



# Franklin, Scott and Woodford County 4-H



## Junior 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

Who Can Attend Camp as an Junior Counselor: All Junior Counselors must be 16-17 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 Junior Counselors.

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 junior 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.

### 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.

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### Class Sign-ups

Every year we ask junior 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.

<input type="checkbox"/>	Beginning Swimming	<input type="checkbox"/>	Canoeing	<input type="checkbox"/>	Gaga Ball
<input type="checkbox"/>	Advanced Swimming	<input type="checkbox"/>	Low Ropes	<input type="checkbox"/>	Leadership
<input type="checkbox"/>	Archery	<input type="checkbox"/>	High Ropes	<input type="checkbox"/>	Fishing
<input type="checkbox"/>	Riflery	<input type="checkbox"/>	Crafts	<input type="checkbox"/>	Basketball
<input type="checkbox"/>	Nature	<input type="checkbox"/>	Ultimate Frisbee	<input type="checkbox"/>	Volleyball
<input type="checkbox"/>	Recreation	<input type="checkbox"/>	Soccer	<input type="checkbox"/>	Foods
<input type="checkbox"/>	Photography	<input type="checkbox"/>	Agriculture	<input type="checkbox"/>	Snack Attack!

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 – 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>	



**AUTHORIZATIONS/RELEASES**

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

**Consent to Treat:**

The health history reported on page one and two are correct and complete to the best of my knowledge. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to 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 give permission to the camp to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including trips out of camp.

Parent/Guardian 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 my minor child without compensation for use in promotion/advertising, educational publications, electronic publishing, and personal memorabilia. Participant names may be published.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Code of Conduct:**

I have read and discussed the Code of Conduct with my participant. We (parent/guardian and participant) understand and agree to comply with the guidelines. Violations may result in the loss of privileges, removal from camp with no refund, assessment of a damage fee 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.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Permission to Participate:**

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, at all times, and my child will choose his or her level of participation in any activity. My initials below grant participant permission to participate in these specialized higher risk activities. No initials will assume the participant may NOT participate.

\_\_\_\_ High Ropes Course \_\_\_\_ Low Ropes Course \_\_\_\_ Archery \_\_\_\_ Rifles \_\_\_\_ Trap (When offered) \_\_\_\_ Horses (West KY only)

**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. If a participant's parents are separated or divorced, unless the camp is provided with a copy of a Kentucky court order to the contrary, both biological and adoptive parents have access to the participant. The following individuals have my permission to pick up my child/children.

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ Phone/Cell# \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ Phone/Cell# \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ Phone/Cell# \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Assumption of Risk and Release of 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 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/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 allowing my child to participate 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.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

