- Itchy
- Arranged in a rough line or in a cluster
- Located on the face, neck, arms, and hands

Sources

University of Kentucky Entomology:

<https://entomology.ca.uky.edu/ef636>

Cabinet for Health and Family Services:

<https://www.chfs.ky.gov/agencies/dph/dphps/emb/Pages/bed-bugs.aspx>



2025 4-H Summer Camp Refund Policy

The 4-H Summer Camp Refund Policy relates to any voluntary removal of a camper's application, whether personal or emergency related issues. Please note that the following 4-H Summer Camp Refund Policy rates listed below apply to personal-choice voluntary application removal.

Refund Policy related to Personal-Choice: Personal-Choice Application removal and fee expenses apply when a camper's family chooses to voluntarily remove their camper application for personal reasons related, but not limited to: scheduling conflicts, sporting events, vacations, extra-curricular activities, school events, etc. In the instance of a personal-choice, non-emergency, application removal – families are responsible for the following camp fee expenses.

Before removing your camper's application, please be aware of our Camp Refund Policy as described below:

Before April 18th, 2025: Remaining Paid Fee Refunded, excluding \$50 Deposit

After April 18th, 2025: 0% of Remaining/Paid Fee Refunded

****Exclusion of Financial Assistance: If the camper has received financial support from the Extension District Board, 4-H Council, Community Donors/Sponsorships, etc., any refunded amount will fairly exclude donated/sponsored fees on the camper's registration.***

Refund Policy Exclusions related to Emergencies: Our Camp Fee Refund Policy excludes unforeseen instances related to illness, immediate family member death and/or instances of family relocation. Please contact Melissa Richardson immediately for any of the prior emergency examples. A full refund will be provide in emergency instances as approved by the 4-H Council.

4-H CAMP REFUND REQUEST FORM

Camp fees are non-refundable as cancelations may inadvertently take the opportunity to attend camp away from our campers or those counties with which we camp. However, the Washington County 4-H Council will deal with each situation in which a **written refund request** is received and endeavor to be as fair as possible. All refunds are calculated after the \$50 nonrefundable deposit. A copy of the full Camp Fee Refund Policy may be found on our website.

These are the guidelines we follow:

Before removing your camper's application, please be aware of our Camp Refund amounts as described below:

Before April 18, 2025: Remaining Paid Fee Refunded, excluding \$50 Deposit

After April 18 2025: 0% of Remaining/Paid Fee Refunded

Name of Camper: _____

Name of Adult requesting: _____

Contact Phone: _____ Email: _____

Amount Paid: _____

Reason for refund:

**Exclusion of Financial Assistance: If the camper has received financial support from the Extension District Board, 4-H Council, Community Donors/Sponsorships, etc., any refunded amount will fairly exclude donated/sponsored fees on the camper's registration.*

I understand this refund request will be reviewed and if approved a check or credit will be made to the applicant. The contact person above will receive an email indicating the amount of the refund.

Signature _____ Date: _____

FOR OFFICE USE ONLY		
Amount Approved: _____	Approved By: _____	Date: _____
Date of payment if applicable: _____	Date: _____	Emailed Contact: _____



Washington County 4-H Scholarship Application Process

Campers may be eligible to receive a partial scholarship for their camp fee by:

- *Completing the Scholarship Application, including the essay.
- *Returning the completed application and all required documentation to:

Washington County Extension Office
245 Corporate Drive
Springfield, KY 40069

Deadline: April 4, 2025

*All campers **must pay the \$50 deposit** which is deducted from the total camp fee and turn it in with their application. If a camper is awarded a scholarship, they will be notified

*Completing this form **does not** guarantee a camp scholarship

Late applications will not be considered.

Completed scholarship application must include:

_____ An essay (minimum of 200 words) titled "**Why I Want to Go to 4-H Camp**" The essay should reflect why attending 4-H Camp is important to the youth and what specific lessons, skills, and experiences the camper hopes to bring home from his/her stay at camp.

