

Franklin, Scott and Woodford County 4-H



University of Kentucky
College of Agriculture,
Food and Environment
Cooperative Extension Service



Adult Counselor Application

Thank you so much for your interest in attending 4-H Camp! We are excited for another great week this summer and are looking forward to you joining us!

Who Can Attend Camp as an Adult Counselor: All Adult Counselors must be 18 years old prior to attending the first day of camp and must go through the scheduled counselor training on Saturday, June 24th at 10am. If you are unable to attend counselor training you will need to work that out with your 4-H agent.

Where: North Central 4-H Camp
260 St-1035, Carlisle, KY 40311

Cost: Camp cost is free for all attending Adult Counselors. Also, all attending adult counselors get one (1) free camper registration as well!

When: Monday, July 17th - Friday, July 21st, 2017

We will be hosting a mandatory camper orientation on July 6th at 6:30pm at the Woodford County Extension Office. During this time we will go over camp rules, packing information, schedule and cabin assignments. We do ask our adult counselors to attend this orientation as it offers an opportunity for campers/parents to meet their counselors for the first time.

Deadline: Camp applications are due no later than June 30th, 2017.



Class Sign-ups

Every year we ask adult counselors if they would be willing to help teach/lead the classes the campers take during the day on Tuesday - Thursday. Please indicate which classes you would be willing to assist with by checking the boxes below. Please check as many as you like, which will help us as we assign counselors to teach/help with the different classes. Also, if you have already been asked to teach or lead a class, please indicate that below as well.

	Beginning Swimming		Canoeing		Gaga Ball
	Advanced Swimming		Low Ropes		Leadership
	Archery		High Ropes		Fishing
	Riflery		Crafts		Basketball
	Nature		Ultimate Frisbee		Volleyball
	Recreation		Soccer		Foods
	Photography		Agriculture		Snack Attack!

Cabin Preferences

Please indicate below if you would prefer to be in a cabin with other counselors or if you would prefer to be in the same cabin as family members attending camp with you. While we will try to accommodate any requests, please keep in mind that we cannot make any guarantees.

Every person attending 4-H camp will also receive a camp t-shirt with this year's camp theme displayed. Please indicate your desired shirt size below and include whether it is an adult or youth size as well.

Shirt Size: (Adult/Youth) _____

For the sake of communication, especially as the camp week approaches, please include at least one email address below that any last minute information or reminders can be sent to:

Email Address: _____

Email Address: _____



Kentucky 4-H Camping Program 2017

Camp Participant Registration – Adults Volunteers (Age 18+)

Last Name:	Legal First Name:	Middle Name:	Preferred Name:
Attended camp before? <input type="checkbox"/> Yes - # years: ____ <input type="checkbox"/> No		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
Emergency Contact:			
Full Name:	Relationship to participant:		Cell/Home 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:	
Tetanus:			
As part of the accreditation requirements for American Camp Association, participants must provide camp with the date (month and year) of the most recent tetanus shot/booster.			
Date of most recent tetanus shot/booster (Month/Year): _____ / _____ *REQUIRED*			
Medical Things you should know:			
<ol style="list-style-type: none"> 1. In case of an emergency, we will call the local ambulance service. It takes at least 10 – 15 minutes for an ambulance to get to camp. At the Lake Cumberland location, response time will be 30 – 45 minutes. 2. During your stay, the Camp Health Care Provider (who will be a certified EMT or Nurse) is available to help with your emergent health needs. 3. Our camps have an AED and portable oxygen onsite. 4. All medications must be given to the Health Care Provider (HCP) upon arrival at camp for secure storage or placed in a locked area to be non-accessible to others. 5. There is a clinic/hospital available to you nearby, if needed. 			

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

AUTHORIZATIONS/RELEASES

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

Medical Consent and Vehicle Usage:

I have read the information both on this page and in what was sent to me as an adult participant for the camp program. I understand my health information will be shared with camp medical staff and that, as an adult, I retain primary responsibility for managing my health status while at camp. I agree to inform the camp of any changes that might impact my participation. I grant permission for use of my personal vehicle, if needed. In doing so I state that I have an adequately maintained vehicle, maintain insurance in compliance with state laws and carry basic safety equipment.

Adult Participant Signature: _____ Date: _____

Media Release:

I grant the Kentucky 4-H Program and the University of Kentucky, and persons acting through them, the right to use, reproduce, assign and/or distribute photographs, films, videotapes, and sound recordings of me without compensation for use in promotion/advertising, educational publications, electronic publishing, and personal memorabilia. Participant names may be published.

Adult Participant Signature: _____ Date: _____

Assumption of Risk and Release from Liability:

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 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/or adequate emergency medical care. I understand that the University of Kentucky does not guarantee the personal health or safety for participants, nor does it protect against the risk of loss of personal property. In consideration for participating in the camping program, I do hereby release Kentucky 4-H Camp, the University of Kentucky, and its members, trustees, officers, employees, independent contractors, volunteers and extension staff 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.

Adult Participant Signature: _____ Date: _____

