

January 7, 2011

TO: POTENTIAL 4-H TEEN RETREAT PARTICIPANTS

FROM: LLOYD G. SAYLOR
COUNTY EXTENSION AGENT FOR 4-H YOUTH DEVELOPMENT

Dear Teens,

Reply to:

**Cooperative
Extension Service**
*Butler County
113 E GL Smith Street
P O Box 370
Morgantown, KY 42261-0370
(270) 526-3767
Fax: (270) 526-2357
<http://ces2.ca.uky.edu/butler/>*

On behalf of the Planning Committee, I would like to invite you to participate in the **4-H Teen Retreat** to be held **March 18-20** at the **West Kentucky 4-H Camp**. The committee has been working hard planning the “**Camp Clue: Get a Clue for a Cure**” theme geared around the popular mystery game and service toward supporting cancer research. You will also enjoy spending a relaxing, leadership based, fun-filled weekend with your friends and fellow teens from around Western Kentucky!! Additional activities will include a fantastic guest speaker, karaoke, dances, movies, mixers, great food, and numerous other exciting events and activities!!

The cost of the retreat is **\$70.00 (\$10 discount from last year!)**, which includes all meals, refreshments, lodging, most classes, and a free retreat t-shirt (be sure to mark your shirt size on the form). This year’s retreat is a great deal packed with fun. This is a very affordable retreat and you are practically guaranteed a good time, if you attend. You should return the enclosed registration forms along with your check, made payable to the **Butler County 4-H Council** to the Extension Office by **February 25, 2011**. Please note, also stated on the information page, that you may have extra fees for some classes or fun shops. Not all classes or fun shops will cost extra, but some may, so please bring a little extra cash for this purpose. You will not sign up for classes until Friday night of the retreat. I can tell you that this year we will have High Ropes, Low Ropes, Climbing Wall, Zipline, and several other classes free (these have cost up to \$8 each in the past and are now free). Please come prepared so you can take all the exciting classes you want.

Feel free to bring snacks or drinks. The weather for the weekend can be a toss-up. We could be looking at cool or warm days, so please plan accordingly. I would recommend you bring some warm clothes, especially if you sign up for outdoor classes. Try to check your weather forecast before leaving home. Bring towels, wash cloths, twin sized sheets, and pillowcases or a sleeping bag along with all other shower necessities.

This retreat promises to be an awesome experience with something for everyone. We plan to take full advantage of the camp facilities. Make plans to attend and encourage all your friends to come as well. To insure you get to attend plan to have all your forms and fees in by **February 25, 2011**. Hope to see you on March 18th for our best Teen Retreat ever!

RETREAT INFORMATION

Registration Form

Retreat Fee: \$70.00 Make your check payable to the Butler County 4-H Council.
Return this registration form and your money to your 4-H Agent by
February 25, 2011.

T-Shirt Order: **FREE**

T-shirt with color retreat logo, front and back graphics

Size: Small _____ Medium _____ Large _____

X-Large _____ XX-Large _____

XXX-Large _____

Class Options:

Several classes and fun shops will be offered. All sign ups for classes will be done on Friday night. Some classes may require a small fee, so be sure to have some extra cash. Please do not include any money for classes in this payment, simply bring some extra funding with you to the retreat. This year all classes such as high ropes, low ropes, climbing walls, zip lines, etc. will be no extra charge to participate in.

Roommate Choices:

1st Choice: _____ 2nd Choice: _____

3rd Choice: _____ 4th Choice: _____

(The number of roommates in each cabin will vary according to lodging capacity. The 4-H Teen Retreat Committee will have final say on all room assignments.)

Total money enclosed: \$ _____

(Do not include class money in this payment. All class costs are due upon sign-up at camp.)

PARTICIPANT INFORMATION

Participant's Name: Last: _____ First: _____ Middle Initial: _____

Address: Street: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Participant's Social Security number: _____ Date of Birth: _____ Age: _____

Business Phone: Mother: _____ Father: _____

Home Phone: Mother: _____ Father: _____

Neighbor or Relative's Name: _____ Phone: _____

PARTICIPANT'S PRIMARY MEDICAL/HEALTH INSURANCE INFORMATION

The personal health insurance of the participant will be the primary coverage used should a medical situation arise during the 4-H activity.

