



# Boyle - Lincoln - Powell

## 4-H Summer Camp(CAMPER)



**Under the Big Top**  
**BE THE STAR OF THE SHOW**

★ ★ ★ ★ ★

**4-H Camp 2024**

### July 15 - 19, 2024

JM Feltner 4-H Camp London, KY

### Cost: \$150

Includes lodging, food, t-shirt, activities & class fees

**Early Bird Offer: \$10 OFF & BONUS camp shirt with completed application & PAID Deposit**

## Final Deadline: Friday, June 7th

Space is limited and first come, first served!

#### Cooperative Extension Service

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

#### MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, physical or mental disability or reprisal or retaliation for prior civil rights activity. Reasonable accommodation of disability may be available with prior notice. Program information may be made available in languages other than English. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating. Lexington, KY 40506



Disabilities accommodated with prior notification.



## **IMPORTANT INFORMATION & FAQs**

### **Who May Attend - Youth:**

- Living in and/or attending school in Lincoln County. Current enrollment in 4-H is not required.
- Graduated 3rd grade but have not graduated 8th grade (school year 23-24) attend as regular summer campers.
- Graduated 8th Grade:
  - Rising 9th graders will attend Counselor in Training Leadership Experience - use this application.
  - Rising 10th - 12th graders who **HAVE** been through CIT Leadership Experience, may apply to attend as a Junior Counselor. (Ask for separate JC application)

### **Who May Attend - Adults:**

- Adult Counselors are required for every 7 Lincoln County youth who attend camp.
- Approved (see below) Adult Counselors attend at **no charge** and earn one (1) free camper spot.

### **How to Sign Up - Youth:**

- ALL camp **forms and fees are due no later than June 7th**. SPACE IS LIMITED.
- Make checks payable to Lincoln County 4-H. Cash, online payment, and money orders are also accepted.
- ONLY Complete registration (paperwork plus \$75 deposit) will hold spots for camp. If the application is incomplete, it will stay on the waiting list until completed.

### **How to Sign Up - Adults:**

- Any adult interested in attending camp should **contact the Extension Office to begin the Volunteer Application Process immediately**.
- All adults must undergo a background check, reference check, interview, and attend required training.

### **Cost:**

- Early Bird Registration is available if payment of \$75 deposit and complete application is one of the FIRST 50 received.
- Regular camp registration fee is \$150. ALL camp fees are due by camper orientation.

### **Scholarships:**

- A limited number of HALF scholarships are available based on financial need. **No full scholarships are awarded. All scholarship forms must be submitted to the extension office by May 31st.**

**Health Forms:** We require complete health information. We do not require a physical examination.

**Medical Insurance Card:** Each camper must submit a copy of applicable Medical Insurance Card.

**Head Lice Checks:** Campers must have a head lice check done before departure for camp. No camper is permitted to board the bus without a signed head lice check form.

**Mandatory Orientation:** Every camper + at least one parent/guardian **MUST ATTEND** one of the scheduled orientation sessions. **NO EXCEPTIONS.**



Name: \_\_\_\_\_ School Attended in 2023-24: \_\_\_\_\_

**If possible, I would like to be in a cabin with (same gender only):**

1. \_\_\_\_\_ 2. \_\_\_\_\_

Note: Efforts are made to place campers in cabins with those they request, but only a small number of cabins are available. All reasonable efforts will be made to accommodate your requests.

Please note we have a strict **NO BULLYING** policy.

**Parents, please notify agents if there are existing issues.**

## Choose Your Camp Classes

Please rank your top **7 choices** (total) for your classes, with **1 being first choice** and **7 being last choice**. Classes fill first come/first served, so please get your application in early! Note: Only mark swimming if you want swimming lessons. Everyone will have Free Swim. **Rising high school freshman (completed 8th grade) must sign up for Counselor-In-Training Leadership Experience.**

Rising high school freshman and above may NOT attend camp as a regular camper.

