

CLOVER DAY CAMP REGISTRATION FORM

Day Camp Dates: Wednesday, July 12 – Friday, July 14, 2023
9 a.m. – 4 p.m. at Shelby County Extension Office
Camp Fee: \$40 (payment due at registration)
Spots are filled on a first come, first served basis.

Please PRINT all information.

Child's Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Parent E-Mail _____

Child's Age at Time of Camp _____ Birthdate _____

Gender (Circle One) Male / Female

Race* (Circle all that Apply) American Indian
Asian Black Pacific Islander White

Ethnicity* (Circle One) Hispanic Non-Hispanic

(*Necessary to comply with affirmative
action – Civil Rights Standard)

School Attended in (2022-2023) _____ Grade Completed _____

Parent(s)/Guardian(s) Name PRINTED _____

Parent(s)/Guardian(s) Signature: _____

**Make Checks Payable to
Shelby County 4-H Council**

Please Return to:
Shelby County 4-H
Cooperative Extension Service
1117 Frankfort Road
Shelbyville, KY 40065

**Campers will be expected to bring
lunch each day.**

****Not Nuts or Peanut Butter****

Afternoon snack is provided.

**** Personal Information Enrollment (PIE) Form and Pick-Up Form will also need to be
completed before your child can attend Day Camp****

PAYMENT & REGISTRATION INFO

To reserve your child's spot at 4-H day camp, please complete and return the attached registration form with payment.

Registrations are processed in the order they are received on/after registration opens. Day camp will be filled on a first come, first served basis.

Payment Options

Cash or Check Payments

Full Payment of \$40

There is a \$30 fee for all returned checks.

**CANCELATIONS MADE AFTER JULY 5
WILL NOT BE REFUNDED.**

**PLEASE MAKE CHECK PAYABLE TO
Shelby County 4-H Council
and return to
Shelby County Extension
1117 Frankfort Road
Shelbyville, KY 40065**

**Contact the Shelby County
Extension Office with
questions concerning
camp payment.**



**Wednesday – Friday
July 12-14, 2023
9 a.m. – 4 p.m.**

**Shelby County
Extension Office
Shelbyville, KY**

Phone: (502) 633-4593

Who may Attend?

Youth from Shelby County who have completed 2nd grade and not yet entered 7th grade. You do not have to belong to Shelby County 4-H to attend day camp.

What to expect at Day Camp

The goal of day camp is to encourage and inspire creativity in each camper. We do this through a wide range of activities, crafts, interactive games, the arts and much more!

Campers also have the opportunity to participate in a workshop of their choice. Workshop descriptions and signups are included with registration. Activities will be built around unique and fun daily themes.
****Campers will be expected to bring lunch each day ****

Our Staff

Trained counselors plan and execute our fun and educational camp programs. Counselors have gone through a selection process and have participated in focused trainings. Trainings include risk and behavioral management, teaching, bullying prevention, and much more. The counselors are some of Shelby County's finest teen 4-H members.



Our trained teen counselors are supervised by 4-H Youth Development professionals as well as adult volunteers who have a passion for working with youth and the camping program.

Workshop Selections

Workshop space is limited. Please rank your top 3 choices. We will assign you to one of your top 3 choices based on a first come first served basis. Workshop selection will be announced on the first day of camp.

Animal Crafts

Have lots of fur-tastic fun with animal crafts! Let your imagination run free as you create furry and colorful animal friends.

Aerospace & Rocketry

Get ready to fly away with me as we learn how to build paper airplanes, rocket racers, bottle rockets and much more!

SET on Science

Have fun with science as we see colors fly and look at every small detail. In this workshop you will learn how to have fun with Science, Engineering and Technology.

Adventures in the Kitchen

Join this workshop for adventures in cooking and baking. No prior cooking skills needed. Come prepared to be creative!

Parents are expected to review workshop selections with their camper. Please initial here: _____ Parent _____ Camper

There will be a theme each day during camp. Campers are encouraged to dress according to the days theme but are not required to.		
WEDNESDAY JULY 12	THURSDAY JULY 13	FRIDAY JULY 14
Sports Pull out your favorite jersey, t-shirt, socks, hats, gear or even face paint to represent your favorite sport or sports team!	PJ Get comfy and wear your PJs for a fun & relaxing day!	Colors Dress in your tables colors!



