



INTO THE WILD WITH 4-H

SUMMER CAMP

JUNE 16-20

J.M. FELTER CAMP

CAMP 2025

REGISTRATION

Deadline for

Applications June 1st

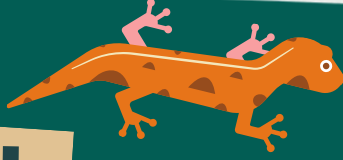
Please make sure to complete the entire application before returning it, along with the non-refundable \$75 deposit to the Estill County Extension Office.

\$75 DEPOSIT
to hold spot (non-refundable)
Estill County Youth ONLY!

REGULAR CAMP COST: \$325
ESTILL YOUTH COST: \$125
*Scholarships available for the \$50 balance after deposit

Camper participants must be at least 9 yrs old and no older than 14 on the first day of camp.
Teens 14 to 15 are considered CITs (Counselors in Training).
Youth 16 to 17 are Junior Counselors (JCs), and will have leader responsibilities.
Adult Counselors will be 18 and older and are considered Cabin Leadership Partners.

LIMITED CAMPER SPOTS AVAILABLE FOR ALL ROLES.



This page intentionally left blank



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? <input type="checkbox"/> Yes - # years: ____ <input type="checkbox"/> No	Fall 2025 School & Grade:	County:	Biological Sex: <input type="checkbox"/> Male <input type="checkbox"/> 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: <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
			Participant's Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Legal Parent/Guardian #1 Full Name:	Email Address: <input type="checkbox"/> 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: <input type="checkbox"/> 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



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 circumstances 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.



Kentucky 4-H Camping Program Waiver of Liability – Immunizations

Participant Name: _____ County: _____

To the best of my knowledge and belief, the person named above is and has been in normal good health and is free from all communicable or contagious disease. Should this participant show symptoms that reasonably indicate the presence of a communicable or contagious disease, I agree that a physical examination/assessment may be performed. I also agree that if any such disease is found, we – the named individual and his/her family – will comply with the quarantine or isolation procedures required of the camp as directed by the state’s Department of Health. It is further understood that, should a communicable disease emergency arise, I will be notified. However, in the event that I cannot be contacted, the camp’s administrator(s) and healthcare staff may take the temporary measures they deem necessary to protect the health status of this participant.

I release and forever discharge 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 all causes of action, suits, claims, demands, or any other damages or costs associated with actions taken by the Released Parties.

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.

I represent and acknowledge that I have read and understand this agreement and release and warrant that all statements made herein are true to the best of my knowledge. I further warrant and acknowledge that I am of legal age, legally competent to execute this agreement and release, and accept full responsibility therefore.

Parent/Guardian Signature

Date

*The original copy of this form should be attached to the camper’s registration paperwork.



This page intentionally left blank

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: _____



This page intentionally left blank

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: _____



This page intentionally left blank

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.



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: _____



This form needs to be signed and returned during Camp Orientation.

The University of Kentucky 4-H Camping Program No Nit Policy

What does this mean? A child will not be permitted to attend 4-H camp if it has been determined through a head check that the child has head lice or nits on the scalp. This head check must take place within a 72-hour period of time preceding boarding the bus for camp. It is the County Extension Agent's responsibility to inform parents of the No Nit Policy and the proper procedure for getting a head check for lice for their child prior to camp.

Why does the camping program have a No Nit Policy? The No Nit Policy encourages each family and county to do its part at home with routine screening, early detection, accurate identification and thorough removal of lice and nits. Early intervention provides the needed assurance for parents, agents and campers that everything possible is being done to prevent a head lice outbreak at camp among children where close contact is inevitable.

What are head lice? Head lice are small parasitic insects found on the heads of people. Head lice (*pediculus capitis*) is very common in preschool and elementary-age children. Head lice derive nutrients by biting and eating blood several times each day, and cannot survive for more than a day or so at room temperature without ready access to a blood meal.

There are three forms of lice:

Nits - they are head lice eggs that are attached to the hair shaft. They are difficult to see and are white or yellow. They can be mistaken for dandruff. Nits take about 1 week to hatch.