***If you have questions about a class, please contact the extension office.***

**Please choose 7 (1 being first choice, 7 last choice)**

- |   |  |
|---|--|
| <input type="checkbox"/> Art                | <input type="checkbox"/> Cooking               |
| <input type="checkbox"/> Advanced Swim      | <input type="checkbox"/> Historical Cooking    |
| <input type="checkbox"/> Archery            | <input type="checkbox"/> Fishing               |
| <input type="checkbox"/> Basketball         | <input type="checkbox"/> High and Low Ropes    |
| <input type="checkbox"/> Beginning Swim     | <input type="checkbox"/> Nature                |
| <input type="checkbox"/> Book Worms Only    | <input type="checkbox"/> Nightly News on Stage |
| <input type="checkbox"/> Board Games & More | <input type="checkbox"/> Riflery               |
| <input type="checkbox"/> Canoeing           | <input type="checkbox"/> Volleyball            |
| <input type="checkbox"/> Crafts             | <input type="checkbox"/> Weird Science         |

## Counselor in Training Leadership Experience

Available to all campers who have completed the 8th grade or higher. No need to sign up for classes!

This training program builds strong leaders and offers campers a different 4-H camping experience.

Participants will take Counselor-in-Training Classes, assist with class instruction, experience camp behind-the-scenes, and enjoy unique activities and celebrations just for you!







# Lincoln County 4-H Camp Refund Schedule

<b>May 31</b>	All scholarship applications due
<b>June 7</b>	Camp application deadline
<b>June 7</b>	<b>First cancellation deadline:</b> If 4-Her notifies Lincoln County 4-H in writing received by 4:30 p.m. on June 7 that 4-Her does not want to go to camp, 100% of fee will be refunded.
<b>June 21</b>	<b>Second cancellation deadline:</b> If 4-Her notifies Lincoln County 4-H in writing received after June 7 and before 4:30 p.m. on June 21 4-Her does not want to go to camp, 50% of fee will be refunded.
<b>July 10</b>	<b>Final cancellation deadline:</b> If 4-Her notifies Lincoln County 4-H in writing received after 4:30 p.m. on June 23 and before 4:30 p.m. July 14 that 4-Her does not want to go to camp, 25% of fee will be refunded.
<b>No part of fees shall be returned after 4:30 p.m. on July 10.</b>	

## Early Bird Registration Show Off Where You're Going This Summer!

**Deadline:** Open until the FIRST 50 Camper spots are FILLED.

**Why:** Get \$10 off full camp fee and receive a special bonus pre-camp shirt

**Where:** All paperwork and \$75 deposit in hand at the Lincoln County Extension Office

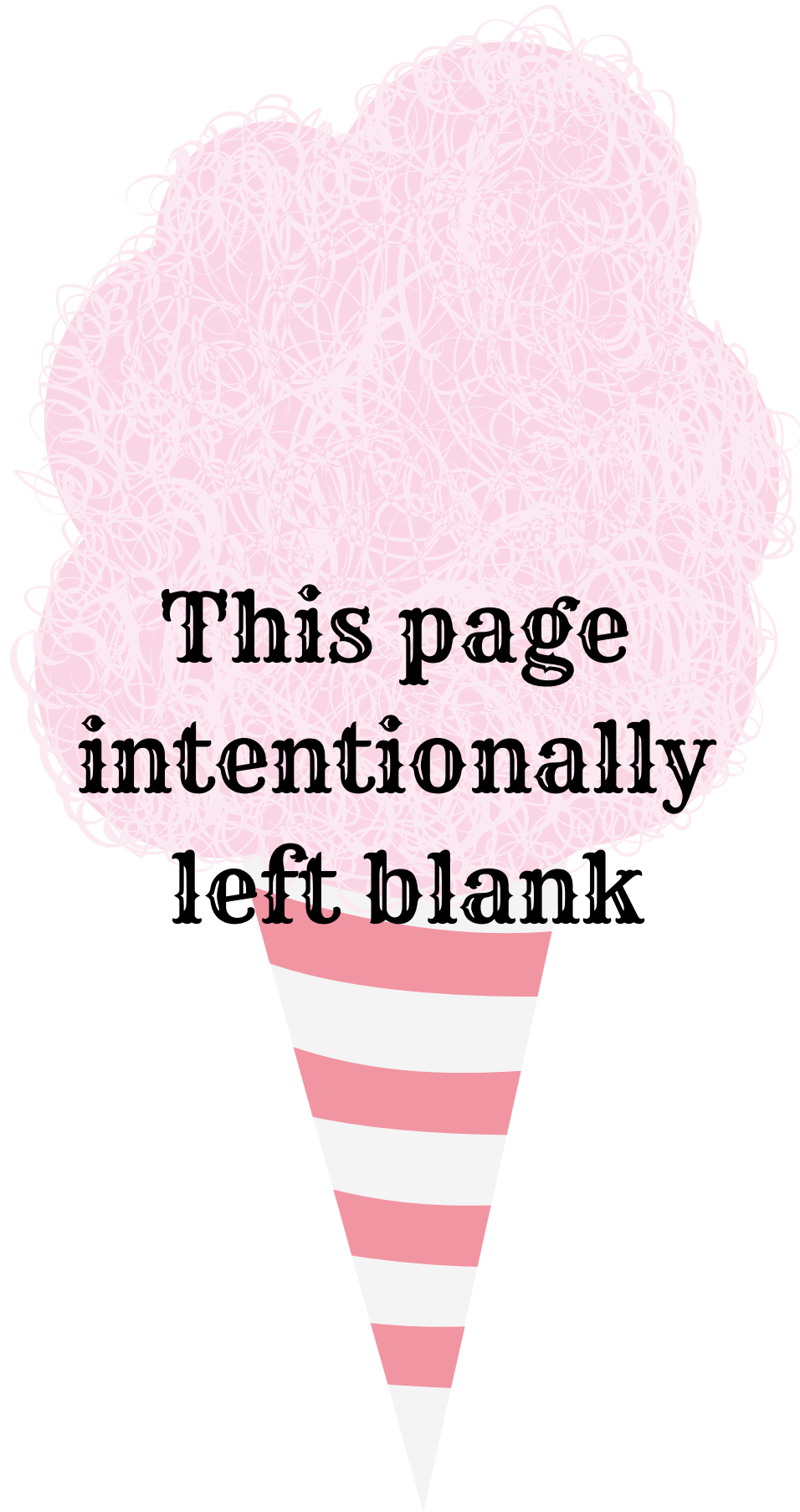
**What:** Complete application plus \$75 deposit with agreement to pay in full (remaining \$65) by June 16 or \$65 deposit AND completed scholarship application.

