COOPERATIVE
EXTENSION
SERVICE

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College of Agriculture

Reply to:

Cooperative
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January 3, 2011

Dear 4-H Shooting Sports Enthusiast,

Enclosed are the details for the 2011 4-H State Shooting Sports Camp which will be held on March 30-April 2, 2011 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; your check should be mailed with all the completed registration forms to the Butler 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 Butler County Extension Office by the deadline of February 22.

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 the sharing arrangement by the individual counties and noted on the camper's form. It is your responsibility to notify me of the sharing arrangement.

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.

Sincerely,

Lloyd G. Saylor
County Extension Agent
for 4-H Youth Development

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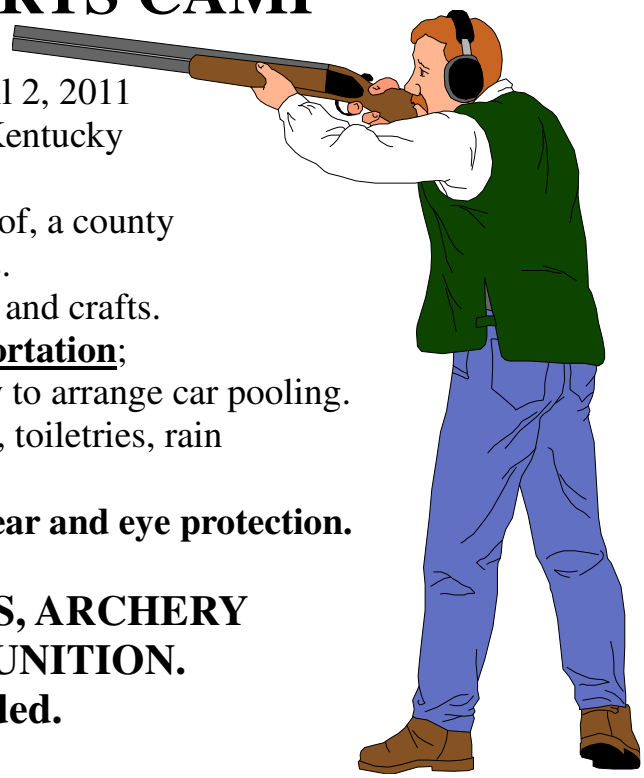
4-H SHOOTING SPORTS CAMP



WHEN: Wednesday, March 30 - Saturday, April 2, 2011
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 22, 2011. 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 1st; 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.

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2011 Registration /Health Form—State Shooing Sports Camp

All Campers, Teens, and Adults must complete the forms.

Please return to your County Extension Office for processing; the state deadline is February 22, but your local office may have an earlier date due for necessary pre-processing.

NO REFUNDS AFTER FEB. 25, 2011.

Have you been to Shooting Sports Camp before? YES NO

Do you have your orange card? YES NO

What county will you be attending with? _____

Email Address: _____

Name of Adult Chaperone who is responsible for camper?

Dates of Camp Attendance

March 30– April 2, 2011
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.

Name_____Birth Date_____Age at Camp_____
Last *First* *Middle*

Home Address_____
Street Address *City* *State* *Zip*

Phone_____Race*_____ [ ] Male [ ] Female
*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:_____

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
1} Had any recent injury, illness or infectious disease?	[ ]	[ ]
2} Have a chronic or recurring illness/condition?	[ ]	[ ]
3} Ever been hospitalized?	[ ]	[ ]
4} Ever had surgery?	[ ]	[ ]
5} Have frequent headaches?	[ ]	[ ]
6} Ever had a head injury?	[ ]	[ ]
7} Ever been knocked unconscious?	[ ]	[ ]
8} Wear glasses, contacts or protective eye wear?	[ ]	[ ]
9} Ever had frequent ear infections?	[ ]	[ ]
10} Ever passed out during or after exercise?	[ ]	[ ]
11} Ever been dizzy during or after exercise?	[ ]	[ ]
12} Ever had an eating disorder?	[ ]	[ ]
13} Ever had chest pain during or after exercise?	[ ]	[ ]
14} Ever had high blood pressure?	[ ]	[ ]
16} Ever had back problems?	[ ]	[ ]
17} Ever had problems with joints; e.g., knees, ankles?	[ ]	[ ]
18} Have an orthodontic appliance being brought to camp?	[ ]	[ ]
19} Have any skin problems (e.g., itching, rash, acne)?	[ ]	[ ]
20} If female, have an abnormal menstrual history?	[ ]	[ ]
21} Had problems with diarrhea/constipation?	[ ]	[ ]
22} Had mononucleosis in the past 12 months?	[ ]	[ ]
23} Have diabetes?	[ ]	[ ]
24} Had problems with sleepwalking?	[ ]	[ ]
25} Have asthma?	[ ]	[ ]
26} Have a history of bed-wetting?	[ ]	[ ]
27} Ever had seizures?	[ ]	[ ]
28} Ever had emotional difficulties for which professional help was sought?	[ ]	[ ]

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
Medications allergies (list)

Describe reaction and management of the reaction.

_____ _____

_____ _____

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_____

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