Nymph - the nymph is a baby louse, and it is much smaller than an adult louse. The nymph state lasts about 7 days.

Adult - the adult louse is tan to grayish-white and has 6 legs. It is the size of a sesame seed. An adult louse can live 30 days on a person's head.

How You Get Head Lice:

- By physical contact with a person that has head lice (head to head, sharing hats, clothing, combs, brushes or towels).
- Head lice do not jump from one person to another.
- By lying on a bed, couch, pillow, carpet, or stuffed animal that has been used by an infested person.

The Symptoms of Head Lice Infestation:

- Itching.
- Tickling feeling of something moving in the hair.
- Sores can develop from scratching the scalp.
- The louse's saliva and feces may sensitize people to their bites, thereby exacerbating the irritation and increasing the chance of secondary infection from excessive scratching.

How Head Lice Infestation Is Diagnosed:

- Observation of nits, nymphs, or adult lice on the head of an individual.
- If nits are observed 1/4 inch from the scalp, the infestation is probably an old one and does not need treating.

How To Treat Head Lice:

- The drug of choice is permethrin 1% (e.g., Nix)
- Pyrethrin (Rid) is used if these appears to be a treatment failure with permethrin.


How To Prevent Infestation of Head Lice:

- Do not share hats, combs or brushes.
- Avoid head to head contact with infected people.
- Do not lie on a bed, couch, pillow, carpet, or stuffed animal of an infested person.

Clarification of Head Lice Myths:

- Head lice are not known to transmit infectious agents from person to person.
- Shaving the head bald or cutting the hair short does not prevent head lice.
- Hair soaps, bleaches and dyes do not eliminate head lice.
- Pets do not give people head lice.
- You can not suffocate the head lice with oils or gels.
- Heat from a hair dryer will not kill head lice.
- Do not apply any application (i.e. mayonnaise, Vaseline, olive oil, etc.) to the head to repel lice. It will not work.
- Do not apply caustic agents (gasoline, kerosene, etc.) to the head to kill lice. They may be harmful to your health.

I, _____, have reviewed the information on head lice with my child. I understand that if the camp EMT finds evidence of lice on my child I will be **required to immediately** pick up my child from camp.

 Parent/Guardian Signature: _____ Date: _____

**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, age, veteran status, physical or mental disability or reprisal 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.
Lexington, KY 40506



Disabilities
accommodated
with prior notification.

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	50.00
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 Signature

Date



ESTILL COUNTY



4-H Camp Scholarship Application to be completed by youth

* Application must be returned to the Estill County Extension office by **Tuesday May 20th, 2025** to be eligible for the scholarship for camp balance.

2025 Camp Scholarship Applicants should write a short paragraph describing what things they're looking forward to at 4-H Camp. New campers should include what experiences they're hoping to have, and returning campers should include things they love most about camp.

****NOTE: Elementary age (9-11) campers should handwrite a 35 to 50 word paragraph, and all middle and high school youth should use 75-100 words. Attach additional page if needed.**

Youth name (please print): _____ Age: _____

Youth Signature: _____ Date: _____

4-H Summer Camp 2025

Camper/Teen name: _____

Camper/Teen t-shirt size: Please put a check under the size needed for camper/teen



Youth Small	Youth Med.	Youth Large	Youth XLG	Adult Small	Adult Med.	Adult Large	Adult XL	Adult 2XL	Adult 3XL	Adult 4XL

Camper/Teen Cabin Mates:

(Please list 2-3 youth that the camper/teen would like to camp with or an adult leader whose cabin they wish to be in. There is **NO GUARANTEE** youth will be placed in the requested cabins due to limited cabin space.)

1. _____
2. _____
3. _____

Age of Camper/Teen

How old will Camper/Teen be on the 1st day of camp?

Camp Experience

How many years has the Camper/Teen attended camp? 1st year, 2nd year, etc.

Camper Signature: _____

Parent/Guardian Signature: _____

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, age, veteran status, physical or mental disability or reprisal 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.
Lexington, KY 40506



Disabilities
accommodated
with prior notification.