

**January 3, 2012**

Dear 4-H Shooting Sports Enthusiast,

Enclosed are the details for the 2012 4-H State Shooting Sports Camp which will be held April 4- 7, 2012 at the Lake Cumberland 4-H Camp. This is a statewide camp open to all interested youth ages 9 to 13. The cost of the camp is \$100.00; one check per county should be mailed with the completed registration database and all forms to the Adair County Extension Office. Enrollment is limited to the first 120 campers statewide; a waiting list will be started once our maximum is reached. The appropriate fees must accompany the completed registration forms and be postmarked to the Adair County Extension Office by the deadline of February 29.

Certified youth instructors have been recruited by the planning committee and will present the classes and range work. Each camper will learn responsible, safe use of firearms and how to shoot in the six disciplines of the program: rifle, trap, archery, black powder, hunter challenge and pistol. Additional program highlights will include night hikes, nature events, campfires, crafts, wild animals, etc. **If campers do not have their "Orange" Hunter Safety Card, the opportunity will be provided at camp.**

The camp requires each county to send at least one adult per five campers. The adults must be approved by their county's 4-H Youth Protection Program which requires additional, separate paperwork. If you have one camper or five campers, your county will need at least one adult. If you have six campers, you need two paying adults. These adults must complete the same paperwork, pay the same fees, stay on the campgrounds for the duration of the camp, sleep in the cabins AND attend class rotation with their campers. The state planning committee has agreed that there will be no exceptions to this rule. If counties are going to share leaders, this must be arranged by the individual counties and noted on the camper's forms. It is the responsibility of the counties to notify me of the sharing arrangement.

The camp committee has also decided that only those Teens that are invited by the lead camp discipline instructor and approved by the planning committee for the purpose of assisting in teaching will be allowed to attend the camp. There will be no exceptions. Do not send Teen applications until you have spoken with me.

We have a great program planned for the upcoming Shooting Sports Camp. Please let your youth and leaders know about the camp as soon as possible. There will be no exceptions to the deadline.

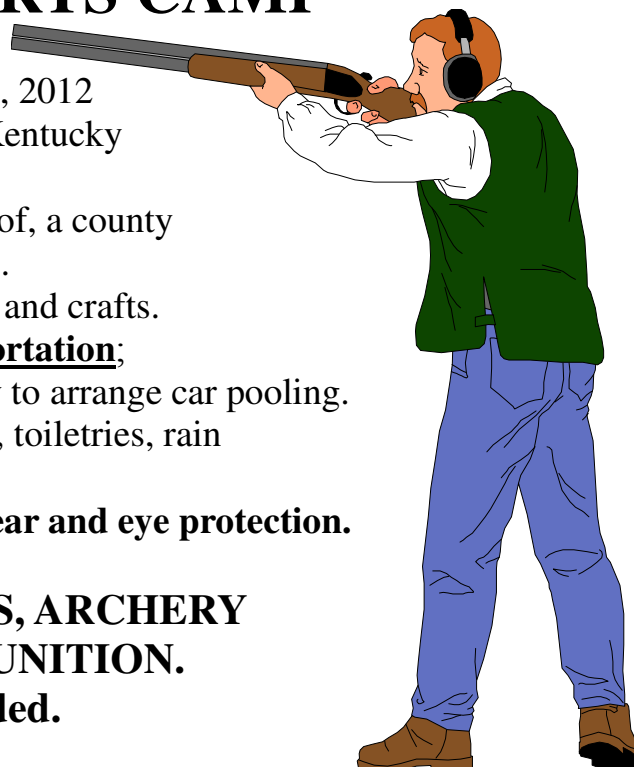
**To be registered, the following completed items must be submitted to the Adair County Cooperative Extension Service by February 29.**  
One check per county for \$100/person payable to Adair County 4-H Council  
Completed registration database that matches registration forms,  
Appropriate number of adult chaperones,  
Completed registration form **WITH** parent/guardian signatures.  
Photocopy of both sides of health insurance card(s).

