



# 4-H CAMP 2012

Dear Parent/Guardian and Camper,

This application packet is for the 2012 Fayette County 4-H Summer Camp! In this packet you will find all of the information you need to register for summer camp. Upon receipt of the **completed application** you will receive a confirmation letter. A camper newsletter will be mailed approximately 2 weeks prior to camp with details about what to pack, departure day, current medications, and other reminders. The 4-H staff looks forward to a terrific camp season for 2012!

If you have any questions about the **1st week** of camp you can contact Eric Comley (eric.comley@uky.edu) or by phone at 257-5582.

*Eric Comley*  
Eric Comley, County Extension Agent for 4-H Youth Development

If you have any questions about the **2nd week** of camp you can contact Kevin Lindsay at (klind2@uky.edu) or Steve Musen (steve.musen@uky.edu) or by phone at 257-5582.

*Kevin Lindsay*      *Steve Musen*  
Kevin Lindsay      Steve Musen  
County Extension Agents for 4-H Youth Development



## Dates and Locations

Monday, July 9 - Friday, July 13, 2012  
J.M. Feltner 4-H Camp - London, KY

-OR-

Monday, July 30 - Friday, August 3, 2012  
North Central 4-H Camp - Carlisle, KY

## Camper's Age

Ages 9 - 14

(must turn 9 before the first day of camp)  
Campers do **NOT** have to be enrolled in a 4-H club to attend summer camp!

## To Register

Complete the application packet and return to: Fayette County 4-H Camp, Fayette County Extension; 1140 Red Mile Place; Lexington, KY 40504.  
**Please be sure to include - payment, parent signature and a copy of the camper's health insurance or medical card.**

**INCOMPLETE APPLICATIONS WILL BE RETURNED TO YOU FOR COMPLETION!**

## Cost

\$ 195.00

(Includes transportation, 4 night lodging, 12 meals, 2 snacks per day and class fees)

### **Payment accepted:**

Check or Money Order  
(Made payable to Fayette County 4-H Camp)  
**NO CASH ACCEPTED**

\*\*Distribution of non-school materials does not imply sponsorship or endorsement of the contents of Fayette County Public Schools.

## Volunteers

Adult and teen volunteers are needed for a successful camp week. Children of adult counselors will attend camp for free, up to two children. Any adult (18 and above) or teen (ages 15 -17) interested in being a volunteer should contact the 4-H Camp Office at 257-5582 or [eric.comley@uky.edu](mailto:eric.comley@uky.edu) to request an application.

## Deadlines

The registration deadline is Monday, June 11 for session one and Monday, July 9 for session two—however, the camp sessions are filled on a first come, first serve basis, so don't delay. Please be sure the entire application is complete.

**Incomplete applications will be returned to you for completion!**

## First Time Camper Orientation

Monday, June 25, 7:00p.m. (Week 1)  
Monday, July 23, 7:00 p.m. (Week 2)



## Scholarships

A half scholarship of \$97.50 will be made available **as long as funds are available** to any child that qualifies. If you wish to apply for a half camp scholarship, an adult family member must complete the "Application for Free and Reduced-Price Meals" on the back of the application. Return completed application with a check or money order for \$97.50 - if you do not qualify you will be contacted.

## Health Care

The Health Care Recommendations section must be completed. This can be done by attaching a copy of a current physical, or by having a licensed medical professional, such as a family doctor, or nurse complete the form. The Fayette County 4-H Camp will have nurses available one hour before First Time Camper Orientation. This is drop-in, so no appointment is necessary. If your child attended 4-H camp last year and received a physical, please indicate that in the appropriate section and sign your name. Please do not send in your application without this section completed.

## Pick-Up Information

On the Pick-Up/Release form enclosed in the application you will complete a section about picking your child up. For use in completing this, you will need the following information—

Buses will **load** at the E.S. Goodbarn and **unload** at the Commonwealth Stadium, Red Lot for both summer camping sessions.

Week 1—Return Date:

Friday, July 13, 2012 at 12:30 p.m.

Week 2—Return Date:

Friday, August 3, 2012 at 12:30 p.m.