**How:** Shirts will be mailed or dropped off at school by May 1 so you can share your summer plans with all your friends.

*Courtney Brock* Courtney Brock, Lincoln County Extension Agent for 4-H Youth Development

**Lincoln County 4-H Summer Camp discounted rate is made possible by the generous support of the Lincoln County Extension District Board and the Lincoln County 4-H Council - actual camp registration is \$300 per camper.**





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HCP Approval Stamp

### Kentucky 4-H Camping 2024

Camp Participant Registration – *Camper/Teen*

Last Name:	Legal First Name:	Middle Name:	Preferred Name:
Attended camp before? <input type="checkbox"/> Yes - # years: ____ <input type="checkbox"/> No	Fall 2024 School & Grade:	County:	Biological Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Shirt Size: (Select One) YS YM YL YXL AS AM AL AXL A2XL A3XL A4XL		Birthdate: ____ / ____ / ____	Age on 1st day of camp?
Participant's Home Address:			Participant's Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other
			Participant's Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Legal Parent/Guardian #1 Full Name:	Email Address: <input type="checkbox"/> Yes - I would like to receive email notifications of upcoming statewide Camp-Sponsored Events and Promotions at this email address.		Cell/Home Number:
Legal Parent/Guardian #2 Full Name:	Email Address: <input type="checkbox"/> Yes - I would like to receive email notifications of upcoming statewide Camp-Sponsored Events and Promotions at this email address.		Cell/Home Number:
Emergency Contact Full Name:	Relationship to Participant:	Cell/Home Number:	
Physician Name:	Physician Phone Number:		

**Buy your participant some camp gear. [www.4hcampstore.com](http://www.4hcampstore.com)**

**Is your participant looking for more camp opportunities? [www.4hcampevents.com](http://www.4hcampevents.com)**



**PARTICIPANT NAME:** \_\_\_\_\_

Is the camp participant up to date on immunizations as outlined by Kentucky law required for enrollment in public, private, or home school, based upon the grade the participant will be enrolled for the upcoming school year?

- YES  
 NO *(If marked NO, check with your 4-H Agent for a waiver of liability form.)*

Does the participant have health insurance coverage?

- YES *(Insert a JPEG or PNG file – front and back – of the insurance card in the boxes below.)*  
 NO *(No worries! The camp provides excess medical insurance coverage in the event of injuries or illnesses.)*  
 ACTIVE DUTY MILITARY *(not required to provide a copy of Military ID/Insurance Card)*

**FRONT OF INSURANCE CARD**

**BACK OF INSURANCE CARD**

What is **specific** information about your camp participant which the staff should be made aware of to provide a better camp experience for the camp participant? Information disclosed in this section may allow us to make accommodations based on their individualized needs. **List all specific items** that the participant is provided at home or school to have a successful experience.

