



HCP Approval Stamp

[Empty box for HCP Approval Stamp]

Kentucky 4-H Camping 2025
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?

[Empty box for specific behaviors, medical needs, dietary needs, accommodations, or information]

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

ACTIVE DUTY MILITARY





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 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: _____

Are you looking to buy some camp gear? www.shop4hcamp.com

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





4-H Cabin Sheet

Name: _____

School: _____ Grade: _____

Age: _____ Birthday (if between June 16-20): _____ Gender: M F

Shirt Size: YS YM YL AS AM AL AXL A2XL
A3XL A4XL

Race: White Black Asian American Indian
 Hawaiian Other

Ethnicity: Hispanic Non-Hispanic

Please list any allergies or known medical conditions: _____

Who would you like to be in a cabin with?
(You may list up to three people.)

1. _____
2. _____
3. _____

Additional Notes:



Kentucky 4-H Camp Medication Form 2025

Participant's Name	County	Sleeping Facility <small>(e.g., cabin #2, yurt #1)</small>	Age	Weight

	Name of Medicine	Dosage	Time of Medicine <small>(Check all that apply)</small>					Notes <small>(e.g., as needed, take w/ food)</small>
			Breakfast	Lunch	Dinner	Bedtime	Other	
1								
2								
3								
4								
5								
6								

DIRECTIONS:

Place the following items in a clear bag: (1) medications in original containers, (2) this completed form, and (3) a recent photo of the participant. On the outside of the bag write (with a permanent marker) the participant's name, county, and sleeping facility.

OFFICE USE ONLY

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	HCP Review Stamp
Breakfast								
Lunch								
Dinner								
Bedtime								
Other								
As needed								