Name of Policy Holder: _____

Policy Number: _____ Member ID #: _____

Insurance Co. Name: _____

Insurance Co. Phone #: _____

A copy of the front and back of all insurance and Rx identification cards is attached

IF PARTICIPANT HAS NO HEALTH COVERAGE, CHECK AND SIGN HERE.

There is no health insurance coverage for this participant at this time.

Signature of Parent: _____

Date: _____

Excess Insurance: Insurance coverage is provided on an **excess** basis only. The participant's personal health insurance policy will be primary and provide coverage for accident and sickness. In the event the participant does not have health insurance this policy will provide coverage for accident and sickness. Pre-existing conditions are not covered.

Summary of Excess Benefits & Limitations

- | | | |
|--|-------------------------------------|----------|
| • Accident Medical Expense (Above Primary Coverage) \$25,000 | • Deductible | \$0 |
| • Accident Dental Expense (Above Primary Coverage) Included | • AD&D and Paralysis, Principal Sum | \$0 |
| • Sickness Medical Expense (Above Primary Coverage) \$500 | • Benefit Period | One Year |

PHOTO USE PERMISSION

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 website content which they may create.

Signature of Parent: _____ Date: _____

Important – This box must be complete for attendance*

Parent/Guardian Authorizations: All information provided on the Insurance Form, Health History and Medication Form are correct and complete as far as I know. The person herein described has permission to engage in all event activities except as noted. I hereby give permission to the event designee to provide routine health care, administer prescribed and over the counter medications, 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 staff to arrange necessary related transportation for appropriate medical treatment. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the event staff to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.


Signature of parent/guardian/participants over 18 years: _____

Printed Name: _____ Date: _____

MEDICAL INFORMATION (the following information must be provided regardless of insurance coverage)

General Questions

Important! Your child should know how to administer their own dosages!



Delegate's Name: _____ Date: _____

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?	[]	[]	19. Have any skin problems (e.g., itching, rash, acne)?	[] []
5. Have frequent headaches?	[]	[]	20. Have diabetes?	[] []
6. Ever had a head injury?	[]	[]	21. Have asthma?	[] []
7. Ever been knocked unconscious?	[]	[]	22. Had mononucleosis in the past 12 months?	[] []
8. Wear glasses, contacts or protective eye wear?	[]	[]	23. Had problems with diarrhea/constipation?	[] []
9. Ever had frequent ear infections?	[]	[]	24. Had problems with sleepwalking?	[] []
10. Ever passed out during or after exercise?	[]	[]	25. If female, have an abnormal menstrual history?	[] []
11. Ever been dizzy during or after exercise?	[]	[]	26. Have a history of bed-wetting?	[] []
12. Ever had seizures?	[]	[]	27. Ever had an eating disorder?	[] []
13. Ever had chest pain during or after exercise?	[]	[]	28. Ever had emotional difficulties for which professional help was sought?	[] []
14. Ever had high blood pressure?	[]	[]		
15. Ever been diagnosed with a heart murmur?	[]	[]		

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

Which of the following has the participant had?

Please give all dates of immunization for:

	Vaccine:	Dates:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
<input type="checkbox"/> Measles	DTP		_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Chicken Pox	TD (tetanus/diphtheria)		_____	_____	_____	_____	_____	_____
<input type="checkbox"/> German measles	Tetanus		_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Mumps	Polio		_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Hepatitis A	MMR		_____	_____				
<input type="checkbox"/> Hepatitis B	or Measles		_____	_____				
<input type="checkbox"/> Hepatitis C	or Mumps		_____	_____				
	or Rubella		_____	_____				
TB Mantoux Test	Haemophilus influenza B		_____	_____	_____	_____		
Date of last test _____	Hepatitis B		_____	_____	_____	_____		
Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative	Varicella (chicken pox)		_____					

Health History: The following information should be completed for ALL youth and adults attending this program, event or activity. The intent of this information is to provide health care personnel the background to provide appropriate medical treatment.

