UK COOPERATIVE EXTENSION SERVICE University of Kentucky – College of Agriculture



Reply to:

Cooperative Extension Service Bullitt County 384 Halls Lane Shepherdsville, KY 40165 (502)-543-2257 Fax: (502)543-6940 sjeff2@uky.edu

To: Bullitt 4-H Campers

Date: January 27, 2025

From:

Samantha Gamblin, County Extension Agent for 4-H/Youth Development

Bullitt County 4-H will be attending Lake Cumberland 4-H Camp June 30-July 4, 2025 with Trimble and Cumberland Counties. This year we will not be accepting CIT's (counselors in training). We will only be accepting Teen Leaders who are 16-18 years old. If you are a 14 or 15 year old you will attend camp as a camper and the fee is \$165.00 and due by June 1st. Teen Leaders are ages 16-18 years old don't have to pay because you are responsible for campers during the week of camp.

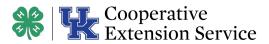
Instead of lice checks the day before camp you will be expected to have that done before camp. If you can't get someone to check for lice then you can have it done the morning of camp. There is a form in this packet that needs to be filled out and signed.

Camper Orientation will not be in person. You will get an orientation packet the first week of June. Class sign-ups will be included in this packet. Fill out your top classes but know you may not get what you selected because of capacity limitations.

DO NOT RETURN THIS PACKET UNITL EVERYTHING IS COMPLETE. INSURANCE CARD INFORMATION MUST BE FILLED OUT OR COPY OF THE CARD. WE CAN MAKE COPIES AT THE OFFICE IF NEEDED.

Thanks for registering for the 2025 camping season. If you have any questions, please contact Samantha Gamblin 502-543-2257 or sigeff2@uky.edu





HCP Approval Stamp

Kentucky 4-H Camping 2025

Camp Participant Registration – Camper/Teen

Last Name:	Legal First Name:	Middle Name:	Preferred Name:
Attended camp before? Yes - # years: No	Fall 2025 School & Grade:	County:	Biological Sex: Male Female
Shirt Size: (Select One)	I	Birthdate:	Age on 1st day of camp?
YS YM YLYXL AS AN	M AL AXL A2XL A3XL A4XL	//	
Participant's Home Add	ress:		Participant's Race: White Black Asian American Indian Hawaiian Other Participant's Ethnicity: Hispanic Non-Hispanic
Legal Parent/Guardian #1 F	Full Name:	Email Address:	Cell/Home Number:
		Yes - I would like to receive email noti Sponsored Events and Promotions at thi	
Legal Parent/Guardian #2 F	Full Name:	Email Address:	Cell/Home Number:
		Yes - I would like to receive email notif Sponsored Events and Promotions at thi	
Emergency Contact Full Na	ame and Cell/Home Number:	Relationship to Participant:	Left Blank For Office Use:
Physician Name:		Physician Phone Number:	
		ne camp gear. <u>www.shop4hc</u> e camp opportunities? <u>www</u>	amp.com v.4hcampevents.com
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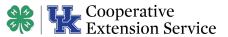
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Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creder, religion, political belief sex, secual orientation, gender identity, gender expression programs, marial status, genetic information, gave, versen status, physical or mental disability or reprisal or retallation for prior civil rights activity. Ressonable 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, US. Department of Agriculture, and Kentucky Counties, Cooperating.
 Agriculture and Natural Resources
 sexual orientation, gene

