

# Boyd County 4-H Camp

## May 30-June 2, 2017

North Central 4-H Camp

Carlisle, KY



Camp cost is \$200

\$20 deposit required with application to hold spot (Limited Scholarships available)

Camper Name \_\_\_\_\_ School \_\_\_\_\_

Roommate Requests

---

Food Allergies

---

T-shirt Size (Please Select)

Applications due: **May 8, 2017**

Return applications to: Becky Stahler, 2420 Center St., Catlettsburg, KY 41129

Questions? Contact Becky Stahler, 4-H Youth Development Agent, at [rstahler@uky.edu](mailto:rstahler@uky.edu) or 606-739-5184.

**Cooperative Extension Service**  
Agriculture and Natural Resources  
Family and Consumer Sciences  
4-H Youth Development  
Community and Economic Development

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, or physical or mental disability. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.

LEXINGTON, KY 40546



Disabilities  
accommodated  
with prior notification.



## Kentucky 4-H Camping Program 2017

### Camp Participant Registration – Camper/Teen (Age 17 or less)

Last Name:	Legal First Name:	Middle Name:	Preferred Name:
Attended camp before? <input type="checkbox"/> Yes - # years: ____ <input type="checkbox"/> No	School grade entering:	Birthdate: ____ / ____ / ____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Participant's home address:			Race (check all that apply) <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
<b>Participant's Custodial Parent/Guardian #1</b>			
Full Name:	Home Address: <input type="checkbox"/> Same as participant	Cell/Home Phone:	
<b>Participant's Custodial Parent/Guardian #2</b>			
Full Name:	Home Address: <input type="checkbox"/> Same as participant	Cell/Home Phone:	
<b>Emergency Contact if above individuals are unavailable</b>			
Full Name:	Relationship to participant:	Cell/Home Phone:	
<b>Participant's Family Physician</b>			
Name:	Address:	Phone:	
<b>Participant's Dentist</b>			
Name:	Address:	Phone:	
Medication Allergies (list all known)		Reaction & Management:	
Food Allergies and Dietary Restrictions (list all known)		Reaction & Management:	
Other Allergies (list all known)		Reaction & Management:	



Had/does the participant:	YES	NO		YES	NO
Had any recent injury, illness, or infectious disease?			Ever had high blood pressure?		
Have a chronic or recurring illness/condition?			Ever been diagnosed with a heart murmur?		
Ever been hospitalized?			Ever had back problems?		
Ever had surgery?			Ever had problems with joints, knees, or ankles?		
Have frequent headaches?			Have an orthodontic appliance brought to camp?		
Ever been knocked unconscious?			Have any skin problems (rash, acne)?		
Wear glasses, contacts, or protective eyewear?			If female, any abnormal menstrual history?		
Ever had frequent ear infections?			Had problems with diarrhea or constipation?		
Ever passed out, dizzy, or chest pain during exercise?			Had mononucleosis in the past 12 months?		
Ever had an eating disorder?			Have diabetes?		
Had problems with sleepwalking?			Have asthma?		
Ever had seizures?			Have a history of bed wetting?		
Ever had emotional difficulties?			Have severe allergies?		
Carry an epi-pen or inhaler?					

Explanation of YES answers:

**Immunization Records**

Participant is up-to-date on immunizations as outlined by Kentucky law required for enrollment in public school, based upon the grade enrolled.

YES     NO

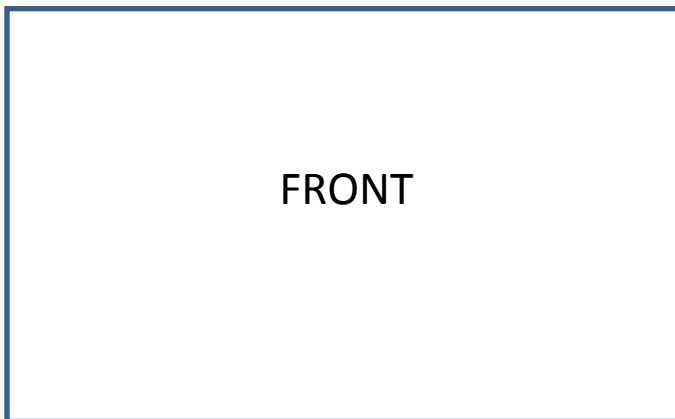
Date of most recent tetanus shot/booster (Month/Year): \_\_\_\_\_ / \_\_\_\_\_ \*REQUIRED\*

**Participant's Insurance Information**

Carrier or Plan Name:

Group Number:

Attach a copy (front and back) of the participant's insurance card in the boxes below. Please use tape. **DO NOT STAPLE.**



Participant is not covered by medical insurance.

CAMP USE ONLY:	
<i>Health History reviewed by camp medical personnel on:</i>	