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

4-H ACTIVITY AND EVENT ACCEPTANCE FORM

Activity or Event:

4-H Teen Retreat

Date of Activity or Event:

March 18-20, 2011

The above-named activity or event is planned, conducted and supervised by the University of Kentucky Cooperative Extension Service. All 4-Hers in attendance are subject to the supervision of Extension personnel and/or 4-H leaders responsible for the activity or event, and 4-Hers are responsible for their own conduct while in attendance. Specific guidelines for conduct include:

4-H Teen Retreat Code of Conduct

*No smoking or use of tobacco products is permitted for teens under the age of 18. For teens who are 18 years of age or older, proof of identification will be required in order to gain permission to smoke or use tobacco products in the designated area, ONLY!

*All youth driving to the retreat must check their car keys in at the registration desk after moving into the cabins.

*The security team will be in force during the retreat to ensure that all 4-Hers are either in their own dorms or at the supervised events. No youth may travel from one place to the other after hours without supervision, unless it is specifically part of the program.

*4-Hers shall participate fully in all programs outlined for the activity or event.

*The use of alcohol or drugs will not be permitted at any 4-H activity or event.

*4-Hers shall show respect for the property and facilities used during any activity or event and assume financial responsibility for any damages they cause.

*4-Hers shall be in their assigned rooms and quiet at the time specified by Extension personnel and leaders. Boys are not to go into girls cabin areas and girls are not to go into boys cabin areas at any time unless accompanied by an authorized Extension personnel or adult 4-H leader.

*The 4-Hers conduct at all times shall be appropriate to the standards and image of the 4-H program.

We understand and accept the responsibility for following the above-stated codes of conduct. We also understand that failure to follow these guidelines may result in being sent home from the activity or event at the parents' expense and/or made ineligible to participate in future 4-H events or activities.

Parents Signature

Date

4-H Members Signature

Date

**Kentucky 4-H
High Ropes Course
Participation Agreement**

Print Participant Name

Print Name of Group

Instructions: Please read this form carefully. Each participant and/or the parent must sign this agreement before the program begins. Without all appropriate signatures, the individual may not be permitted to participate in the program

I understand that my participation in the High Ropes Course at a Kentucky 4-H Camp is based on the "Challenge by Choice" philosophy. I recognize that the program is designed to use experiential, engaging teaching techniques, but that my participation is purely voluntary. At all times, I will choose my level of participation in any activity. I have read the Full Value Contract on the back of this agreement and agree to follow the guidelines as presented.

I understand the employees and/or independent contractors of the Kentucky 4-H Camp and the University of Kentucky have received training and will attempt to protect the emotional and physical safety of myself and/or my child. I understand that climbing, high ropes, ground initiatives and other activities in the High Ropes Course for which I and/or my child have enrolled entail certain risks, including but not limited to inclement weather; loss or damage to personal property; accidents resulting from climbing, swinging, jumping or other types of outdoor activities; the hazards of accidents in a relatively remote area; unforeseeable acts of nature and the emotional effects of being in perceived risk.

Therefore, for myself/my child, I knowingly and voluntarily assume all risks involved in my participation and do hereby release the Kentucky 4-H Camp and the University of Kentucky and its members, trustees, officers, employees, independent contractors and agents from any and all liability, damages, costs 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 this program.

I have read and understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation in the said program. I understand and agree that by executing this form that I waive and release any and all claims that I might have as a result of my and/or my child's participation in this program.

I grant the Kentucky 4-H Program and the University of Kentucky and persons acting through them, the rights to use, reproduce, assign and/or distribute photographs, films, videotapes and sound recordings of myself or my child for use in materials they may create.

Signature of Participant (Required)
(if over 18 years of age)

If participant is under 18, signature of parent/guardian is **required**.

Age: _____

Date: _____

Address

City

State

Zip

Person to be contacted in the case of an emergency: _____

Name _____

Relationship to Participant: _____

Home Phone _____

Business Phone _____