



Martin-Gatton
College of Agriculture,
Food and Environment

February 1, 2024

Dear 4-H Teen,

This is what we have been looking forward to . . .Nelson County 4-H CAMP 2024! Camp teens must be 16-17 years of age by the first day of camp. Eighteen-year-olds must apply as adults. A limited number of 15-year-olds will be accepted as Counselors In Training and will receive extra training at camp. They will attend all teen training but have limited supervision responsibilities. It is mandatory that Teen Leaders ride the bus to Lake Cumberland, stay all week, and return on the bus with the Campers.

The 4-H State Office requires each Teen Leader to complete the attached paperwork. Please see the attached documents and have a parent/guardian fill out the forms. You can return by emailing your forms to kballard@uky.edu or by mailing them or dropping them by the Nelson County Extension Office. **All documents and copies of insurance cards are due by Friday, April 5, 2024.**

To meet our required Kentucky State training requirements, all Camp Teens must attend Teen Orientation and the following trainings (save these dates):

| | | |
|-----------|-------------------|--|
| TBA | TBA | Overnight Training at Lake Cumberland 4-H Camp |
| 6/17/2024 | 10:00 am -2:00 pm | All Teen Leaders (lunch will be provided) |
| 6/24/2024 | 3:00-7:30 pm | All Teen Leaders |
| 7/10/2024 | 6:00 pm | Returning Camper Orientation |
| 7/11/2024 | 6:00 pm | New Camper Orientation |

Checklist for Paperwork:

Completed attached documents with signatures

- Teen Leader Application with current picture
- Volunteer Reference Forms (2)
- Camp Participant Registration Form (copy front/back insurance card)
- Code of Conduct
- Kentucky Residential Standards Form
- Authorizations/Release Form
- Copy of Any Certifications (ex. CPR & First Aid)

Nelson County 4-H Camp is July 22-26. The cost for Teen Counselors is \$135 in cash or check, payable to **Nelson County 4-H Council**. (A \$40 fee is assessed for each check returned by a bank for non-payment.) Scholarship applications are available upon request and are awarded on a first come, first served basis.

Yes, I would like more information about receiving a scholarship application.

All teens will be screened by our Camp Committee. If you are not selected, your money will be refunded. If you would like more information or have questions, please call 502-348-9204.

Sincerely,

Samantha Klotz
County Extension Agent for 4-H Youth Development

NELSON COUNTY EXTENSION SERVICE

317 South Third St | Bardstown, KY 40004 | P: 502-348-9204 | nelson.ca.uky.edu

**2024 4-H CAMP
TEEN LEADER APPLICATION**
Application due to Extension Office on APRIL 5, 2024

NAME _____
YEARS AT 4-H CAMP

AGE AT CAMP GENDER CURRENT GRADE SCHOOL

HOME PHONE NUMBER YOUR CELL NUMBER PARENTS CELL NUMBER

Email (only if checked regularly) Parent's Email

PLEASE ATTACH CURRENT PICTURE AND ANSWER QUESTIONS THOROUGHLY.

1. Yes, I would like more information about receiving a camp scholarship application.
2. T-Shirt Size: XS S M L XL XXL XXXL
3. Have you had CPR training? ___ no, ___ yes If yes date _____
4. Have you had First Aid training? ___ no, ___ yes If yes date _____
5. Other Certifications? ___ no, ___ yes If yes date _____
6. Name something you struggle with & how you can over come it?

7. How do you plan to ensure 4-H'ers have an amazing experience at Nelson County 4-H Camp?

8. What is one game or activity you could do with campers in a moment of free time?

9. Please list camps attended, including any 4-H camping experience, or any babysitting experience you've had [provide year, name of family, or camp, and role].

10. Why should the committee select you to serve as a Teen Counselor for Nelson County 4-H Camp?

11. What is one strategy you can use to assist a homesick camper?

12. Please attach a resume that includes the following:

- School and/or community activities (club, sports, church, etc) in which you're involved.
- Leadership positions you have held in 4-H, school, community or other organizations.
- Work Experience
- Awards & Recognitions

Do not turn in an incomplete application!

Volunteer Reference Form

Applicant's Name _____

Reference Name _____ Phone _____

Address _____
Street city state zip

Position Applying for 4-H Camp Teen Counselor or CIT

1. How long have you known the applicants and in what capacity? (can not be related to the applicant) _____

2. What do you feel would be the applicant's strengths and weakness as a teen volunteer for summer camp in charge of children?

Strengths: _____

Weakness: _____

3. Why do you consider this applicant to be a positive role model for youth? _____

4. In comparison with persons you have known how would you rate the applicant in the following areas?

| | Below Average | Average | Outstanding |
|-------------------------------|---------------|---------|-------------|
| Emotional Maturity | | | |
| Leadership | | | |
| Enthusiasm and Energy | | | |
| Self-Confidence | | | |
| Sense of Humor | | | |
| Handling Emergencies | | | |
| Understanding of Children | | | |
| Communication Skills | | | |
| Dependability | | | |
| Patience | | | |
| Ability to Work with Children | | | |

5. What skills do you feel need further development to help them be a successful mentor at camp? _____

Volunteer Reference Form

Applicant's Name _____

Reference Name _____ Phone _____

Address _____
Street
city
state
zip

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| Dependability | | | |
| Patience | | | |
| Ability to Work with Children | | | |

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HCP Approval Stamp

Kentucky 4-H Camping 2024

Camp Participant Registration – ~~Camp~~ 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: Nelson | 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: <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

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

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

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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?

 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: _____

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



Disabilities
accommodated
with prior notification.

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: _____