 Family and Consumer Sciences
 may be available with Juiversity of Kentucky

 Community and Economic Development
 Lexington, KY 40506





PARTICIPANT NAME:

			r 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 waive	of liability form			
Does the participant have health insura					
□ YES (Provide the required information of the second sec	Ũ (n contro that approv)			
	,				
Insurance Provider:		Policy Number/Member ID: _			
Provider's Phone:		Group ID (if applicable):			
□ NO (No worries! The camp provide	s excess medical insura	nce coverage in the event of in	iuries or illnesses.)		
ACTIVE DUTY MILITARY					
What is specific information about you					
experience for the camp participant? In individualized needs. List all specifici					
individualized needs. List an specifici	tems that the participant	is provided at nome of school	to have a successful experience.		
Behavioral (i.e., mental, emotion		there any recent cirucu	<u>mstances that may lead to</u>		
your child needing extra suppo	<u>ort?</u>				
	<i></i> .				
Medical/Physical (i.e., asthma,	autism, seizures, s	leepwalker, <u>sensitivity t</u>	o lights and sounds, etc.)		
Medical/Physical (i.e., asthma,	autism, seizures, s	leepwalker, <u>sensitivity t</u>	<u>o lights and sounds, etc.)</u>		
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<u>Medical/Physical (i.e., asthma,</u>	<u>autism, seizures, s</u>	<u>leepwalker, sensitivity t</u>	o lights and sounds, etc.)		
<u>Medical/Physical (i.e., asthma,</u>	<u>autism, seizures, s</u>	leepwalker, <u>sensitivity t</u>	<u>o lights and sounds, etc.)</u>		
<u>Medical/Physical (i.e., asthma,</u> <u>Allergies (check the applicable</u>					
Allergies (check the applicable	boxes below and c	lescribe the allergy and	reaction seen)		
Allergies (check the applicable	boxes below and c	lescribe the allergy and	reaction seen)		
Allergies (check the applicable	boxes below and c	lescribe the allergy and	reaction seen)		
Allergies (check the applicable	boxes below and d Food:	lescribe the allergy and	reaction seen)		
<u>Allergies (check the applicable</u> No known allergies: <u>Dietary (check the boxes below</u>	boxes below and d Food:	lescribe the allergy and	reaction seen)		

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

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Additional programs of Kenucky Cooperative Extension serve all people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, antional origin, creed, religion, political belief sec, secual orientations, moder density, and derec spression, perganance, markard status, genetic information, age, veteran status, physical or mental disability or reprisal or retailation for prior civil rights activity. Reasonable accommodation of disability may be available with prior note: Program information may be made available in languages other than English. University of Kentucky, Renucky State University. US. Department of Agriculture, and Kentucky Counties, Cooperating. Extension Service Agriculture and Natural Resources Family and Consumer Sciences 4-H Youth Development Community and Economic Development Lesington, KY 40806





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.



- 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: _

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Agriculture and Natural Resources

Family and Consumer Sciences 4-H Youth Development Date:

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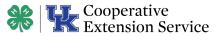
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Kentucky Residential 4-H Camp Essential Standards for Camp Participants

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.

D	C		·	
Parent/	Guard	lian S	ignat	ure

Date: _____

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accommodated with prior notification.

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:

Community and Economic Development Lexington, KY 40506

4-H Youth Development

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:				
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Agriculture and Natural Resources Family and Consumer Sciences	sexul orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, physical or mental disability or persist or retaination for prior civil rights activity. Resonable accommodation of disability may be available with prior notice. Program information may be made available in languages other than English. University of Kentucky, Reuntucky State University. ILS Department of Agriculture, and Aecnucky Countines, Cooperange.				



To Whom It May Concern:

In compliance with the 4-H Camping Program's Np Nit Policy, I have conducted a head check on

_____, ______to confirm that no Name of child County

head lice or nits are present. When examined on ______, I found no evidence of head lice or nits.

Date

Signature of Examiner

Title





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	
			Breakfast	Lunch	Dinner	Bedtime	Other	(e.g., as needed, take w/ food)
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								

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

CAMPER NAME:

Please rank your class choices from first choice to fourteenth choice. Classes being offered this year are Canoeing, Kayaking, Beginning Swimming, Advanced Swimming, Recreation/Low Ropes, High Ropes, Nature, Archery, Riflery, Shot Gun, Arts & Crafts, Photography, Whiffle Kick Swim, and Gaga Ball.

	1)	14)
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		
11)		
12)		
13)		