

# 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

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Food Allergies

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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

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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

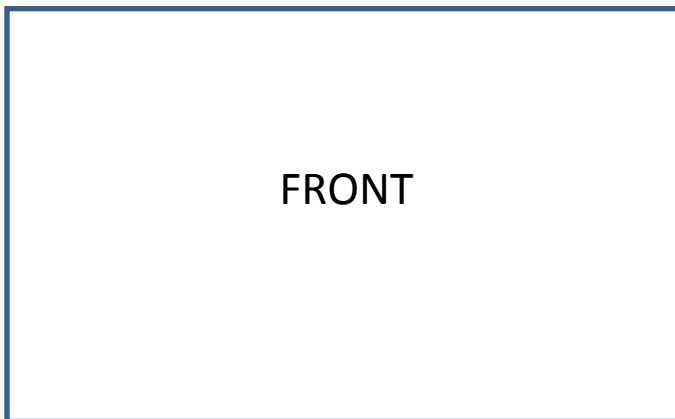
Date of most recent tetanus shot/booster (Month/Year): \_\_\_\_\_ / \_\_\_\_\_ \*REQUIRED\*

**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>	





# 4-H CAMP SCHOLARSHIP APPLICATION



\*Due by **Monday, May 8, 2017** with Camp Registration\*

Partial camp scholarships are available for children of families with financial need. Scholarship awards vary, and are dependent on money raised from the community. To apply, return camp registration form and the \$20 deposit with this application to the Boyd County Extension Office. Please answer all questions best you can. If a scholarship is awarded and your child does not show up for camp, he/she will not be eligible next year for a camp scholarship.

**All information on this form will remain confidential.  
(Please PRINT.)**

**Parent/Guardian Name** \_\_\_\_\_

**Child's Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Name(s) of additional child(ren) to be considered for scholarship** \_\_\_\_\_

**Address** \_\_\_\_\_

**School** \_\_\_\_\_ **Teacher** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Does the family of the camper receive any of the following?** (check all that apply)

Aid to Families with Dependent Children (AFDC)

Food Stamps

**Household Yearly Income** (check one)

Under \$20,000      \$20,000-30,000      \$30,000-40,000      Over \$40,000

**Family Job Status** (check one)

No Job      One Job      Both Parents Working

**Family Income Status** (check one)

Disability/Unemployment      One Income      Low Income      Sustainable Income

If my child is chosen to receive a scholarship to 4-H Summer Camp, I agree to attend a mandatory orientation at the 4-H Office. I understand being a "no-show" for camp forfeits future 4-H Summer Camp scholarships.

**Parent/Guardian Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

Please submit this form with the Camp Application to:

**Boyd County Extension**

**ATTN: BECKY STAHLER**

**2420 Center Street**

**Catlettsburg, KY 41129-1279**