## 2012 Registration /Health Form

### Kentucky 4-H Camp for ALL CAMPERS, VOLUNTEERS, and STAFF



For Office Use Only:

Return to: Fayette County 4-H Camp  
1140 Red Mile Place  
Lexington, KY 40504

Choose Week:

\_\_\_ July 9-13, 2012 (London)  
\_\_\_ July 30-August 3, 2012 (Carlisle)

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.

It is required that the Health Exam be completed by approved licensed medical personnel at least every two years. The Camper Medication Form (separate page) must be completed just prior to attending camp.

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

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

<p>Which of the following has the participant had?</p> <p><input type="checkbox"/> Measles</p> <p><input type="checkbox"/> Chicken Pox</p> <p><input type="checkbox"/> German measles</p> <p><input type="checkbox"/> Mumps</p> <p><input type="checkbox"/> Hepatitis A</p> <p><input type="checkbox"/> Hepatitis B</p> <p><input type="checkbox"/> Hepatitis C</p> <p>TB Mantoux Test</p> <p>Date of last test _____</p> <p>Result <input type="radio"/> Positive <input type="radio"/> Negative</p>	<p>Please give all dates of immunization for:</p> <table border="0"> <thead> <tr> <th>Vaccine:</th> <th>Dates:</th> <th>Mo/Yr</th> <th>Mo/Yr</th> <th>Mo/Yr</th> <th>Mo/Yr</th> <th>Mo/Yr</th> <th>Mo/Yr</th> </tr> </thead> <tbody> <tr> <td>DTP</td> <td></td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>TD (tetanus/diphtheria)</td> <td></td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Tetanus</td> <td></td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Polio</td> <td></td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>MMR</td> <td></td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td>or Measles</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td>or Mumps</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td>or Rubella</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td>Haemophilus influenza B</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td>Hepatitis B</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td>Varicella (chicken pox)</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Vaccine:	Dates:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	DTP		_____	_____	_____	_____	_____	_____	TD (tetanus/diphtheria)		_____	_____	_____	_____	_____	_____	Tetanus		_____	_____	_____	_____	_____	_____	Polio		_____	_____	_____	_____	_____	_____	MMR		_____	_____	_____	_____	_____	_____		or Measles	_____	_____	_____	_____	_____	_____		or Mumps	_____	_____	_____	_____	_____	_____		or Rubella	_____	_____	_____	_____	_____	_____		Haemophilus influenza B	_____	_____	_____	_____	_____	_____		Hepatitis B	_____	_____	_____	_____	_____	_____		Varicella (chicken pox)	_____	_____	_____	_____	_____	_____
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**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 \_\_\_\_\_

**\*Each 4-H camp participant is required to have a health exam within the past 24 months.**

**The Form below is to be used.**

Health Exam for 4-H Camp Attendance  
To be completed by Licensed Medical Personnel  
**A copy of a school or sports physical may be attached instead.**

I have examined \_\_\_\_\_ (individual's name) on \_\_\_\_\_

(the exam must be within the 24 months of camp attendance). BP \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

In my opinion the above applicant [ ] (is) [ ] (is not) able to participate in an active camp program.

The applicant is under the care of a physician for the following conditions: \_\_\_\_\_

Any medical treatments to be continued at camp? \_\_\_\_\_

Additional information for health care staff at camp \_\_\_\_\_

Signature of Licensed Medical Personnel \_\_\_\_\_

LMP Name Printed \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

For County Office Use:

***For Camp Use Only***

Health History Reviewed by Camp Medical Personnel on: Date \_\_\_\_\_

Revised 11/10/2011



Educational programs of Kentucky Cooperative Extension serve all people regardless of race, color, age, sex, religion, disability, or national origin. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating. Disabilities accommodated with prior notification.



### PICK-UP/RELEASE FORM

This form must be completed or your child will not be permitted to attend 4-H Camp.



I, the parent/guardian/foster parent of \_\_\_\_\_ have read, understand and agree to the following. My child will return from 4-H camp on \_\_\_\_\_ at \_\_\_\_\_ (a.m. or p.m.) The bus will unload at \_\_\_\_\_. **(Pick up date and location are on page 2 of this application.)**

It is my responsibility to arrange to pick-up my child/children upon her/his return from camp at the above time.

