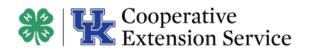




BARREN COUNTY MAY 27-30, 2025



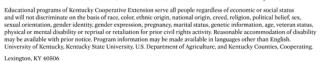
Kentucky 4-H Camping 2025 Camp Participant Registration – *Adult Volunteer*

HCP Approval Stamp		

Name: L	Legal First Name:	Middle Name:	Preferred Name:
es - # years: 🗆	Biological Sex: ☐ Male ☐ Female	Cell Phone Number:	Date of Birth:
Size: (Select One) AM AL AXL A2XL O O O	A3XL A4XL	Email Address:	County:
cipant's Home Address:	Ĺ	Yes - I would like to receive email notifications of upcoming statewide Camp-Sponsored Events and Promotions at the email address listed above.	Participant's Race: White Black Asian American Indian Hawaiian Other Participant's Ethnicity: Hispanic Non-Hispanic
gency Contact Name:	Relationship to Participant:		Cell/Home Phone:
provide a better camp experie	ence for the participant?		ion which the staff should be made aware
s the participant have hea ES (Provide the required inform		Check all boxes that apply)	
surance Provider:	Policy N	lumber/Member ID:	
Provider's Phone: CTIVE DUTY MILITARY	Group I	D (if applicable):	
s the participant have hea ES (Provide the required inform surance Provider: Provider's Phone:	ence for the participant? ealth insurance coverage? (mation below) Policy N	Check all boxes that apply) Jumber/Member ID:	

Cooperative Extension Service MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

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









PARTICIPANT NAME:			
AUTHORIZATIONS/RELEASES			
This is a legal document. You must read and understand it before signing.			
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 me without compensation for use in promotions/advertising educational publications, electronic publishing, and personal memorabilia. Participant names may be published. CONSENT TO TREAT:			
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 treatment, referral, billing, or insurance purposes. I permit the camp to arrange necessary related transportation for me. I hereby permit the physicial selected by the camp to secure and administer treatment, including trips off camp property. CODE OF CONDUCT:			
I have read and reviewed the adult volunteer position description and volunteer expectations. I 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 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, no does it protect against the risk of loss of personal property. In consideration for participating 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 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 participation is purely voluntary, always, and I will choose my level of participation in any activity (including, but no			

Are you looking to buy some camp gear? www.shop4hcamp.com

Are you looking for more volunteer opportunities? www.4hcampevents.com
ENSURE THIS REGISTRATION FORM IS FULLY COMPLETED BEFORE RETURNING

Cooperative Extension Service

Participant Signature:

MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

Agriculture and Natural Resources
Family and Consumer Sciences
H Youth Development
Community and Economic Development
Lexington, KY 40506





Date: _

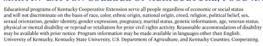




Kentucky 4-H Camping Code of Conduct and Expectations

- 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.
- 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.
 - Accidents or illnesses, no matter how minor, are to be reported to the County Agent and Camp
- 8. Healthcare Provider. If medical care is needed, the Agent will coordinate treatment with the Camp Healthcare Provider.
 - Obscene, discriminatory and/or inappropriate language or dress, roughhousing, and
- 9. insubordination is not acceptable at any time and may result in dismissal from camp. Fireworks are not to be used by camp participants at any time.
- 10. Swimming, boating, or any waterfront activity is not permitted except during designated times 11. and under proper supervision.
- Appropriate dress, including footwear, should be adhered to as outlined in the 4-H Camp Dress 12. Code.
- Camp participants are always to remain with their groups, and must obey the rule of 3 when
- 13. traveling. Individuals are not to be on the trails or near the lakes without an accompanying adult. Camp participants are not permitted to leave the grounds at any time without notifying and
- 14. receiving approval from the Contact Agent and their County Extension Agent.
 - Camp participants are expected to be in their cabins, with lights out, as designated on the camp
- 15. program schedule.
 - No visitors, other than parents or immediate family, may visit campers during the camp. Visits
- 16. must be approved in advance by the County Extension Agent.
 - No camp participant is to be around or on maintenance equipment.
- 17. Camp participants who are having personal conflicts with others should discuss these with their
- $18. \, {\sf cabin \ counselor}, \, {\sf dean, \ or \ County \ Extension \ Agent}.$
 - Campers and teens are to work with counselors in carrying out daily assigned jobs to help keep
- 19 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.





MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT







- 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:

