Boyd County 4-H Camp
Camper Application

North Central 4-H Camp
Camp Dates: June 30-July 3, 2025

Martin-Gatton College of Agriculture, Food and Environment

4-H CAMP

Camper Name **School**

Roommate Requests

Food Allergies

T-shirt Size (Please Circle one)

Youth Small	Youth Medium	Youth Large
Adult Small	Adult Medium	Adult Large
Adult XLarge	2XLarge	3XLarge

4-H SUMMER CAMP

Camp cost is $300

$40 deposit required with application to hold spot. Make checks payable to Boyd County 4-H

Scholarships available to those who qualify!

Mandatory Camper Orientation

Friday, June 27, 2025

Come anytime between 12 PM and 6PM

At the Boyd County Education Center

(Former Fairgrounds)

Applications due no later than: JUNE 6th

Return applications to: Boyd County Cooperative Extension, Attn: 4-H Camp 2420 Center St., Catlettsburg, KY 41129

Questions? Contact Becky Stahler, 4-H Youth Development Agent at, rstahler@uky.edu or 606-739-5184

4-H CAMP SCHOLARSHIP APPLICATION

Due by Friday, June 6, 2025 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 community donors.

To apply, return camp registrations forms and the $40 deposit with this application to the Boyd County Extension Office. Make checks payable to Boyd County 4-H.

Please answer every question, incomplete applications will not be considered.

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)
____EBT Benefits (Pre-Pandemic)

Family Job Status (circle one)

No Job One Job Both Parents Working

Estimated Net Family Income:_____ Number in Family:_____

Please explain your need for financial assistance:

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 if a scholarship is awarded and my child is a "no show" and does not attend camp, he/she will not be eligible for future camp scholarships.

Parent/Guardian Name_____

Signature_____

Please submit this form with the Camp Application and deposit to:
Boyd County Cooperative Extension
ATTN: 4-H Camp
2420 Center St.
Catlettsburg, KY 41129-1279

KENTUCKY 4-H CAMPING

Cooperative Extension Service

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) YS YM YL YXL AS AM AL AXL A2XL A3XL A4XL		Birthdate: _____ / _____ / _____	Age on 1st day of camp?
Participant's Home Address:			Participant's Race: ☐ White ☐ Black ☐ Asian ☐ American Indian ☐ Hawaiian ☐ Other Participant's Ethnicity: ☐ Hispanic ☐ Non-Hispanic
Legal Parent/Guardian #1 Full Name:	Email Address: ☐ 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: ☐ 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 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

Cooperative Extension Service

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 cirucumstances 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.

Cooperative Extension Service

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.

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

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: _____

Cooperative Extension Service

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: _____

Cooperative Extension Service

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 Camping 2025

Registro – Participante del Campamento – *Campista/Joven/Camper/Teen*

HCP Approval Stamp

Apellido/ Last Name:	Primer Nombre Legal/ First Name:	Segundo Nombre/ Middle Name:	Nombre o Apodo Preferido/ Preferred Name:
¿Participado antes/ Attended before? ❑ Si - # año: _____ ❑ No	Escuela – Grado Otoño 2025/ Fall 2025 School and Grade:	Condado/ County:	Sexo biológico/ Biological Sex: ❑ Masculino/ Male ❑ Femenino/ Female
Tamaño de camisa/ Shirt Size: (Seleccione Uno) YS YM YL YXL AS AM AL AXL A2XL A3XL A4XL		Cumpleaños/ Birthdate: _____/_____/ _____	¿Edad en 1er día del campamento/ Age on first day of camp?
Dirección del Participante/ Participants Home Address:			Raza del Participante/ Race: ❑ Blanco ❑ Negro ❑ Asiático ❑ Indio Americano ❑ Hawaiano ❑ Otro Etnicidad del Participante: ❑ Hispano ❑ No-Hispano
Padre Legal/Guardián #1 Nombre:		Correo Electrónico/Email Address: ❑ Sí - Me gustaría recibir emails de próximos eventos y promociones Patrocinados por el Campamentos en todo el estado a esta dirección de correo electrónico.	Cel./Teléfono del Hogar/Phone:
Padre Legal/Guardián #2 Nombre:		Correo Electrónico/Email Address: ❑ Sí - Me gustaría recibir emails de próximos eventos y promociones Patrocinados por el Campamentos en todo el estado a esta dirección de correo electrónico.	Cel./Teléfono del Hogar/Phone:
Nombre Completo del Contacto de Emergencia Emergency Contact Full Name:		Relación al Participante Relationship to Participant:	Cel./Teléfono del Hogar/Phone:
Nombre del Medico/ Physician Name:		Número de Teléfono/ Physician Phone Number:	

