

Camp Counselor **TEEN**

Application



North Central 4H Camp July 14th - 18th 2025 Ages 16 and 17

APPLY BY: MAY 2ND, 2025

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

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, ags, veteran status, physical or mental disability or reprical or retaliation for prior civil rights activity. Reasonable accommodation of disability may be available with prior notice. Program information may be made available in languages other than English.

University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.





TEEN COUNSELOR SIGNUP INFORMATION

July 14th - 18th
Ages 16-17
Applying does not guarantee you a spot

Applications can be turned in anytime until May 2nd

ALL APPLICATIONS MUST BE SUBMITTED IN PERSON

(No applications will be accepted online or by email)

No Cost for Teen Counselors

Counselors receive 1/2 off one camp admission fee
Please put the name of the camper to receive the discount below:

Name:	

- COUNSELOR TRAINING:
 - Mandatory
 - Date: June 21, 2025 at 9am
 - Location: TBA
 - Failure to attend can make you lose your spot
- CAMPER ORIENTATION:
- Counselors are highly encouraged to attend
 - If you help with orientation, your camper will get to pick classes early.
 - RETURN CAMPER ORIENTATION
 - June 23rd at 6pm
 - June 24th at 10am
 - NEW CAMPER ORIENTATION
 - June 25th at 10am
 - June 26th at 6pm
- Class sign-ups will happen at orientation







Kentucky 4-H Camping 2025

Camp Participant Registration - Camper/Teen

HCP Approval Stamp		
		11

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)		Birthdate:	Age on 1st day of camp?
YS YM YL YXL AS AN	A AL AXL A2XL A3XL A4XL	/	
Participant's Home Addr	ress:		Participant's Race: White Black Asian American Indian Hawaiian Other Participant's Ethnicity: Hispanic Non-Hispanic
Legal Parent/Guardian #1 F	full Name:	Email Address:	Cell/Home Number:
		Yes - I would like to receive email notific Sponsored Events and Promotions at this	
Legal Parent/Guardian #2 Full Name:		Email Address:	Cell/Home Number:
		Yes - I would like to receive email notific Sponsored Events and Promotions at this e	
Emergency Contact Full Na	ame 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







TANTEL ANT 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 YES (Provide the required information below.)	that apply.)		
Insurance Provider: Policy	Number/Member ID:		
Provider's Phone: Group	ID (if applicable):		
□ NO (No worries! The camp provides excess medical insurance cover	erage in the event of injuries or illnesses.)		
☐ ACTIVE DUTY MILITARY			
What is specific information about your camp participant which the st experience for the camp participant? Information disclosed in this sec individualized needs. <u>List all specific items</u> that the participant is prov	tion may allow us to make accommodations based on their		
Behavioral (i.e., mental, emotional, physical) Are there your child needing extra support?	any recent cirucumstances that may lead to		
your child needing extra support:			
Malland Diagram and an artist and an artist and artist artist artist artist and artist	-II		
Medical/Physical (i.e., asthma, autism, seizures, sleepwalker, sensitivity to lights and sounds, etc.)			
Allergies (check the applicable boxes below and describ			
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 detail	s (use additional sheet of paper if needed):		
Contact your 4-H Agent with questions about available	accommodations.		

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DARTICIDANT NAME.







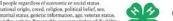


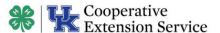
Kentucky 4-H Camping Code of Conduct and Expectations

- 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 nondesignated 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.
- 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.

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- 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:

Lexington, KY 40506







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:	