**Behavioral (i.e., mental, emotional, physical)**

**Medical (i.e., asthma, autism, seizures, sleepwalker, etc.)**

**Allergies (check the applicable boxes below and describe the allergy and reaction seen)**

**No known allergies:**                      **Food:**                      **Medication:**                      **Seasonal/Environmental:**

**Dietary (check the boxes below if applicable)**

**Vegetarian:**                      **Gluten Intolerant:**                      **Alpha Gal:**                      **Does not eat Pork:**

**Other accommodations or important details (use additional sheet of paper if needed):**





## 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.
7. 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.
8. Accidents or illnesses, no matter how minor, are to be reported to the County Agent and Camp Healthcare Provider. If medical care is needed, the Agent will coordinate treatment with the Camp Healthcare Provider.
9. Obscene, discriminatory and/or inappropriate language or dress, roughhousing, and insubordination is not acceptable at any time and may result in dismissal from camp.
10. Fireworks are not to be used by camp participants at any time.
11. Swimming, boating, or any waterfront activity is not permitted except during designated times and under proper supervision.
12. Appropriate dress, including footwear, should be adhered to as outlined in the 4-H Camp Dress Code.
13. Camp participants are always to remain with their groups, and must obey the rule of 3 when traveling. Individuals are not to be on the trails or near the lakes without an accompanying adult.
14. Camp participants are not permitted to leave the grounds at any time without notifying and receiving approval from the Contact Agent and their County Extension Agent.
15. Camp participants are expected to be in their cabins, with lights out, as designated on the camp program schedule.
16. No visitors, other than parents or immediate family, may visit campers during the camp. Visits must be approved in advance by the County Extension Agent.
17. No camp participant is to be around or on maintenance equipment.
18. Camp participants who are having personal conflicts with others should discuss these with their cabin counselor, dean, or County Extension Agent.
19. Campers and teens are to work with counselors in carrying out daily assigned jobs to help keep 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.



PARTICIPANT NAME: \_\_\_\_\_

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 camper 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: \_\_\_\_\_



PARTICIPANT NAME: \_\_\_\_\_

## Kentucky Residential 4-H Camp Essential Standards for Camp Participants

It is the policy of the University of Kentucky, Kentucky 4-H and the Kentucky 4-H Camping program to encourage and accept participants without regard to race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, or physical or mental ability. Parents/Guardians of children who have medical conditions or other disabilities requiring special attention should alert the agent to ensure proper care and accommodations are provided. If the camper requires personal care or a level of attention not available through camp staff or volunteers, a family friend or relative of the same sex over age 18 or a parent/guardian must accompany the child as a caregiver. The parent/guardian will agree to pay the individual costs of the caretaker (25% of the camper registration fees.) The Client Protection Process will be performed on the caretaker with favorable results.

To determine whether a caregiver should accompany a camper, the following factors will be considered:

- Ability to dress without assistance
- Ability to maintain personal hygiene, e.g. bathing, brushing teeth
- Ability to attend to toileting needs
- Ability to understand and follow oral or written instruction
- Ability to remain at rest or sleeping according to the camp schedule
- Ability to participate in group activities with minimal individual attention
- Ability to participate in a communal living environment with minimal individual attention
- Ability to sustain a 15-hour (7am-10pm) camp day with limited rest periods
- Ability to understand and respond to dangerous conditions
- Ability to take medications according to a pre-set schedule and with minimal assistance

If a caregiver is not provided and a camper cannot meet the essential standards listed above, they may be dismissed from camp. If a camper 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.

I have reviewed and acknowledge the essential standards for camp participants policy.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**PARTICIPANT NAME:** \_\_\_\_\_

**AUTHORIZATIONS/RELEASES**

*This is a legal document. You must read and understand it before signing it.*

**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 my minor child without compensation for use in promotion/advertising, educational publications, electronic publishing, and personal memorabilia. Participant names may be published.

Yes. I grant permission for media releases.       No. I do not grant permission for media releases.