Cómprele a su participante equipo para acampar. www.shop4hcamp.com

¿Está su participante buscando por más oportunidades para acampar?www.4hcampevents.com

Cooperative Extension Service

NOMBRE DEL PARTICIPANTE: _____

¿Está el participante del campamento al día con las vacunas, como lo describe la ley de Kentucky, requerida para la inscripción en la escuela pública, privada o doméstica, basado en el grado en que el participante estará inscrito para el próximo año escolar? Immunizations current?

❑ Si

❑ NO *(Si marca NO, consulte con su Agente 4-H para obtener una exención del formulario de responsabilidad.)*

¿Tiene el participante cobertura de seguro médico?/ Does the participant have health insurance coverage?

❑ Si *(Adjunte una copia – frente y atrás – de la tarjeta de seguro en las cajas de abajo. Usar cinta adhesiva, NO grapar.)*

❑ NO *(¡No te preocupes! El campamento proporciona un exceso de cobertura de seguro médico en caso de lesiones o enfermedades.)*

Insurance Provider: _____

Provider's Phone: _____

Policy Number/Member ID: _____

Group ID (if applicable): _____

¿Cuál es la información **específica** sobre su participante que el personal del campamento debe estar consciente para proporcionar una mejor experiencia de campamento para el participante? ¿Hay artículos específicos que al participante se le proporciona en casa o en la escuela para tener una experiencia exitosa?/ What is specific information about your camp participant which the staff should know?

Conductual (es decir, mental, emocional, físico)/Behavioral

Médico (es decir, asma, autismo, sonámbulo, aparatos ortopédicos, anteojos)/ Medical

Dieta (es decir, vegetariano, intolerante al gluten, no come cerdo, sensible a los lácteos, comedor exigente)/ Dietary

Otras acomodaciones o detalles importantes/ Other accommodations or important details:

Cooperative Extension Service

Kentucky 4-H Camping
Código de Conducta y Expectativas

1. Los campistas no tienen permiso para traer celulares al campamento
2. Está prohibido el uso o posesión de alcohol, drogas ilegales o armas por parte de cualquier persona.
3. El uso de productos de tabaco no está permitido para los campistas y adolescentes en el campamento de 4 H. Si el condado(s) decidiera(n) permitir que adultos (21 años y más) pueda(n) usarlos, sólo puede ocurrir en áreas designadas por el Director del campamento. Absolutamente no se permitirá ningún producto de tabaco en las cabañas, bosques y otras áreas del campamento.
4. Las áreas de las cabañas de los niños y niñas están restringidas. Un campista del sexo opuesto no tiene permiso, en ningún momento, para entrar en un área restringida.
5. Los campistas no están permitidos en las cabañas durante el tiempo de clase o actividad. Si un campista está enfermo, él/ella podrá permanecer en el centro médico (no en una cabaña) hasta que el Proveedor de Cuidado Médico (HCP en inglés) sienta que el campista puede retornar a las actividades.
6. Los campistas deben ser atentos, receptivos y cortes con cualquier personal, adulto o consejero adolescente que esté realizando una presentación ante el grupo.
7. Absolutamente no se permitirá hacer llamadas telefónicas (teléfono del campamento o celular) por un campista sin la aprobación del Agente de Extensión del Condado. Todos los Agentes de Extensión del Condado deben ser informados de las llamadas hechas a los campistas.
8. Todos los accidentes o enfermedades, no importando cuan menor sean, deberán ser reportados al Proveedor de Cuidado Médico y el Agente del Condado.
9. Lenguaje o vestimenta obscena, discriminatoria o inadecuada, comportamiento rudo e insubordinación no es aceptable en cualquier momento durante el campamento.
10. Los fuegos artificiales no deben usarse por los campistas en cualquier momento durante el campamento.
11. La natación, los paseos en bote, o cualquier actividad acuática no está permitida excepto durante tiempos designados y bajo una supervisión adecuada.
12. Una vestimenta apropiada, incluyendo el calzado, deberá adherirse como señalado en la orientación del campista.
13. Los campistas deben siempre permanecer con sus grupos y obedecer la regla de 3 cuando se viaje. Ningún individuo debe estar en los caminos o cerca de los lagos sin un adulto que lo acompañe.
14. Los campistas no están autorizados a abandonar los terrenos del campamento en ningún momento sin notificar y recibir aprobación del Director del Programa de Campamento y su Agente de Extensión del Condado.
15. Se espera que todos los campistas estén en sus cabañas, con las luces apagadas, a la hora señalada en el programa del campamento.
16. Solo los padres o la familia inmediata, podrán visitar a un campista durante el campamento.
17. Ningún campista debe estar alrededor o en el equipo de mantenimiento.
18. Los campistas que tengan conflictos personales con otros campistas deben discutirlo con su consejero/a de la cabaña, decano/a o el Agente de Extensión del Condado.
19. Los campistas trabajaran con los consejeros llevando a cabo trabajos diarios asignados para ayudar a que el campamento corra sin problemas. Los terrenos deberán mantenerse limpios en todo momento. Se espera que los campistas dejen las cabañas, las instalaciones y los terrenos limpios y ordenados.

20. Los campistas deberán respetar la propiedad del campamento. Cualquier daño malicioso o intencional a la propiedad o autobuses del campamento, incluyendo el grafiti deberá ser pagado por el campista y/o padre o guardián.
21. Todos los medicamentos deberán ser entregados al adulto designado y recogidos por el padre o guardián en el lugar de recogido del autobús. El Proveedor de Cuidado Médico será responsable de asegurar todos los medicamentos en el campamento.
22. El campamento no es responsable de la propiedad personal de cualquier campista, voluntarios o empleados.
23. Nosotros nos preocupamos por la seguridad de todos los participantes del campamento, incidentes serios de mal comportamiento (p.ej. peleas, intimidación, causando lesiones, incidentes de alcohol y drogas, cualquier altercado entre adultos y menores, daños/ vandalismo intencional a la propiedad, etc.) será reportado al Director de Campamento y Agente de Extensión del Condado y un informe del incidente será completado.
24. Los campistas deben demostrar respeto hacia los demás. La intimidación, acoso o bromas maliciosas (p. ej. crema de afeitar, pasta de dientes en las almohadas/saco de dormir, desfiguración de la propiedad, incluyendo el uso inadecuado de los medios de comunicación social o aparatos electrónicos) no será tolerado y puede resultar en que el responsable(s) sea(n) enviado(s) a casa.

Cualquier conducta inconsistente con las reglas mencionadas arriba puede resultar en consecuencias como el campista/familiar/amigo sea(n) enviados a casa, así restringiendo la participación en futuras actividades de 4-H, cancelación de la membresía de 4 H y otras consecuencias determinadas por la política del condado o del estado. Si un campista debe ser enviado a su casa, será la responsabilidad del padre/guardián de recogerlo a él o ella en el campamento. No habrá ningún reembolso de la cuota de campista por una salida adelantada o imprevista.

Firma del Participante

Firma Padre/Guardián

Fecha

Cooperative Extension Service

Campamento Residencial 4-H de Kentucky
Estandares Esenciales para Participantes del Campamento

Es la política de la Universidad de Kentucky, Kentucky 4-H y el programa de Campamento 4-H de Kentucky de alentar y aceptar participantes sin tomar en consideración la raza, el color, el origen étnico, el origen nacional, el credo, la religión, las creencias políticas, el sexo, la orientación sexual, la identidad de género, la expresión de género, el embarazo, el estado civil, la información genética, la edad, el estatus de veterano o la capacidad física o mental. Los padres/guardianes de niños que tengan condiciones médicas u otras discapacidades que requieran atención especial deben alertar al agente para garantizar que se le brinde la atención y las adaptaciones adecuadas. Si el campista requiere cuidado personal o un nivel de atención no disponible a través del personal o voluntarios del campamento, un amigo de la familia o pariente del mismo sexo mayor de 18 años o un padre/guardian deben acompañar al niño como cuidador. El padre/guardian aceptará pagar los costos individuales del cuidador (25% de las cuotas de inscripción del campamento). El Proceso de Protección del Cliente se realizará sobre el cuidador con resultados favorables.

Los siguientes factores se considerarán para determinar si un cuidador debe acompañar a un campista:

- Capacidad para vestirse sin ayuda.
- Capacidad para mantener la higiene personal, por ejemplo, bañarse, cepillarse los dientes.
- Capacidad para atender las necesidades de usar el baño.
- Capacidad para comprender y seguir instrucciones orales o escritas.
- Capacidad para permanecer en reposo o dormir de acuerdo con el horario del campamento.
- Capacidad para participar en actividades grupales con una atención individual mínima.
- Capacidad para participar en un entorno de vida comunitario con una atención individual mínima.
- Capacidad para mantener un día de campamento de 15 horas (7 a.m.-10 p.m.) con períodos de descanso limitados.
- Capacidad para comprender y responder a condiciones peligrosas.
- Capacidad para tomar medicamentos de acuerdo con un horario preestablecido y con una asistencia mínima.

Yo he revisado y reconozco los estándares esenciales para la política de participantes del campamento.

Firma del Padre: _____ Fecha:_____

Lexington, KY 40506

Cooperative Extension Service

NOMBRE DEL PARTICIPANTE : _____

AUTORIZACIONES/CONSENTIMIENTOS/ Authorizations/ Releases

Este es un documento legal. Debe leerlo y entenderlo antes de firmarlo.
This is a legal document. You must read and understand it before signing it.

CONSENTIMIENTO PARA LOS MEDIOS DE COMUNICACIÓN/ Media Release:
Yo le concedo al Programa 4-H de Kentucky y la Universidad de Kentucky, la Universidad Estatal de Kentucky y las personas que actúan a través de ellos, el derecho a usar, reproducir, asignar y/o distribuir fotografías, películas, cintas de video y grabaciones sonoras de mi hijo menor sin compensación por su uso en promoción/publicidad, publicaciones educativas, publicación electrónica y recuerdos personales. Los nombres de los participantes pueden ser publicados.

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.

☐ Sí. Yo concedo el consentimiento para los medios. ☐ No. Yo no concedo consentimiento para los medios.

Autorización de Recogida/ Pick-up Release:
Es mi responsabilidad organizar la recogida de mi hijo/hijos a su regreso del campamento. No habrá excepciones a esta directiva independientemente de la relación con el niño/a. Por favor, informe a todos los aprobados por usted en esta autorización que deben presentar una licencia de conducir o una identificación con foto antes de que el niño sea liberado. **Se supone automáticamente que los padres, guardianes y contactos de emergencia que aparecen en las páginas 1 y 2 tienen autorización de recogida**. Además de los padres/guardianes enumerados en la página 1, se le concede permiso a las siguientes personas para recoger a mi hijo:

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:

NOMBRE:_____RELACIÓN_____Teléfono/Cel#_____

NOMBRE:_____RELACIÓN_____Teléfono/Cel#_____

NOMBRE:_____RELACIÓN_____Teléfono/Cel# _____

CONSENTIMIENTO PARA DAR TRATAMIENTO/ Consent to Treat:
El historial de salud reportado en la página uno y dos está correcto y completo hasta donde yo sé. Por la presente permito que el campamento proporcione atención médica de rutina, administre medicamentos que no requieran una receta médica, ayude a administrar los medicamentos recetados del participante según sea necesario y busque tratamiento médico de emergencia, incluyendo ordenar radiografías y pruebas de rutina. Yo accedo a la liberación de cualquier registro necesario para fines de tratamiento, referencia, facturación o razones del seguro. Yo permito que el campamento coordine cualquier transporte relacionado que sea necesario para mi hijo. En caso de que no pueda ser contactado en una emergencia, por la presente permito que el médico seleccionado por el campamento asegure y administre tratamiento, incluyendo viajes fuera de la propiedad del campamento.

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.