*The essay should be hand written very neatly in black or blue ink **by the camper.**

*The title and the applicant's name should appear at the top of the essay.

*Proper grammar, structure (introduction, body, conclusion,) and spelling will be considered, along with creativity and the content of the narrative.

_____ Complete Scholarship application form

**APPLICANT WILL BE NOTIFIED OF
THE AMOUNT OF SCHOLARSHIP RECEIVED.**



Washington County 4-H Scholarship Application

Name: _____ Age: _____ Gender: Male Female

Parent/Guardian Name: _____

Mailing Address: _____

Phone: _____ Cell Phone: _____

School Attended 2024-2025 Academic Year: _____ Grade: _____

How many children in the family will be attending 4-H Camp? _____

Do you belong to a 4-H Club? _____ If yes, which one? _____

Have you received a camp scholarship in the past? Yes No

Camper Signature: _____ Date _____

Signature of Parent/Guardian: _____ Date _____

**Return Completed Application with Essay attached to:
Washington Co. Extension Office
245 Corporate Drive
Springfield, KY 40069

Deadline: April 5, 2025**

Kentucky 4-H Camping Program Damage Fees

The following contains only those items most frequently damaged or taken. Intentional damage to any other camp property will be assessed at the time of damage. Should intentional damage or theft occur, it is the responsibility of the child and their parents to reimburse the costs. No charges are made for worn equipment or normal usage. Charges are required for damage resulting from horseplay and malicious or intentional behavior. Graffiti on camp property will not be tolerated.

Basketball Backboard	Broken or missing	Cost of replacement
Basketball Rim	Broken or missing	150.00
Brooms, Mops	Broken or missing	20.00
Bunk Bed	Bed Replacement / repair	Cost of replacement
Cabin HVAC	Replace or repair	1500.00+
Cabin Keys	Lost or missing or broken	10.00+
Changing Tents	Damaged or missing	50.00
Dust Pans	Broken or missing	10.00
Fire Extinguisher	Discharged or broken	75.00
First Aid Kits	Lost or missing	25.00
Graffiti	Defaced with Graffiti	50.00
HVAC Controls	Repair/Replace	100.00+
Mattress	Replacement	150.00
Screen Door	Repair or Replace	50.00
Smoke/CO Detector	Damaged or missing	100.00
Trash Cans	Broken or missing	25.00+
Windows	Repair or Replace	100.00+
Window AC	Replace	250.00
Window Screens	Replace	50.00
Other	DAMAGE TO ANYTHING NOT LISTED, INCLUDING PROGRAM EQUIPMENT, WILL BE BILLED AT THE COST OF REPAIR/REPLACEMENT.	

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

Parent/Guardian Signature

Date

Kentucky 4-H Camping Program Waiver of Liability – Immunizations

Participant Name: _____ County: _____

To the best of my knowledge and belief, the person named above is and has been in normal good health and is free from all communicable or contagious disease. Should this participant show symptoms that reasonably indicate the presence of a communicable or contagious disease, I agree that a physical examination/assessment may be performed. I also agree that if any such disease is found, we – the named individual and his/her family – will comply with the quarantine or isolation procedures required of the camp as directed by the state’s Department of Health. It is further understood that, should a communicable disease emergency arise, I will be notified. However, in the event that I cannot be contacted, the camp’s administrator(s) and healthcare staff may take the temporary measures they deem necessary to protect the health status of this participant.

I release and forever discharge 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 all causes of action, suits, claims, demands, or any other damages or costs associated with actions taken by the Released Parties.

I understand that my participation in this activity may entail certain anticipated and unanticipated risks regarding personal injury or illness. I hereby acknowledge my voluntary and informed assumption of full responsibility and liability regarding any injuries or illness, that I may incur coincident to my participation in this activity.

I represent and acknowledge that I have read and understand this agreement and release and warrant that all statements made herein are true to the best of my knowledge. I further warrant and acknowledge that I am of legal age, legally competent to execute this agreement and release, and accept full responsibility therefore.