Sincerely,



Tony Rose  
County Extension Agent  
for 4-H Youth Development

# 4-H SHOOTING SPORTS CAMP



- WHEN:** Wednesday, April 4 - Saturday, April 7, 2012  
**WHERE:** Lake Cumberland 4-H Camp, Jabez, Kentucky  
**WHO:** Youth 9-13 years of age  
 For every 5 campers or a portion thereof, a county **MUST** have one adult. No exceptions.  
**HOW MUCH:** \$100.00 includes all expenses at camp and crafts.  
**Campers are responsible for transportation;**  
 Your County Extension Office may try to arrange car pooling.  
**BRING:** Sleeping bag, blankets, personal items, toiletries, rain gear, and warm casual clothes.  
**Each camper must bring their own ear and eye protection.**

**DO NOT BRING ANY GUNS, ARCHERY EQUIPMENT OR AMMUNITION.  
 They will be provided.**



Certified instructors will be present for classes and range work. Each camper will learn responsible and safe use of firearms and how to shoot in the six disciplines of the shooting sports program. They are:

- \* RIFLE
- \* TRAP
- \* ARCHERY
- \* PISTOL
- \* BLACK POWDER
- \* HUNTER CHALLENGE

**Additional program highlights for the week that you will be a part of:**

- |                  |                |                |
|------------------|----------------|----------------|
| Night Hikes      | Wild Animals   | Night Programs |
| Hunter Education | Heritage Foods | Campfires      |
| Survival Skills  | Nature Crafts  | Animal Tracts  |

**REGISTRATION DEADLINE: February 29, 2012.** Space is limited to the first 120 statewide because of the small class sizes. Enrollment is on a first come, first serve basis. Meeting the registration deadline is very important and having enough adult chaperones. Adult Chaperones must complete special forms, so if you are interested please request an “Adult Packet”. The final camper forms and instructions will be sent out after March 12th; these forms will be sent to eligible campers after their fees are paid and after they are received from the state office. If you have questions, please contact your County Extension Office.

If you have any question please contact Tony Rose at (270) 384-2317 or [trose@uky.edu](mailto:trose@uky.edu). The forms will be available on the Adair County Cooperative Extension Service webpage starting on January 3, 2012. Adair County Cooperative Extension Service website: <http://ces.ca.uky.edu/adair/4HYouthDevelopment>



**2012 Registration /Health Form—State Shooting Sports Camp**  
ALL CAMPERS, VOLUNTEERS, and STAFF



Please return to your county Extension Office for processing; the state deadline is March 2, but your local office may have an earlier date due for necessary pre-processing.  
**NO REFUNDS AFTER Feb. 29, 2012.**

Have you been to State Shooting Sports camp before? YES NO  
Do you have your orange care? YES NO  
What county will you be attending with? \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Name of Adult Chaperones who are responsible for camper?  
\_\_\_\_\_

**April 4-7, 2012**  
**Lake Cumberland 4-H**  
**Camping Center**

This information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. Health history must be filled out by parents/guardians of minors or by adults themselves. Update required annually.

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age at Camp \_\_\_\_\_  
*Last First Middle*

Home Address \_\_\_\_\_  
*Street Address City State Zip*

Phone \_\_\_\_\_ [ ] Male [ ] Female

Race\* Check all that apply: [ ] American Indian [ ] Asian [ ] Black [ ] Pacific Islander [ ] White  
[ ] Hispanic [ ] Non-Hispanic \*Necessary to comply with affirmative action-Civil Rights Standard

Have you ever attended 4-H week-long camp before? YES \_\_\_\_\_ NO \_\_\_\_\_ For how many years? \_\_\_\_\_

School Grade (entering) \_\_\_\_\_ Were you eligible for Free/Reduced meals at your school this past year? \_\_\_\_\_

Custodial parent/guardian \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Address \_\_\_\_\_  
*Street Address City State Zip*