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



4-H Youth Development

4-H Participant Information/Enrollment Form (NOT FOR RESIDENTIAL CAMP)

The form must be completed by the participant and/or parent or guardian in order to participate in the 4-H program. **All items must be completed, even if the response is not applicable – indicate by using N/A (i.e. no health insurance).** Failure to complete this form in its entirety will result in the person being ineligible to participate in 4-H activities. Please print in blue or black ink to allow for photocopying.

Form Updated: August 2022

Name: _____ County/Area: _____
Preferred Name: _____ School Name: _____
Address: _____ Birth Date: _____ Age: _____
City: _____ State: _____ Zip: _____ Grade: _____
Phone: _____ Email: _____
Gender: ☐ Female ☐ Male
Residence: ☐ Farm ☐ Town < 10,000 or Rural Non-Farm ☐ Town/City/Suburb 10,000-50,000 ☐ City/Suburb >50,000 ☐ City– Central >50,000
Race (please choose more than one if applicable): ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Non-Hispanic ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Prefer Not to Say ☐ Not Listed: _____ T-Shirt Size: _____

Parent/Guardian 1: _____ Phone number: _____
Email: _____
Parent/Guardian 2: _____ Phone number: _____
Email: _____

Emergency Contact #1: _____ Phone ☐ H ☐ W ☐ C: _____
Email: _____
Emergency Contact #2: _____ Phone ☐ H ☐ W ☐ C: _____
Email: _____

Is any member of your family a current or former member of the United States Military or National Guard? ☐ Yes ☐ No

Health History

Does the participant have, or at any time has had, any of the following? Check "Yes" or "No" to each item. Please explain any "yes" answers (noting the number of the item) in the space below or on an additional sheet if necessary. Reporting conditions will not prevent a person from attending and will be kept confidential.

	Yes	No
1) Asthma.....	<input type="checkbox"/>	<input type="checkbox"/>
2) Bronchitis.....	<input type="checkbox"/>	<input type="checkbox"/>
3) Convulsions.....	<input type="checkbox"/>	<input type="checkbox"/>
4) Diabetes.....	<input type="checkbox"/>	<input type="checkbox"/>
5) Ear Infection.....	<input type="checkbox"/>	<input type="checkbox"/>
6) Fainting.....	<input type="checkbox"/>	<input type="checkbox"/>
7) Heart Condition.....	<input type="checkbox"/>	<input type="checkbox"/>
8) Headaches.....	<input type="checkbox"/>	<input type="checkbox"/>
9) Hypoglycemia.....	<input type="checkbox"/>	<input type="checkbox"/>
10) Serious Allergy to Insects.....	<input type="checkbox"/>	<input type="checkbox"/>
11) Serious Allergy to Nuts.....	<input type="checkbox"/>	<input type="checkbox"/>
12) Serious Allergy to Gluten.....	<input type="checkbox"/>	<input type="checkbox"/>
13) Serious Allergy to Dairy.....	<input type="checkbox"/>	<input type="checkbox"/>
14) Wear Glasses/Contacts.....	<input type="checkbox"/>	<input type="checkbox"/>
15) Other Conditions.....	<input type="checkbox"/>	<input type="checkbox"/>
16) Drug Allergy (please explain).....	<input type="checkbox"/>	<input type="checkbox"/>
17) Food Allergy (please explain).....	<input type="checkbox"/>	<input type="checkbox"/>
18) Other Allergy (please explain).....	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any "yes" responses:

Please explain any restrictions (dietary, physical, etc):

The following over the counter medications may be administered to my child without contacting me:

☐ Antihistamine Pill ☐ Antacid ☐ Ibuprofen (Advil) ☐ Hydrocortisone Cream
☐ Acetaminophen (Tylenol) ☐ Decongestant ☐ Dramamine ☐ Polysporin (topical antibiotic)

List any conditions requiring medication: _____

Name of Family Doctor: _____ Doctor's Phone: _____
Health Insurance Company: _____ Policy #: _____
Name of Policy Holder/Relationship to Participant: _____ Member ID: _____

Medical Treatment

All information provided on this form is correct and complete to the best of my knowledge. This person has permission to engage in all events and activities. I hereby give permission to the event designee to provide routine health care, administer prescription and over the counter medications as noted and seek emergency medical treatment if warranted. I agree to the release of all records necessary for medical treatment, billing, or insurance. In the event I cannot be reached in an emergency, I give permission to the attending physician to secure and administer treatment, including hospitalization.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

Publicity Release

I hereby grant the 4-H program, University of Kentucky and their agents, the right to use, reproduce, assign and/or distribute still pictures, video and sound recordings of myself or my minor child without compensation for use in promotion, advertising, educational publications or online content.