Parent/Guardian Signature

Date

*The original copy of this form should be attached to the camper’s registration paperwork.





Kentucky 4-H Camp Medication Form 2025

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	
1					Other	
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

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

MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

Educational programs of Kentucky Cooperative Extension serve all people regardless of race, sex, age, religion, national origin, marital status, genetic information, age, veteran status, physical or mental disability or receipt of retaliation for prior civil rights activity. Reasonable accommodations of disability are available. This information may be made available in languages other than English.



Disabilities
accommodated
with prior notification.

Lexington, KY 40526



Should any of the information on this form change during the program year, it is the responsibility of the parent/guardian(s) to notify the Extension Personnel in writing.

I. 4-H Member Information

Name _____ Preferred Name _____ Grade _____
 County WASHINGTON T-shirt Size _____ School _____
 Birthdate ____/____/____ # years in 4-H _____ Hispanic/Latino Y N SEX M F
 Race American Indian Asian Black Native HI/Pacific Islander White Prefer not to say Not Listed:
 Residence: Farm Town <10,000/Rural Non-Farm Town/City/Suburb 10,000-50,000 City/Suburb >50,000

II. 4-H Member Family Information

Family Name: _____ Family Email: _____
 Family Phone: () - _____ Family Address: _____

III. Parent/Guardian/Emergency Contact/Authorized Adults

Parent/Guardian 1 Information	Parent/Guardian 2 Information
Last Name _____	Last Name _____
First Name _____	First Name _____
Phone () - _____	Phone () - _____
May we release personal information to this person? Y N	May we release personal information to this person? Y N

Emergency Contact	OTHER authorized persons to pick up this 4-Her (not already listed)
Last Name _____	Name _____
First Name _____	Phone () - _____ Relation to 4-Her _____
Phone () - _____	Name _____
May we release personal information to this person? Y N	Phone () - _____ Relation to 4-Her _____

In addition to the parent/guardian(s) and emergency contact listed, please list the names of two additional authorized persons to pick up the above mentioned child. The additional authorized persons will not be contacted in case of an emergency; the parent/guardian(s) or emergency contact information will be used. If an individual who is not listed on this form is permitted to pick up your child/children, the parent/guardian(s) will need to provide written permission (letter or email) to Extension personnel or approved volunteer responsible for the event/activity.

IV. Military Service (if none, skip this section)

Relation to member serving: _____

Branch: _____ Status: Active Duty National Guard Reserves Other: _____





V. Health History

Does the 4-H member have, or at any time has had, any of the following? Check YES or NO for each item.
Please explain any YES items in the space provided. Reporting conditions allow Extension personnel and approved volunteer to best support your young person and all information will be kept confidential.

SERIOUS ALLERGIES TO:

Insects Y N Please explain any YES responses, including
Dairy Y N medications for any allergies.
Gluten Y N
Nuts Y N
Other: _____

MEDICAL CONDITIONS

Asthma Y N Fainting Y N
Bronchitis Y N Headaches Y N
Convulsions Y N Heart Condition Y N
Diabetes Y N Hypoglycemia Y N
Ear Infection Y N Other: _____
Contacts/Glasses Y N _____

Please explain any YES responses, including all current medications.

Please disclose and explain social, emotional, and/or behavioral health information, including current medications.

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

Acetaminophen	Y	N	Decongestant	Y	N
Ibuprofen	Y	N	Antihistamine Pill	Y	N
Antacid	Y	N	Hydrocortisone Cream	Y	N
Dramamine	Y	N	Polysporin Ointment	Y	N

Please explain any dietary, physical, etc. restrictions.

VI. REVIEW CONFIRMATION SIGNATURE

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. I agree to the release of all records necessary for medical treatment, billing, or insurance. In the event I cannot be reached in an emergency, I give permission to the attending physician to secure and administer treatment, including hospitalization.