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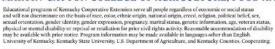
PARTICIPANT NAME:				
	AUTHORIZATIONS/RELEASES			
		and understand it before signing it.		
MEDIA RELEASE: I grant the Kentucky 4-H Pro reproduce, assign, and/or dis	ogram and the University of Kentucky, Kentu tribute photographs, films, videotapes, and so tional publications, electronic publishing, and	cky State University, and persons acting through them, the right to use, and recordings of my minor child without compensation for use in dipersonal memorabilia. Participant names may be published.		
Pick-up Release:				
It is my responsibility to arra relationship to the child. Plea child will be released. Paren	se inform everyone approved by you on this ts, Guardians, and Emergency Contacts lis	from camp. There will be no exceptions to this policy regardless of release that he/she must present a driver's license or photo ID before the sted on page 1 and 2 are automatically assumed to have pick up bllowing individuals are granted permission to pick up my child:		
NAME:	RELATIONSHIP	Phone/Cell#		
NAME:	RELATIONSHIP	Phone/Cell#		
NAME:	RELATIONSHIP	Phone/Cell#		
medical treatment including insurance purposes. I permit hereby permit the physician state of the guidelines. Violations may responsible for paying, and/or ASSUMPTION OF RISK, I acknowledge that there are damage to my personal propose and traditional camp activitie falls, pinches, scrapes, twists debilitating or life-threatenin materials, or facilities recommunavailability of immediate a health or safety of participan in the camping program, I do Extension District Board(s), and assigns from any and all property that may occur as a Camping Program is based of techniques, but that my child (including, but not limited to I understand that my participants).	ordering x-rays and routine tests. I agree to the the camp to arrange necessary related transpose selected by the camp to secure and administer to be camp. Code of Conduct with my participant, by result in loss of privileges, removal from care ineligibility to participate in future 4-H ever the relation of the participate in future 4-H ever the participation accidents, and dangers, including the participation accidents, weather-related heart and jolts that could result in scratches, bruising hazards. I understand that injury or loss mannended by the University of Kentucky; environd adequate emergency medical care. I understand that injury or loss mannended by the University of Kentucky; environd adequate emergency medical care. I understand that injury or loss of the 4-H Camp, Kentucky State University and liability, damages, cost, and expenses arising result of participating in the camping program in the challenge by choice philosophy. I recognize participation is purely voluntary, always, and high ropes, rock climbing, low challenge election in this activity may entail certain anticined informed assumption of full responsibility	g participant's prescription medications as needed, and seek emergency be release of any records necessary for treatment, referral, billing, or ortation for my child. In the event I cannot be reached in an emergency, I ortation for my child. In the event I cannot be reached in an emergency, I ortation for my child. In the event I cannot be reached in an emergency, I ortation for my child. In the event I cannot be reached in an emergency, I ortation for my child. In the event I cannot be reached in an emergency, I ortation for my child in the my cannot be reached in an emergency. We (parent/guardian and participant) understand and agree to comply with amp with no refund, assessment of a damage fee for which I will be my cannot be my cannot be camping to the my cannot be camping or which I will be completed for major violations. SION TO PARTICIPATE: the risk of physical injury, disability, or death and risk of loss of use or examping program. Risks include but are not limited to recreational games azards and natural disasters, infectious diseases, the possibility of slips and es, sprains, lacerations, fractures, concussions, or even more severely y result from unknown or unexpected risks and the use of equipment, onmental conditions; from the acts or omissions of others; or from the restand that the University of Kentucky does not guarantee the personal of personal property. In consideration for allowing my child to participate the University of Kentucky Cooperative Extension Service, the county definition of relating to bodily or psychological injury, loss of life, or personal m. I understand that my child's participation in the Kentucky 4-H Summer gnize that programs are designed to use experiential, engaging teaching and my child will choose his or her level of participation in any activity ements, rifles, archery, trap shooting, horses, and cave exploration). pated and unanticipated risks regarding personal injury or illness. I hereby and liability regarding any injuries or illness, that I may incur coinci		
Participant Signature:		Date:		
Parent/Guardian Signature:		Date:		

Cooperative **Extension Service**



Date:

Agriculture and Natural Resources | sexual orientation, ge | physical or mental | Physical or







Kentucky 4-H Camping Program Damage Fees

The following contains only those items most frequently damaged or taken. Intentional damage to any other camp property will be assessed at the time of damage. Should intentional damage or theft occur, it is the responsibility of the child and their parents to reimburse the costs. No charges are made for worn equipment or normal usage. Charges are required for damage resulting from horseplay and malicious or intentional behavior. Graffiti on camp property will not be tolerated.

Basketball Backboard	Broken or missing	Cost of replacement
Basketball Rim	Broken or missing	150.00
Brooms, Mops	Broken or missing	20.00
Bunk Bed	Bed Replacement / repair	Cost of replacement
Cabin HVAC	Replace or repair	1500.00+
Cabin Keys	Lost or missing or broken	10.00+
Changing Tents	Damaged or missing	50.00
Dust Pans	Broken or missing	10.00
Fire Extinguisher	Discharged or broken	75.00
First Aid Kits	Lost or missing	25.00
Graffiti	Defaced with Graffiti	50.00
HVAC Controls	Repair/Replace	100.00+
Mattress	Replacement	150.00
Screen Door	Repair or Replace	
Smoke/CO Detector	Damaged or missing	100.00
Trash Cans	Broken or missing	25.00+
Windows	Repair or Replace	100.00+
Window AC	Replace	250.00
Window Screens	Replace	50.00
Other	DAMAGE TO ANYTHING NOT LISTED, INCLUDING PROGRAM EQUIPMENT, WILL BE BILLED AT THE COST OF REPAIR/REPLACEMENT.	

I understand that I am responsible for paying for any damages that my child may cause to camp property.		
Parent/Guardian Sionature	Date	