There will be no exception to this policy regardless of relationship to the child. Please inform everyone approved by you on this release that he/she must present a valid driver's license or photo ID before the child will be released. IF A CAMPER'S PARENTS ARE SEPARATED OR DIVORCED, UNLESS THE CAMP IS PROVIDED WITH A COPY OF A KENTUCKY COURT ORDER TO THE CONTRARY, BOTH BIOLOGICAL AND ADOPTIVE PARENTS HAVE ACCESS TO THE CAMPER.

CAMPER NAME \_\_\_\_\_ COUNTY: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ CELL PHONE: ( ) \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_ WORK PHONE: ( ) \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ CELL PHONE: ( ) \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_ WORK PHONE: ( ) \_\_\_\_\_

If applicable, the custodial parent is: \_\_\_\_\_  
Name

The camper named above has my permission to be picked up by person(s) listed below. I understand my child cannot be picked up from the campgrounds by anyone except his/her guardians unless they are on this list.

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

My child has permission to walk home from the Camp bus drop-off site. I understand that this permission may be rescinded due to special conditions (bus arrives after dark, bad weather, etc.), and that I will be contacted if this occurs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*When a camper is not picked up or when no one listed above is present to pick up a camper, the camper will be turned over to local child protection authorities.*

**BY SIGNING THIS, I ACKNOWLEDGE THAT I HAVE READ ALL THE ABOVE INFORMATION RELATED TO PICKING UP MY CHILD WHEN HE/SHE RETURNS FROM 4-H CAMP, AND I HAVE INSTRUCTED MY CHILD THAT HE/SHE IS TO LEAVE WITH NO ONE UNLESS LISTED ABOVE. HE/SHE ALSO HAS BEEN TOLD TO REPORT IMMEDIATELY TO THE AGENT IF THE DESIGNATED PERSON(S) IS/ARE NOT PRESENT AT THE TIME THE BUS ARRIVES.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

RELATIONSHIP TO THE CHILD: \_\_\_\_\_

Revised 1/26/2011



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PD – 11  
 FELTNER 4-H CAMP  
 LAKE CUMBERLAND 4-H EDUCATIONAL CENTER  
 NORTH CENTRAL 4-H CAMP  
 ACTIVITY RELEASE FORM  
 AGREEMENT TO PARTICIPATE, ASSUMPTION OF RISK INDEMNITY  
 AGREEMENT, AND RELEASE OF LIABILITY

---

 PRINT PARTICIPANT'S NAME

---

 PRINT NAME OF GROUP

***Instructions: Read page one for disclosure of perceived risks involved with the Kentucky 4-H Camping program carefully. For parents with children 17 & under, initial specialized activities that you would like to be available to your child. Each participant and parent must sign this agreement before the program begins. Without all appropriate signatures, the individual will not be permitted to participate in these programs.***

I understand that my/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/my child's participation is purely voluntary**, at all times, and I/my child will choose my /his or her level of participation in any activity. By signing this form at the bottom of page 2, I am giving permission for my child to participate in classes that he/she may enroll in and other general camp activities. I will indicate below any specialized activities that my child has permission to participate in if he/she enrolls.

I understand that 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 physical and emotional safety of myself/my child. I acknowledge that during programs that participants have requested to participate in, certain risks and dangers may occur. These include, but are not limited to the hazards of physically demanding activities, aquatic activities, exposure to wild life, accidents or illness in remote places without medical facilities and the forces of nature. I further understand that these risks may include loss or damage to personal property, physical or psychological damage and/or injury not excluding fatality due to accidents, which may occur. I further understand that participants in the selected programs will be exposed to the elements of nature, including temperature extremes and inclement weather.

### **Specialized Activities**

#### **HIGH AND LOW ROPES CHALLENGE COURSE ACTIVITIES:**


I understand that climbing, high ropes, ground initiatives and other activities in the High Ropes Course entail certain risk. These include but are not limited to inclement weather; loss or damage to personal property; accidents resulting from climbing, swinging, jumping and 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.

#### **SHOOTING SPORTS**

For the purposes of summer camp, "Shooting Sports" will include any and all activities involving guns, ammunition, bows or arrows. I understand that these activities have specific inherent risks. These risks include but are not limited to: inclement weather; loss or damage to personal property; injury resulting from misfires, ricochets, dry fires with a bow, and other shooting accidents; the hazards of accidents in a relatively remote area; unforeseeable acts of nature and the emotional effects of being in perceived risk.

