



LINCOLN COUNTY 4-H CAMP



Martin-Gatton
College of Agriculture,
Food and Environment

ADULT COUNSELOR *Information*

Dates to Remember:

**June 6 (tentative):
AC/JC Training w/all
3 counties (6-8 pm
Madison Co Office)**

**June 25: Camper
Orientation 6-8 pm**

**June 27: Camper
Orientation 6-8 pm**

**July 15-19:
4-H Camp!**

***** Training Date is
Mandatory. *****



Are you interested in being an Adult Counselor (AC) at 4-H Camp this summer? We will be attending 4-H Camp July 15-19, 2024 at J.M. Feltner 4-H Camp, located in London, KY.

If you are interested in being an AC, please fill out the enclosed application form and return it to the Lincoln County Extension Office. Applications can be hand delivered or mailed. There is **NO FEE** for ACs attending 4-H Camp and if you are approved, you will get one FREE camper spot. Applicants will be notified if they have been accepted ASAP.

All applicants must attend a **mandatory Camp Counselor Training held on Thursday, June 6 from 6-8 p.m. at the Madison County** Extension Office in Richmond. Dinner will be provided and transportation from the Lincoln County Office is available. If you do not complete Camp Counselor Training, you WILL NOT go to camp.

4-H Camp is a great opportunity for youth to develop leadership, social and life skills. Thank you for your interest in serving as a leader and role model for our youth this summer. If you have any questions, please feel free to contact the office or email me directly at courtney.brock@uky.edu

Courtney Brock

**Courtney Brock
Lincoln County Extension Agent
For 4-H Youth Development**

**Lincoln County Extension
104 Metker Trail
Stanford, KY 40484
606-365-2447**





HCP Approval Stamp

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Kentucky 4-H Camping 2024
Camp Participant Registration – Adult Volunteer

Last Name:	Legal First Name:	Middle Name:	Preferred Name:
Attended camp before? <input type="checkbox"/> Yes - # years: ____ <input type="checkbox"/> No	Biological Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Cell Phone Number:	Date of Birth:
Shirt Size: (Select One) AS AM AL AXL A2XL A3XL A4XL		Email Address:	County:
Participant's Home Address:		<input type="checkbox"/> Yes - I would like to receive email notifications of upcoming statewide Camp-Sponsored Events and Promotions at the email address listed above.	Participant's Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other
Emergency Contact Name:	Relationship to Participant:	Participant's Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
Cell/Home Phone:			

Are there any specific behaviors, medical needs, dietary needs, accommodations, or information which the staff should be made aware of to provide a better camp experience for the participant?

Does the participant have health insurance coverage?

- YES (Insert a JPEG or PNG file – front and back – of the insurance card in the boxes below.)
- NO
- ACTIVE DUTY MILITARY (not required to provide a copy of Military ID/Insurance Card)

FRONT OF INSURANCE CARD

BACK OF INSURANCE CARD





PARTICIPANT NAME: _____

AUTHORIZATIONS/RELEASES

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

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 me without compensation for use in promotions/advertising, educational publications, electronic publishing, and personal memorabilia. Participant names may be published.

CONSENT TO TREAT:

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 me. 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 reviewed the adult volunteer position description and volunteer expectations. I 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 participating 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 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 participation is purely voluntary, always, and I will choose my 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.

Participant Signature: _____

Date: _____

Are you looking to buy some camp gear? www.4hcampstore.com

Are you looking for more volunteer opportunities? www.4hcampevents.com