PARENT/GUARDIAN SIGNATURE:

DATE: / /

VII. SURVEY AND EVALUATION RELEASE

I hereby establish my willingness to participate as an adult (i.e. 4-H leader, other volunteer, parent/guardian, site manager, etc.) and give permission for my child (under 18 years of age) to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program. I understand that participation in surveys and evaluations is voluntary and that my child and I may choose not to participate and may withdraw from surveys and evaluations without impact on my or my child's eligibility to participate in the 4-H program. I understand that my child or I may be asked for consent before completing a survey or an evaluation.

YES NO Initials

VIII. PERMISSION TO PARTICIPATE

I acknowledge that my child is participating in 4-H programs for their own personal benefit and that my child will participate in recreational and other activities as part of the 4-H programs. I understand that some activities may have inherent dangers and physical risks and that no amount of care, caution, instruction or expertise can completely eliminate them. I assume responsibility for all risks, known and unknown, involving my child's participation in 4-H programs and voluntarily authorize my child's participation in reliance upon my own judgement and knowledge of my child's experience and capabilities. I hereby agree to indemnify and hold harmless the University of Kentucky Cooperative Extension Service and all related parties from any liability, losses, costs, damages, claims, or causes of action of any kind or nature arising from or related in any way to my child's participation in the 4-H program.

Initials

IX. PUBLICITY RELEASE

I hereby grant the 4-H program, University of Kentucky, and their agents, the right to user, 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.

PARENT/GUARDIAN SIGNATURE:

DATE: / /

All 4-H members and family/friends/caretakers 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. Safety of all involved in 4-H programs is top priority, the following guidelines are designed to ensure all involved understand their role in participating in a safe and educational environment for all.

WHILE ENROLLED AS A 4-H MEMBER:

- To be a member in good standing it is expected that the 4-H participant attends planned sessions, workshops, field trips, and meetings associated with their enrollment. To be eligible for cumulative events in 4-H, members must complete at least six hours of education in the core program area they are participating in under the expectations laid out by the 4-H program.
- Dress codes will be specific to individual events/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, with proper paperwork and accommodations made) are prohibited.
- 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.
- Physical violence is not tolerated.
- Gambling of any type is prohibited.
- 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.
- 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.
- Additional expectations may be required based on the activity/program/event the 4-H members is participating in.

WHILE ATTENDING OVERNIGHT 4-H EXPERIENCES THE FOLLOWING WILL ALSO APPLY:

- All participants must follow the agenda and expectations that are set forth by the program planners. Chaperones/adult volunteers will actively monitor all participants.
- All participants are to be in their assigned area at curfew and comply with quiet hours, lights out, and other rules of the event. Chaperone/adult volunteers will actively monitor all participants.
- No member or volunteer may leave the event/activity/program without the permission of the event planner or adult in charge. An adult shall accompany a 4-H member at any time they leave the grounds. Adults shall notify another adult before leaving the grounds.
- At overnight events, only conference participants may be in sleeping areas. Individuals may only be in their assigned sleeping area. Lounges or common areas may be used only for working committees and social activities.

Any violations of this Code of Conduct shall be reported promptly to the chaperone for the individual 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 participants and family/friends/caretakers 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 their 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.
(Print Name)

I understand that infraction of this Code of Conduct will result in any or all of the penalties listed above.

Member:

County: WASHINGTON

Parent/Guardian:

Date: / /

Washington County 4-H Information

Melissa Richardson, County Agent
245 Corporate Drive
Springfield, KY 40069
859-336-7741
melissa.schenck@uky.edu



Please check 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.

- Young Riders Horse Club
- Hooves & Horns (large livestock and small animal)
- 4-H Teen Advisory Club (7th-12th graders)
- Sharpshooters (Trap, Archery, Rifle, & Pistol)
- Country Ham Club (additional paperwork due at the beginning of December.)
- Best Sew'ers in Town (sewing club)
- Gardening
- Cooking
- Art

- Suggestions for new clubs:



**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

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 retaliation 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. Lexington, KY 40506



Disabilities
accommodated
with prior notification.