



Camper's Name: _____

Hardin County 4-H Camp

CAMPER Application Checklist

Eligible: Youth, age 8 (entering 4th grade Fall 2025) - age 15

Please return this checklist with your application.

_____ 2025 Summer 4-H Camp Application
_____ Code of Conduct & Camp Damage Fees Form
_____ Current color photo of camper (please attach below)

COMPLETE Application Received: _____

Application considered COMPLETE once all paperwork is returned and fees are paid in full.

FINAL DEADLINE: May 30, 2025

**Attach
CURRENT
Color Photo
Here
REQUIRED**

FOR OFFICE USE ONLY:

Fee Payment Record

DATE

_____ \$200.00 Fee PAID IN FULL

Check #: _____

_____ DEPOSIT: \$ _____

Check #: _____

BALANCE DUE: _____

Remaining Balance DUE by: May 30, 2025

_____ Balance PAID IN FULL

Check #: _____

_____ Additional scholarship
awarded: _____





4-H Camp Check List

Use Checklist to make sure your child is registered correctly.

COMPLETE REGISTRATION FORM

☐

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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CODE OF CONDUCT FORM (Both Signatures Required)

☐

ESSENTIAL STANDARDS FORM (Parent Signature Required)

☐

AUTHORIZATION FORM

- **Media Release** - We will not be able to take photos of your child at camp to share with you through the week if marked NO. ☐
- **Pick Up Release** list individuals other than parent/guardian/emergency contacts listed on registration form. ☐
- **Consent to Treat, Code of Conduct, Assumption of Risk, Release of Liability and Permission to Participate** - TWO SIGNATURES REQUIRED. ☐

CHALLENGE COURSE PARTICIPATION - must be signed for your child to participate, if they do not want to participate they don't have to, but if they get to camp and want to participate and the forms does not give consent they will not be allowed to do so. ☐

DAMAGE FEES - (Signature Required) ☐

MEDICATION FORM (KEEP) Return this form along with medication the day of departure for camp in a zip lock bag. Attach a photo of the child to the form as well. ☐

FINAL PAYMENT DUE MAY 30, 2025 ☐



Camp June 29-July 3 2025



Cooperative
Extension Service

HCP Approval Stamp

Kentucky 4-H Camping 2025 Hardin County

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 2025 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 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		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:	Cell/Home Number:
		<input type="checkbox"/> Yes - I would like to receive email notifications of upcoming statewide Camp-Sponsored Events and Promotions at this email address.	
Legal Parent/Guardian #2 Full Name:		Email Address:	Cell/Home Number:
		<input type="checkbox"/> Yes - I would like to receive email notifications of upcoming statewide Camp-Sponsored Events and Promotions at this email address.	
Emergency Contact Full Name and Cell/Home Number:		Relationship to Participant:	Left Blank For Office Use:
Physician Name:		Physician Phone Number:	

Buy your participant some camp gear. www.shop4hcamp.com

Is your participant looking for more camp opportunities? www.4hcampevents.com

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4-H Youth Development
Community and Economic Development

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Disabilities
accommodated
with prior notification.

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? (Check all boxes that apply.)

☐ YES (Provide the required information below.)

Insurance Provider: _____

Policy Number/Member ID: _____

Provider's Phone: _____

Group ID (if applicable): _____

☐ NO (No worries! The camp provides excess medical insurance coverage in the event of injuries or illnesses.)

☐ ACTIVE DUTY MILITARY

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) Are there any recent circumstances that may lead to your child needing extra support?

Medical/Physical (i.e., asthma, autism, seizures, sleepwalker, sensitivity to lights and sounds, 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: ☐

Requests for accommodation or other important details (use additional sheet of paper if needed):

Contact your 4-H Agent with questions about available accommodations.





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 camp participant 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: _____

We will try our best to put you in a cabin with friends. Please provide a list with their first and last name here so we may take note of your preference: _____



PARTICIPANT NAME: _____

Kentucky Residential 4-H Camp Essential Standards for Camp Participants

The University of Kentucky is an equal opportunity university. 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, relative of the same sex over age 19, or a parent/guardian must accompany the child as a full-time 1:1 caretaker. The parent/guardian will agree to pay the individual costs of the caretaker (25% of the camper registration fees.) Any person accompanying a camper as a caretaker must successfully complete the Client Protection Process and is expected to follow all camp code of conduct policies for volunteers. To determine whether a caretaker 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, follow, and respond to oral/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 caretaker 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 hereby acknowledge my voluntary and informed assumption of full responsibility and liability regarding any injuries or illness, that I may incur coincident to my participation in this activity.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



Kentucky 4-H Camp Challenge Course Participation Agreement

This is a legal document. Read and understand before you sign.

