



**NORTH CENTRAL 4-H CAMP PRESENTS...**  
**CLOVERBUD CAMP**  
**JUNE 28-30, 2024**



**A CAMP JUST FOR OUR 6 TO 8 YEAR OLDS**

**JOIN US FOR A WEEKEND AT THE "GREATEST CAMP ON EARTH"**



**APPLICATIONS WILL BE OPEN ON FEBRUARY 1, 2024**  
**VISIT OUR WEBSITE - [MERCER.CA.UKY.EDU](http://MERCER.CA.UKY.EDU) OR**  
**PICK UP THE APPLICATION AT MERCER COUNTY**  
**COOPERATIVE EXTENSION OFFICE,**  
**1007 LEXINGTON ROAD, HARRODSBURG, KY**

**CLOVERBUD**  
**CAMP FEE:**  
**\$130**

**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.



**Cooperative  
Extension Service**



**Mercer County 4-H Cloverbud  
Camp Information  
June 28-30, 2024  
North Central 4-H Camp, Carlisle, KY**

Mercer County Cooperative Extension Service  
Dana R. Anderson  
Extension Agent for 4-H Youth Development  
1007 Lexington Road  
Harrodsburg, Kentucky 40330  
Phone - 859-734-4378 Fax - 859-734-4379  
Email - dana.anderson@uky.edu  
Web Address: <http://ces.ca.uky.edu/mercer>

**Who:** Camp is open to youth between 6–8 years old (campers may have completed 3rd grade)

**Fees:** Cost: \$130.00. This includes lodging, food, transportation, accident insurance from the time you leave Mercer County until your return, use of swimming pool, boats, minor medical supplies. This fee does not include items from the country store. **Checks or money order payable to "Mercer County 4-H."** Please note the price has dropped, Mercer County Extension District Board is picking up some rental fees for each camper. Please note we do not take credit cards, must be check or cash.

**Registration Deadline:**

We are limited to 1 cabin of boys and 1 cabin of girls. The registration deadline is April 1, 2024. So get your camp form in early to put your name on the wait list. Campers stay in cabins with 18 or less campers, plus a teen leader and an adult counselor.

**Scholarships Available:**

Any youth may apply for scholarship for 4-H camp. The Community Volunteer Service scholarship requires the youth to complete 10 hours of service at a NON-PROFIT organization/group. After completion and approval, the youth will be awarded \$40 to go toward any 4-H camp or conference. **Youth can receive up to 2 scholarships totaling \$80.00.** Camp scholarships will be awarded by the Mercer County 4-H Council. The applications and volunteer service forms are available from the Extension Office or the website. Scholarship form and service **MUST** be completed at Orientation or two weeks before the date of the camp.

**Adult & Teen Leaders Needed:**

Adult and teen leader positions need to be filled. Adult leaders must be 18 years old or older. Parents, relatives or volunteer adults are eligible. Teen leaders must have completed Freshman year of high school. Adult and teen leader fees are paid. If you are interested and want more information, please contact the Extension office. There is no guarantee that all applicants will automatically get to do. You will be notified if you are selected

**Please return camp application and \$50.00 non refundable deposit to:**

Mercer County Extension Service, 1000 Lexington Road, Harrodsburg, Kentucky 40330, or to our office located at 1007 Lexington Road, Harrodsburg. **NOTE: CHECK OR CASH ONLY, Checks or money order payable to "Mercer County 4-H. No debit or credit cards.**

**Camper Orientation:** Will be held in June 3, 2024, at the Mercer County Extension Office. Reminders will be sent via text.

**More Information:** If you have any questions, please contact the Mercer County Extension Service. The office is located off 127 by-pass at 1007 Lexington Road, Harrodsburg, Kentucky.

Phone number (859) 734-4378 or email at [dana.anderson@uky.edu](mailto:dana.anderson@uky.edu)

Sincerely,

Dana R. Anderson, Mercer County Extension Agent for 4-H Youth Development







Cooperative  
Extension Service

HCP Approval Stamp

## Kentucky 4-H Camping 2024

Camp Participant Registration – *Camper/Teen*

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Last Name:	Legal First Name:	Middle Name:	Preferred Name:
Attended camp before? <input type="checkbox"/> Yes - # years: ____ <input type="checkbox"/> No	Fall 2024 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:	Relationship to Participant:	Cell/Home Number:	
Physician Name:	Physician Phone Number:		

Buy your participant some camp gear. [www.4hcampstore.com](http://www.4hcampstore.com)

Is your participant looking for more camp opportunities? [www.4hcampevents.com](http://www.4hcampevents.com)

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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?

☐ YES (Insert a JPEG or PNG file – front and back – of the insurance card in the boxes below.

☐ NO (No worries! The camp provides excess medical insurance coverage in the event of injuries or illnesses.)

☐ ACTIVE DUTY MILITARY (not required to provide a copy of Military ID/Insurance Card)

FRONT OF INSURANCE CARD

BACK OF INSURANCE CARD

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)**

**Medical (i.e., asthma, autism, seizures, sleepwalker, 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:

**Other accommodations or important details (use additional sheet of paper if needed):**



**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 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: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



PARTICIPANT NAME: \_\_\_\_\_

## Kentucky Residential 4-H Camp Essential Standards for Camp Participants

It is the policy of the University of Kentucky, Kentucky 4-H and the Kentucky 4-H Camping program to encourage and accept participants without regard to 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 ability. 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 or relative of the same sex over age 18 or a parent/guardian must accompany the child as a caregiver. The parent/guardian will agree to pay the individual costs of the caretaker (25% of the camper registration fees.) The Client Protection Process will be performed on the caretaker with favorable results.

To determine whether a caregiver 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 and follow oral or 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 caregiver 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: \_\_\_\_\_

