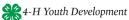








HCP Approval Stamp



Kentucky 4-H Camping 2019

Camp Participant Registration – Camper/Teen (Ages 9 to 17)

Last Name:	Legal First Name:	Middle Name:	Preferred Name:
Attended camp before? Yes - # years: No	School & Grade Entering:	County:	Gender Identity: ☐ Male ☐ Female
Shirt Size: (Circle One)		Birthdate:	Age on 1st day of camp?
YS YM YL YXL AS AM AL AXL A2XL A3XL A4XL		//	
Participant's Home Addi	ress:		Participant's Race: ☐ White ☐ Black ☐ Asian
Street			☐ American Indian☐ Hawaiian☐ Cannot be determined☐ Other
City, State, Zip			Participant's Ethnicity: ☐ Hispanic ☐ Non-Hispanic
Legal Parent/Guardian #1 F	Full Name:	Email Address:	Cell/Home Number:
Legal Parent/Guardian #2 F	Tull Name:	Email Address:	Cell/Home Number:
Emergency Contact Full Na	ame:	Relationship to Participant:	Cell/Home Number:
Physician Name:		Physician Phone Number:	
Roommate 1	Request:		

Cooperative Extension Service
Agriculture and Natural Resources
Family and Consumer Sciences
4-H Youth Development

Community and Economic Development

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, or physical or mental disability. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.





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

	(8)	Cooperative Extension Service
PARTICIPANT NAME:		34-H Youth Development

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?
☐ YES (Attach a copy – front and back – of the insurance card in the boxes below. Use tape, DO NOT staple.)
□ NO (No worries! Camp provides an excess medical insurance coverage in the event of injuries or illnesses.)

FRONT OF INSURANCE CARD

BACK OF INSURANCE CARD

	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, or been dizzy during exercise?			Had mononucleosis in the past 12 months?		
Ever had chest pain during exercise?			Have diabetes?		
Had problems with sleepwalking?			Have asthma?		
Ever had seizures?			Have a history of bed wetting?		
Ever had emotional difficulties?			Have severe allergies?		
Ever had an eating disorder?			Carry an epi-pen or inhaler?		

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? (Provide details for any questions above marked **YES**):

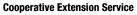
Are there accommodations during the school year that your child requires we should plan for at camp? (i.e. accommodations for 504 and IEP Plan):



T T	University of Kentucky		
	College of Agriculture, Food and Environment		
	Cooperative Extension Service		
	4-H Youth Development		

PARTICIPANT NAME:

		AUTHORIZATIONS/			
	This is a legal docume	ent. You must read an	d understand i	t before signing it.	
reproduce, assign, and/or di	stribute photographs, films,	, videotapes, and sound rec	cordings of my mir	persons acting through them, the right to use or child without compensation for use in Participant names may be published.	se,
☐ Yes. I grant permission f	for media releases.	No. I do not grant permissi	ion for media relea	ases.	
relationship to the child. Ple child will be released. Pare	ease inform everyone appronts, Guardians, and Emer	ved by you on this release rgency Contacts listed on	that he/she must p page 1 and 2 are	e no exceptions to this policy regardless of resent a driver's license or photo ID before automatically assumed to have pick up ranted permission to pick up my child:	the
NAME:	RELATIONS	SHIP		Phone/Cell#	
NAME:	RELATIONS	SHIP		Phone/Cell#	
NAME:	RELATIONS	SHIP		Phone/Cell#	
insurance purposes. I permi hereby permit the physician CODE OF CONDUCT: I have read and discussed the guidelines. Violations mesponsible for paying, and ASSUMPTION OF RISK I acknowledge that there are damage to my personal propand traditional camp activit falls, pinches, scrapes, twist debilitating or life-threateni materials, or facilities recommavailability of immediate health or safety of participa the camping program, I do lofficers, employees, independent to bodily or psychounderstand that my child's put that programs are designed child will choose his or her rifles, archery, trap shooting	the camp to arrange necess selected by the camp to see selected by the participation and see see selected by the see selected by the university and adequate emergency must, nor does it protect again the selected by the	with my participant. We (poses, removal from camp with the infuture 4-H events. An administer treatm of the infuture 4-H events. An administer treatm of the infuture 4-H events. An administer treatm of the infuture 4-H events. An administration in the campings, weather-related hazards at in scratches, bruises, sprata injury or loss may result of Kentucky; environment and the instance of the inst	for my child. In the ent, including trips arent/guardian and the no refund, assess incident report with the ent, including trips arent/guardian and the no refund, assess incident report with the PARTICIPATA of physical injurying program. Risks and natural disaster ins, lacerations, for the entire including the university on the entire including the entire includin	I participant) understand and agree to composiment of a damage fee for which I will be ll be completed for major violations. TE: y, disability, or death and risk of loss of use include but are not limited to recreational rs, infectious diseases, the possibility of sligactures, concussions, or even more severely unexpected risks and the use of equipment in the acts or omissions of others; or from the of Kentucky does not guarantee the person ensideration for allowing my child to participate by State University, and its members, trust ty, damages, cost, and expenses arising out to of participating in the camping program. In the challenge by choice philosophy. I recarticipation is purely voluntary, always, and ropes, rock climbing, low challenge elements.	ly with or games ps and y , ne al ipate in tees, of or I cognize my
Participant Signature:			Dat	re:	
Parent/Guardian Signature:		-	Dat	e:	



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