Business Address \_\_\_\_\_ Phone: \_\_\_\_\_  
*Street Address City State Zip*

Second Parent or Guardian or Emergency Contact \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_  
*Street Address City State Zip*

If not available in an emergency, notify: \_\_\_\_\_  
*Name Relationship*

**\*\*IMPORTANT- THIS BOX MUST BE COMPLETE FOR ATTENDANCE\*\***

**Parent/Guardian Authorizations:** this health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer over the counter medication, assist in administering camper'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 give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including trips out of camp.  
**Photo Use Permission:** I grant the Kentucky 4-H Program and the University of KY, and persons acting through them, the right to use, reproduce, assign and/or distribute photographs, films, videotapes and sound recordings of myself or my minor child without compensation for use in promotion/advertising, educational publications, electronic publishing (websites) and personal memorabilia. Campers' names may be published.

**\*SIGNATURE APPLIES TO BOTH CONSENT TO TREAT AND PHOTO PERMISSION**  
**\*CHECK "NO" BOX BELOW IF PHOTO PERMISSION IS DENIED**



*Signature of parent/guardian (or adult volunteer/staff)* \_\_\_\_\_

*Printed Name* \_\_\_\_\_ *Date:* \_\_\_\_\_

No  TO PHOTO PERMISSION

**General Questions** (Explain "yes" answers below.)



Disabilities accommodated with prior notification.

| Has/does the Participant:                                | Yes | No  |   | Yes | No  |
|--|-----|-----|---|-----|-----|
| 1} Had any recent injury, illness or infectious disease? | [ ] | [ ] | 16} Ever had back problems?   | [ ] | [ ] |
| 2} Have a chronic or recurring illness/condition?        | [ ] | [ ] | 17} Ever had problems with joints; e.g., knees, ankles?                     | [ ] | [ ] |
| 3} Ever been hospitalized?                               | [ ] | [ ] | 18} Have an orthodontic appliance being brought to camp?                    | [ ] | [ ] |
| 4} Ever had surgery?                                     | [ ] | [ ] |   |     |     |
| 5} Have frequent headaches?                              | [ ] | [ ] | 19} Have any skin problems (e.g., itching, rash, acne)?                     | [ ] | [ ] |
| 6} Ever had a head injury?                               | [ ] | [ ] | 20} If female, have an abnormal menstrual history?                          | [ ] | [ ] |
| 7} Ever been knocked unconscious?                        | [ ] | [ ] | 21} Had problems with diarrhea/constipation?                                | [ ] | [ ] |
| 8} Wear glasses, contacts or protective eye wear?        | [ ] | [ ] | 22} Had mononucleosis in the past 12 months?                                | [ ] | [ ] |
| 9} Ever had frequent ear infections?                     | [ ] | [ ] | 23} Have diabetes?  | [ ] | [ ] |
| 10} Ever passed out during or after exercise?            | [ ] | [ ] | 24} Had problems with sleepwalking?   | [ ] | [ ] |
| 11} Ever been dizzy during or after exercise?            | [ ] | [ ] | 25} Have asthma?  | [ ] | [ ] |
| 12} Ever had an eating disorder?                         | [ ] | [ ] | 26} Have a history of bed-wetting?  | [ ] | [ ] |
| 13} Ever had chest pain during or after exercise?        | [ ] | [ ] | 27} Ever had seizures?  | [ ] | [ ] |
| 14} Ever had high blood pressure?                        | [ ] | [ ] | 28} Ever had emotional difficulties for which professional help was sought? | [ ] | [ ] |
| 15} Ever been diagnosed with a heart murmur?             | [ ] | [ ] |   |     |     |

Please explain any "yes" answers, noting the number of the questions.

**Health History:** The following information must be filled in by the parent –guardian, or adult camper or staff member. The intent of this information is to provide camp health care personnel the background to provide appropriate care.

Keep a copy of the completed form for your records. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. Provide complete information so that the camp can be aware of your needs.