CÓDIGO DE CONDUCTA/ Code of Conduct:
Yo he leído y discutido el Código de Conducta del Campamento con mi participante. Nosotros (padre/guardián y participante) entendemos y aceptamos cumplir con las directrices. Las violaciones al código pueden resultar en la pérdida de privilegios, expulsión del campamento sin reembolso, el costo de la evaluación de daños por la cual seré responsable de pagar, y / o la inelegibilidad de participar en futuros eventos de 4-H. Se completará un informe de incidentes por violaciones importantes.

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.

Firma del Participante : _____ Fecha:_____

Firma del Padre/Guardian:_____ Fecha: _____

Cooperative Extension Service

NOMBRE DEL PARTICIPANTE : _____

AUTORIZACIONES/CONSENTIMIENTOS/ Authorizations/ Releases

Este es un documento legal. Debe leerlo y entenderlo antes de firmarlo.

This is a legal document. You must read and understand it before signing it.

ASUNCIÓN DE RIESGOS, LIBERACIÓN DE RESPONSABILIDAD y PERMISO PARA PARTICIPAR/ Assumption of Risk, release of liability, and permission to participate:

Yo reconozco que existen ciertos riesgos, peligros y situaciones de amenazas, incluyendo el riesgo de lesiones físicas, discapacidad o muerte y el riesgo de pérdida de uso o daño a mi propiedad personal como resultado de permitir la participación en el programa de campamento. Los riesgos incluyen pero no están limitados a juegos recreativos y actividades tradicionales de campamento, accidentes de transporte, peligros relacionados con el clima y desastres naturales, enfermedades infecciosas, la posibilidad de resbalones y caídas, picadas, raspones, giros y sacudidas que podrían resultar en arañazos, moretones, torceduras, laceraciones, fracturas, conmociones cerebrales o peligros aún más gravemente debilitantes o potencialmente mortales. Entiendo que las lesiones o pérdidas pueden ser el resultado de riesgos desconocidos o inesperados y el uso de equipos, materiales o instalaciones recomendados por la Universidad de Kentucky; condiciones ambientales; de los actos u omisiones de terceros; o por la falta de disponibilidad de atención médica de emergencia inmediata y adecuada. Yo entiendo que la Universidad de Kentucky no garantiza la salud personal o la seguridad de los participantes, ni protección en contra del riesgo de pérdida de propiedad personal. En consideración de permitir que mi hijo participe en el programa de campamento, por la presente libero a la Universidad de Kentucky, el Servicio de Extensión Cooperativa de la Universidad de Kentucky, la Junta de Distrito de Extensión del condado, el Campamento 4-H, la Universidad Estatal de Kentucky y sus administradores, directores, oficiales, miembros, agentes, empleados, voluntarios y asignaciones de alguna y toda responsabilidad, daño, costo y gastos que surjan de o estén relacionados con lesiones corporales o psicológicas , pérdida de vidas, o bienes personales que pueden ocurrir como resultado de participar en el programa de campamento. Yo entiendo que la participación de mi hijo en el Kentucky 4-H Summer Camping Program se basa en la filosofía de la selección de retos (Challenge by Choice en inglés). Reconozco que los programas están diseñados para utilizar técnicas de enseñanza experienciales y atractivas, pero que la participación de mi hijo es puramente voluntaria, siempre, y mi hijo elegirá su nivel de participación en cualquier actividad (incluyendo, pero no limitado a: cuerdas altas, escalada en roca, elementos de bajo desafío, rifles, tiro con arco, tiro al vuelo, caballos y exploración de cavernas). Entiendo que mi participación en esta actividad puede implicar ciertos riesgos anticipados e imprevistos con respecto a lesiones personales o enfermedades. Yo entiendo y reconozco además que actualmente existe una pandemia COVID-19 en los EE.UU. y que pueden haber riesgos para la salud asociados con la entrada de instalaciones y/o la participación en actividades y eventos en propiedad u operados por la Universidad de Kentucky o el Servicio de Extensión Cooperativa de la Universidad de Kentucky. Por la presente reconozco mi asunción voluntaria e informada de plena responsabilidad con respecto a cualquier lesión o enfermedad, incluyendo COVID-19, que pueda incurrir en coincidencia con mi participación en esta actividad.

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.

Firma del Participante : _____ Fecha:_____

Firma del Padre/Guardian:_____ Fecha: _____