**PARENTAL CONSENT FOR CHILDREN 17 & UNDER FOR SPECIALIZED PROGRAMS**

My initials next to a given activity serve as my permission for my child to participate in that specialized activity while attending 4-H Camp. Lack of initials should be assumed as no permission being granted for participation in that activity.

 \_\_\_\_\_ Shooting Sports (\*Required for Archery, Riflery, and/or Trap Shoot)  
(Initial Here)


 \_\_\_\_\_ Low Ropes Challenge Course (\*Required for Challenge Course)  
(Initial Here)

 \_\_\_\_\_ High Ropes Challenge Course (\*Required for High Ropes)  
(Initial Here)

**HAVING READ THE PRECEDING INFORMATION ON PAGE ONE OF THIS DOCUMENT, I ACKNOWLEDGE THAT I HAVE BEEN INFORMED OF PERCEIVED RISKS INVOLVED WITH THE CAMPING PROGRAM. I UNDERSTAND THESE RISKS FOR MYSELF/MY CHILD, AND I KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK INVOLVED IN MY/MY CHILD'S PARTICIPATION AND DO HEREBY RELEASE THE KENTUCKY 4-H CAMP AND THE UNIVERSITY OF KENTUCKY AND ITS MEMBERS, TRUSTEES, OFFICERS, EMPLOYEES, INDEPENDENT CONTRACTORS, VOLUNTEERS AND AGENTS 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 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/my child's participation in this program.

I have either attended camper orientation, or been informed of leader/camper expectations by my county extension agent and agree to follow the guidelines as presented.

 \_\_\_\_\_  
Signature of Participant (Required)

\_\_\_\_\_  
Signature of parent/ guardian  
(Required if participant is under 18)

Age of participant: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Address City State Zip Code

Person to be contacted in case of an emergency:

Name \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Revised 1/10/2012

## Special Requests

Camper Name: \_\_\_\_\_

School Attended: \_\_\_\_\_

My child would like to be cabin mates with:  
(Requests Only—We do everything we can to honor these, but they are not guaranteed!)

My child would like to be in classes with:  
(Requests Only—We do everything we can to honor these, but they are not guaranteed! Campers should rank classes identical to assist with this process!)

**\*To help ensure your camper is assigned to a cabin or classes with another camper, mail applications and payments together—otherwise, all efforts will be made to make these placements, but cannot be guaranteed.**



## T-Shirt Size

Child Size \_\_\_\_\_ Adult Size \_\_\_\_\_

Small \_\_\_ Medium \_\_\_ Large \_\_\_ X-Large \_\_\_

## Payment

Camper Name: \_\_\_\_\_

Registration Fee: \_\_\_\_\_

Total Payment: \_\_\_\_\_

Payment Type:

Check  Money Order  Credit Card

If paying by Credit Card complete the following:

Name of Card Holder: \_\_\_\_\_

Card Type:  Visa  Master Card

Expiration Date: \_\_\_\_\_ Verification Code: \_\_\_\_\_

Billing Zip Code \_\_\_\_\_

Card Number: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

E-mail address \_\_\_\_\_

**(e-mail address needed for e-receipt,  
if using a credit card)**



## Classes

Rank class selections 1 (Best) through 20 (Worst).  
Classes are filled on a first come, first serve basis!  
If all classes are not ranked, they will be assigned based on availability.

The following 17 classes will be taught at both camps:

- |   |   |
|---|---|
| <input type="checkbox"/> Swimming (Beginning) | <input type="checkbox"/> Archery*       |
| <input type="checkbox"/> Swimming (Advanced)  | <input type="checkbox"/> Basketball     |
| <input type="checkbox"/> Nature               | <input type="checkbox"/> Recreation     |
| <input type="checkbox"/> Canoeing             | <input type="checkbox"/> Jewelry Making |
| <input type="checkbox"/> Outdoor Group Games  | <input type="checkbox"/> High Ropes*    |
| <input type="checkbox"/> Challenge Course*    | <input type="checkbox"/> Crafts         |
| <input type="checkbox"/> Fishing              | <input type="checkbox"/> Riflery*       |
| <input type="checkbox"/> Woodworking          | <input type="checkbox"/> Yard Games     |

Future Camp Leader - **This class is mandatory for 14 year old campers!**

In addition to the 17 classes listed above the following 3 classes will be taught at North Central ONLY. Please include in your rankings.