**ALLERGIES** List all known

Describe reaction and management of the reaction.

**Medications allergies** (list)

\_\_\_\_\_

\_\_\_\_\_

**Food allergies** (list)

\_\_\_\_\_

\_\_\_\_\_

**Other allergies** (list) – include insect stings, hay fever, asthma, animal dander, etc.

\_\_\_\_\_

\_\_\_\_\_

Please list any **DIETARY RESTRICTIONS** that apply to this individual. \_\_\_\_\_

\_\_\_\_\_

**Insurance Information**

Is the participant covered by family medical/hospital insurance? [ ] Yes [ ] No

If so, indicate carrier or plan name: \_\_\_\_\_ Group # \_\_\_\_\_

**Photocopy of front and back of health insurance card or current K–chip must be attached to this form.**

**Is there any additional information that camp staff should know to help your child be successful and have fun at camp? (behavioral, physical, emotional, special restrictions, etc.) If your child receives medication during the school year, we strongly urge you to keep your child on this medication during camp.**

**Name of family physician** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

**Name of family dentist/orthodontist** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

## 4-H EVENT CODE OF CONDUCT

(NOT FOR RESIDENTIAL CAMPS) **UPDATED 9/27/11**

The following guidelines are designed to make your experience at 4-H events satisfying to you and to all others attending. This means that all participants, members, volunteers, and 4-H Staff must adhere to the core values of the Kentucky 4-H Youth Development Program, respect the individual rights, safety, and property of others.

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

1. Everyone is expected to attend all planned sessions, workshops, field trips, and meetings of the event, and to be in appropriate dress. Delegation chaperones and/or volunteers are responsible for ensuring that members participate in all aspects of the planned program activities.
2. The possession and use of alcoholic beverages, tobacco products, and/or drugs (except medications prescribed to the participant) is prohibited. Delegation chaperones and/or volunteers are asked to limit use of tobacco products to designated areas.
3. Setting off fire alarms or tampering with fire extinguishing or other emergency equipment is prohibited.
4. Gambling and betting by adults and youth representing 4-H is prohibited.
5. Obscene, discriminatory, and/or inappropriate language, roughhousing, and insubordination is prohibited at all times.
6. Youth members should demonstrate respect toward others (youth and adults) and all facilities. Bullying, harassment of others or destruction of property will not be tolerated. These guidelines apply in both "real" and "virtual" (via social media) situations.
7. Display of overly affectionate or inappropriate attention between participants is prohibited.
8. Technological equipment (including but not limited to cell phones, laptops or mp3 players) should not interfere with the program and may not be allowed in certain situations.
9. Additional Code of Conduct guidelines specific to each county, event or program may apply and are included.

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

1. All participants are to be in their assigned area at curfew and comply with quiet hours, lights out, and other rules of the event.
2. No member or volunteer may leave the grounds unless permission is granted from the conference director or adult in charge. An adult must accompany 4-H members. Adults must notify another adult in the delegation before leaving the grounds.
3. 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.
4. Room service such as phone calls, food, laundry, or others will not be permitted without chaperone permission.

**Parents and 4-H'ers (youth in attendance) understand and accept responsibility for the above guidelines. Failure to comply with these guidelines may result in the 4-H'ers being sent home from the activity or event at his/her own expense and/or made ineligible to participate in future 4-H events and activities.**

### PENALTIES FOR INFRACTIONS

Infractions of this Code of Conduct must be reported promptly by anyone observing the incident to the adult in charge of the delegation/program and to the person in charge of the event who will bear final responsibility for disciplinary action. Penalties may include any or all of the following:

- Sending participant home
- Barring participation from future 4-H events
- Assessing the participant the cost of damages in the event of destruction of property
- Releasing participant to nearest law enforcement agency or authority
- Termination of 4-H membership (youth and adult)

I, \_\_\_\_\_, have read the Code of Conduct and agree to abide by its rules.  
(Print Name)

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

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

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