Participant Name: _____

Group: _____

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 teaching techniques and 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 below and agree to follow the guidelines as presented. 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 emotional and physical safety of myself and/or my child. I understand that High Ropes Elements, Low Ropes elements, ground initiatives, and other Challenge Course activities for which I and/or my child will participate in 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 physical activities; hazards associated with accidents occurring in a relatively remote area; unforeseeable acts of nature; and the emotional effects of being in perceived risk). Therefore, I knowingly and voluntarily assume all risks involved in my and/or 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, and extension staff from any and all liability, damages, costs and expenses arising out of or relating to physical 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 Challenge Course program. I understand and agree that by executing this form I waive and release 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, videos and sound recordings of myself or my child for use in materials they may create.

Participant's Signature _____

Date _____

Parent/Guardian's Signature (if participant is a minor) _____

Date _____

Emergency Contact

Name: _____

Phone: _____

FULL VALUE CONTRACT

Safety, Safety, Safety. Safety is our number one concern on the challenge course. There are two kinds of safety, physical and emotional. Both are equally important. Our facilitators will work to keep all participants from experiencing physical or emotional damage. Since everyone is responsible for safety, it is important to get everyone to agree to be aware of both kinds of safety and to help protect all members of the group. Members of the group should understand that they are responsible for giving and receiving feedback to the facilitators and other group members. Don't put yourself down; don't put others down. Most people don't realize that they are very quick to say (either out loud or to themselves), "I can't do this," often before they even try something. We will throw these words away. We don't use the words "I can't" on the challenge course. Spot with good attention. Pay attention when spotting is your responsibility. This differs from spotting with good "intention." Spotting with good intention is usually followed by an apology. "Oh sorry, you hit the ground. I'll pay better attention next time." Stay with the group. Stay with the group mentally and physically. Don't leave the group and don't go off picking daisies and chasing rainbows. Our Facilitators reserve the right to ask any participant to leave the course if he/she is not participating appropriately or following directions. The facilitators decision is final. Challenge by choice means that each participant may select the level of challenge that he/she is willing to experience. For some people, just arriving at the course is the challenge. For some, the Low Ropes elements are a tremendous challenge while some may not be challenged at all. We will not make anyone do anything that they do not wish to do. Give 100%. To fully enjoy your experience, 99.9% will not do. You must be willing to give 100%.

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Disabilities
accommodated
with prior notification.

Kentucky 4-H Camping Program Damage Fees

The following contains only those items most frequently damaged or taken. Intentional damage to any other camp property will be assessed at the time of damage. Should intentional damage or theft occur, it is the responsibility of the child and their parents to reimburse the costs. No charges are made for worn equipment or normal usage. Charges are required for damage resulting from horseplay and malicious or intentional behavior. Graffiti on camp property will not be tolerated.

Basketball Backboard	Broken or missing	Cost of replacement
Basketball Rim	Broken or missing	150.00
Brooms, Mops	Broken or missing	20.00
Bunk Bed	Bed Replacement / repair	Cost of replacement
Cabin HVAC	Replace or repair	1500.00+
Cabin Keys	Lost or missing or broken	10.00+
Changing Tents	Damaged or missing	50.00
Dust Pans	Broken or missing	10.00
Fire Extinguisher	Discharged or broken	75.00
First Aid Kits	Lost or missing	25.00
Graffiti	Defaced with Graffiti	50.00
HVAC Controls	Repair/Replace	100.00+
Mattress	Replacement	150.00
Screen Door	Repair or Replace	50.00
Smoke/CO Detector	Damaged or missing	100.00
Trash Cans	Broken or missing	25.00+
Windows	Repair or Replace	100.00+
Window AC	Replace	250.00
Window Screens	Replace	50.00
Other	DAMAGE TO ANYTHING NOT LISTED, INCLUDING PROGRAM EQUIPMENT, WILL BE BILLED AT THE COST OF REPAIR/REPLACEMENT.	

I understand that I am responsible for paying for any damages that my child may cause to camp property.

Parent/Guardian Signature

Date

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University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.
Lexington, KY 40506





Kentucky 4-H Camp Medication Form 2025

Participant's Name	County	Sleeping Facility (e.g., cabin #2, yurt #1)	Age	Weight

	Name of Medicine	Dosage	Time of Medicine (Check all that apply)				Notes (e.g., as needed, take w/ food)
			Breakfast	Lunch	Dinner	Bedtime	
1							
2							
3							
4							
5							
6							

DIRECTIONS:

Place the following items in a clear bag: (1) medications in original containers, (2) this completed form, and (3) a recent photo of the participant. On the outside of the bag write (with a permanent marker) the participant's name, county, and sleeping facility.

OFFICE USE ONLY

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	HCP Review Stamp
Breakfast								
Lunch								
Dinner								
Bedtime								
Other								
As needed								