- Tie-Dye
- Trap Shooting\*
- Photography

In addition to the 17 classes listed above the following 3 classes will be taught at Feltner ONLY. Please include in your rankings.

- Tailgate Cooking
- Nature Journaling
- GPS / Treasure Hunt

\* If selecting these classes you must fill out the activity release form located in this application.

# Scholarship Eligibility Application

## FY 2014

**1. CHILD INFORMATION (print)**

**2. PROGRAM BENEFITS**

Name of Child	Date of Birth	Food Stamp#	K-TAP#	Foster Child fill in monthly personal income here
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**3. HOUSEHOLD MEMBERS AND MONTHLY INCOME: If you have a food stamp or K-TAP case number, go to Part 4.**

NAMES OF HOUSEHOLD MEMBERS Including Children Not Listed Above	GROSS MONTHLY Income From Work (Before Deductions)	MONTHLY Income From Welfare Payments, Child Support, Alimony	MONTHLY Income from Pensions Retirement Social Security	Any Other MONTHLY Income
LAST                      FIRST				
1. _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____	\$ _____

**4. SIGNATURE:** I certify that all of the above information is true and correct, that all income is reported and/or the food stamp or K-TAP case number is reported correctly. I understand that this information is being given for the receipt of federal funds; that school officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

_____ Signature of Adult Household Member	_____ Date	_____ Social Security Number*
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Home Telephone No. \_\_\_\_\_ Work Telephone No. \_\_\_\_\_ Printed Name \_\_\_\_\_

Street/Apt.No. \_\_\_\_\_ City/State/Zip \_\_\_\_\_

<p><b>PART 5 - RACE AND ETHNICITY: (You are not required to answer this question.)</b> Please check all categories that apply to the racial identity of your children. No child will be discriminated against because of race, color, sex, national origin, age or disability.</p>	<p><b>ETHNICITY:</b> (Choose one)</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not Hispanic or Latino</p>	<p><b>RACE:</b> (Choose one)</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander</p> <p><input type="checkbox"/> White</p>
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<p><b>PART 6 – Medicaid or K-CHIP Benefits</b> – This section does not need to be completed to receive free or reduced price meals.</p> <p>We may share your information with Medicaid or the Kentucky Children’s Health Insurance Program (K-CHIP), <u>unless you tell us not to</u>. The information, if you choose to let us share it, may be used to determine if your children would qualify for Medicaid or K-CHIP benefits and officials from those programs may contact you with additional information. If you <u>do not</u> want us to share the information for that purpose, please check the box and put your signature and the date on the line below.    <input type="checkbox"/> <b>NO</b></p>	
<p> _____ SIGNATURE OF PARENT/GUARDIAN</p>	<p> _____ DATE</p>

I certify that I am the parent/guardian of the child for whom this application is made. \_\_\_\_\_  
Signature of Parent/Guardian                      Date

**PRIVACY ACT NOTICE:** The National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signed the application unless (1) you are applying for a foster child or (2) you list a Food Stamp or K-TAP number for your child or (3) when the adult who signed the application does not have a social security number. We will use the information to determine if your child is eligible for free or reduced price meals and for the operation and enforcement of the breakfast and lunch programs. We may share this eligibility information with (1) education, health and nutrition programs to help them evaluate, fund, or determine benefits for their programs; (2) auditors for program reviews; and (3) law enforcement officials to help them investigate violations of program rules.

**FOR SPONSOR USE ONLY. DO NOT WRITE BELOW THIS LINE.**

<p><b>MONTHLY INCOME CONVERSION – WEEKLY X 4.33</b></p> <p><input type="checkbox"/> Food Stamp/K-TAP</p> <p><input type="checkbox"/> Income Household:</p> <p style="text-align: center;">Total Household Monthly Income: _____ Household Size: _____</p>	<p><b>EVERY 2 WEEKS X 2.15</b></p> <p>Application approved for:</p>	<p><b>TWICE A MONTH X 2</b></p> <p><input type="checkbox"/> Qualified</p> <p><input type="checkbox"/> Non-Qualified</p>
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_____ Signature of Determining Official	_____	_____	_____	_____
	Date	W/D Date	Re-enter Date	