**Pick-up Release:**

It is my responsibility to arrange to pick up my child/children upon return from camp. There will be no exceptions to this policy regardless of relationship to the child. Please inform everyone approved by you on this release that he/she must present a driver's license or photo ID before the child will be released. **Parents, Guardians, and Emergency Contacts listed on page 1 and 2 are automatically assumed to have pick up authorization.** In addition to the parents/guardians listed on page 1, the following individuals are granted permission to pick up my child:

NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ Phone/Cell# \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ Phone/Cell# \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ Phone/Cell# \_\_\_\_\_

**CONSENT TO TREAT:**

The health history reported on page one and two are correct and complete to the best of my knowledge. 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 for treatment, referral, billing, or insurance purposes. I permit the camp to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby permit the physician selected by the camp to secure and administer treatment, including trips off camp property.

**CODE OF CONDUCT:**

I have read and discussed the Camp Code of Conduct with my participant. We (parent/guardian and participant) 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 or 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, nor does it protect against the risk of loss of personal property. In consideration for allowing my child to participate 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 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 child's participation is purely voluntary, always, and my child will choose his or her level of participation in any activity (including, but not limited to: high ropes, rock climbing, low challenge elements, rifles, archery, trap shooting, horses, and cave exploration). I understand that my participation in this activity may entail certain anticipated and unanticipated risks regarding personal injury or illness. I further understand and acknowledge that there is currently a COVID-19 pandemic in the U.S. and that there may be health risks associated with entering facilities and/or participating in activities and events owned or operated by the University of Kentucky or the University of Kentucky Cooperative Extension Service. I hereby acknowledge my voluntary and informed assumption of full responsibility and liability regarding any injuries or illness, including COVID-19, that I may incur coincident to my participation in this activity.

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## 4-H Camp Scholarship Application – Page 1 for Families

A limited number of half scholarships are available. Scholarships **must be recommended, and form submitted by Family Resource Youth Service Center (FRYSC) coordinator** and are **based on financial need**.

**FRYSC Coordinator:** After youth has completed front page, please complete the back and email to [danijo@uky.edu](mailto:danijo@uky.edu) or [courtney.brock@uky.edu](mailto:courtney.brock@uky.edu) You may also call Courtney Brock or Dani Jones at 606-365-2447 for additional information. Homeschooled youth may submit information directly to the Extension Office. All scholarship applications **MUST be turned in to the Lincoln County Extension Staff no later than 4:30 p.m. Friday, May 31. Recipients will be notified after June 1. Any fees unpaid by scholarship must be paid by June 7.**

**Please Note:**

- A camp application is not complete if it does not include payment or approved scholarship form.

Camper Name: \_\_\_\_\_ School attending in 23-24: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Age: \_\_\_\_\_ FRYSC Coordinator: \_\_\_\_\_

**Parent/Guardian**, please provide the following as you would for Free and Reduced-Price School Meal Application:

1. Total number of people living in your household, including adults, infants, children, and students: \_\_\_\_\_
2. Indicate the total income range for all members of your household, including earnings from work, public assistance, disability payments, child support, alimony, pensions, retirement, and all other income: \_\_\_\_\_
3. Does anyone in your household receive benefits from SNAP, TANF, or FDPIR (circle one)? YES NO

**FOR YOUTH TO COMPLETE** (attach separate page if needed)

Why do you want to go to 4-H Camp? (**Applications will not be considered if this section is blank**)





## 4-H Camp Scholarship Application – Page 2 for FRYSC Coordinators

### Camper Family:

STEP 1. Make sure the front page is complete. Attach additional narrative if needed.

STEP 2. Turn completed form over to your FRYSC Coordinator at your school to complete and forward to the Extension Office.

• If you are HOMESCHOOLED, please complete and turn in directly to Extension Office.

STEP 3. If you wish, you may notify 4-H that you have turned your application into your FRYSC Coordinator by emailing [danijo@uky.edu](mailto:danijo@uky.edu) or [courtney.brock@uky.edu](mailto:courtney.brock@uky.edu)

### **FRYSC Coordinator or Designee:**

Signature and Title: \_\_\_\_\_

Please describe in general the level of assistance needed by and type of contact you've had with this family:

That we may serve the youth most in need of financial assistance, please explain why this young person deserves and truly needs financial support to attend 4-H Camp:

**This completed document MUST be submitted to Lincoln County Extension Staff no later than 4:30 p.m. Friday, May 31, for child to be considered to receive a camp scholarship.**