SIGNATURE OF /GUARDIAN: _____ ☐ NO, I do not permit

4-H Youth Development CODE OF CONDUCT FORM (NOT FOR RESIDENTIAL CAMPS)

All 4-H members and family/friends associated with 4-H members must respect the individual rights, safety and property of others and adhere to this Code of Conduct. A 4-H member may be prohibited from participating in a specific event/program if the participation by the individual poses a danger to the 4-H member and/or others. The following guidelines are designed to make all 4-H events safe, meaningful, and satisfying to youth and others attending.

WHILE ATTENDING ALL 4-H MEETINGS, PROJECTS, PROGRAMS, ACTIVITIES AND EVENTS:

- Each 4-H participant is expected to attend all planned sessions, workshops, field trips, and meetings of the event, and to be in appropriate attire. Dress codes will be specific to individual events. Delegation chaperones and/or volunteers are responsible for ensuring that members participate in all aspects of the planned program activities.
- The possession and use of alcoholic beverages, tobacco products, vape juice and/or devices, and/or drugs (except for medications prescribed to the participant by a licensed physician) are prohibited. Delegation chaperones and/or volunteers shall limit use of tobacco products to designated areas.
- Possession of firearms not for educational use is prohibited.
- Setting off fire alarms and tampering with fire extinguishing and other emergency equipment are prohibited.
- Gambling of any type is prohibited.
- Respect toward others and facilities shall be demonstrated. Bullying, harassment of others or destruction of property shall not be tolerated. Bullying and harassment can include the use of social media.
- Obscene, discriminatory and/or inappropriate language, roughhousing, and insubordination are prohibited at all times.
- Display of overly affectionate or inappropriate attention between participants is prohibited.
- Technological equipment (including but not limited to cell phones, laptops or mp3 players) shall not interfere with the program and may not be allowed in certain situations.
- Each county may adopt additional Code of Conduct guidelines.

WHILE ATTENDING OVERNIGHT CONFERENCES, CAMPS, AND EVENTS, THE FOLLOWING WILL ALSO APPLY:

- All participants are to be in their assigned area at curfew and comply with quiet hours, lights out, and other rules of the event.
- No member or volunteer may leave the grounds without the permission of the conference director or adult in charge. An adult shall accompany a 4-H member any time they leave the grounds. Adults shall notify another adult in the delegation before leaving the grounds.
- At overnight events, only conference participants may be in sleeping areas. Lounges or common areas may be used only for working committees and social activities.
- Room service such as phone calls, food, laundry, or others shall not be permitted without chaperone permission.

Any violations of this Code of Conduct shall be reported promptly to the adult in charge of the delegation/program and to the person in charge of the event. The person in charge of the event shall have the final responsibility for disciplinary action. **Failure to comply with the Code of Conduct by 4-H'ers and family/friends associated with the 4-H participant may result in penalty including, but not limited to, the following:**

- Sent home from the activity or event at his/her own expense
- Released to nearest law enforcement authority
- Barred from participation from future 4-H events
- Termination of 4-H membership
- Assessed the cost of damages for destruction of property

I, _____, have read the Code of Conduct and agree to abide by its rules.
(Print Name)

I understand that infraction of this Code of Conduct will result in any or all of the penalties listed above.

Member/Volunteer _____ County _____

Parent/Guardian _____ Date _____

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.

Shelby County 4-H Day Camp

Authorized Pick-Up Form



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

Camper's Name: _____

If anyone other than a parent/guardian will be picking up a child from Shelby County 4-H Day Camp that individual must be listed below. Individuals who will be picking up a child will be asked to present a picture identification before camp staff will release your child to him/her.

I authorize the following individuals to pick up my child from the Shelby County 4-H Clovers Day Camp.

Parent/Guardian 1	Phone Number	Relationship to Camper
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Parent/Guardian 1	Phone Number	Relationship to Camper
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Name	Phone Number	Relationship to Camper
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Name	Phone Number	Relationship to Camper
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Name	Phone Number	Relationship to Camper
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Parent/Guardian Signature

Date

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

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LEXINGTON, KY 40546



Disabilities
accommodated
with prior notification.

