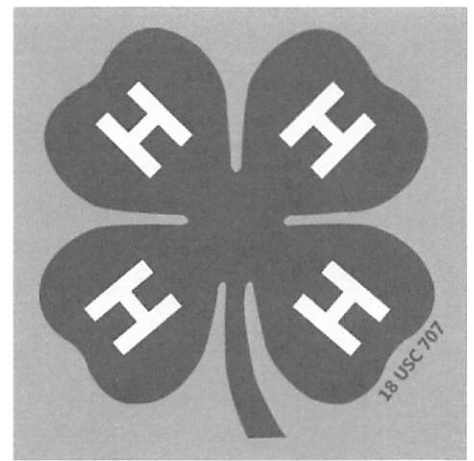


WILSON COUNTY 4-H

Summer Day Camp

INFORMATION



Camp Info

- June 9-11
- James E. Ward Agricultural Center
- Grades 4th-8th

Deadlines & Dates

- **April 7:** Scholarship Application Deadline
- **May 2nd:** Registration & Payment Deadline
- **June 9:** Camp Day 1 - 8:30 a.m. - 4:00 p.m.
- **June 10th:** Camp Day 2 - 8:30 a.m. - 8:00 p.m.
- **June 11th:** Camp Day 3 - 8:30 a.m. - 4:00 p.m.

Final Camp Registration Day - May 2nd

- All paperwork and money must be turned in NO later than May 2nd.
- Our office will be open 8:00 a.m. - 8:00 p.m. to assist with camp registration and payments.
- Camp registration can be completed prior to this day or completed this day in person by 8:00 p.m.

How to register for this camp:

- Camp registration can be done prior to May 2nd by completing the required camp paperwork and payment.
- A minimum of \$100 and completed packet is required to reserve a spot for camp, with remaining balance due by May 2nd.
- The Camp Registration form can be filled out in paper form or online.
- The 600-A Form and Camp Rules form must be signed copies. They can be sent in online via pdf/scanned documents, mailed to the below address or dropped off at the office. **PLEASE do NOT send in pictures of forms.**

Please read over the rest of this packet carefully for frequently asked questions and other information. If you still have questions or need any other information, please do not hesitate to call us or email us!

UT-TSU Extension Office

925 E Baddour Pkwy, Lebanon, TN 37087

615-444-9584

4-H Agent: Morgan Beaty (mbeaty3@utk.edu)

4-H Agent: Grace Harville (gharvill@utk.edu)



Payment Info

Camp costs include meals, special programs and a t-shirt. Payments can be made via cash, check or credit card at the UT-TSU Extension office. For those who wish to pay online, a link to the online store can be sent to those who request it (please call the office at 615-444-9584) or send us an email. **At this time, payments made online must be made in full.**

Total Cost: \$100

Make checks payable to The University of Tennessee. Payments can also be made in person by credit card at the Extension Office.

Camp Scholarships

We do have a number of camp scholarships available for campers who are in need of financial assistance to attend camp. Camp scholarship applications are available upon request. Camp scholarships cover half of the cost of camp. Campers who receive a scholarship will pay \$50 this year. Scholarship Applications for Summer Day Camp will be due no later than April 7, 2025

Registration Packet

- There are TWO sets of paperwork to complete that are detailed below. The Camp Registration Form (about 3 pages) and the 600-A form (about 6 pages).
- Make sure to sign everything asking for signatures. There are several places your child must also sign.

Camp Registration Form

- This set of paperwork includes the 4-H enrollment form, demographics and contact information.
- Please make sure to note your child's t-shirt size on the form in the appropriate location.
- This form also includes color group preferences. Please note, campers are typically grouped into color groups with other campers from their grade level and school. The color group request is especially important if your child wants to be grouped with a sibling, relative, or friend in a different grade or school. Color Groups rotate to different sessions throughout the day as a group.

Special Needs (Included in Camp Registration Form)

- Make sure to outline any physical, mental or dietary special needs your child has on this form.
- If your child has any dietary restrictions, outline them here.

Camp Rules (Included in Camp Registration Form)

- Please make sure to read over the camp rules carefully and sign this form that both camper and guardian understand and agree to the rules.

Pick Up Permission/Consent (Included in Camp Registration Form)

- Make sure every possible person who MIGHT pickup your child when we return from camp is included on the pickup form (first and last legal name). This includes YOU, parents, grandparents, older siblings, family and friends, or even a parent of another camper who may pick up both campers.
- A photo ID will be required at pickup to ensure that your child leaves camp with someone approved by you. Please write names on this form as they would appear on photo ID's and not nicknames.

600-A Form

- You MUST attach a current picture of your child as well as a copy of your insurance card (front and back) to the 600-A form. If you need help with copies, please feel free to visit our office and we can make copies for you.
- Pay special attention to the First Aid Section (Section F) of the 600-A form. Medications that you DO NOT check (Tylenol, Pepto Bismol, etc.) will NOT be given to your child unless marked.
- Please note that all information you provide us (including the special needs) will be kept confidential.
- Please note that signing of the 600-A form consents your child to be photographed/videoed (Section C. Publicity Release). Photos and videos are taken throughout the week to share on our Wilson County 4-H social media and website and may be shared on Clyde M. York 4-H Center or other UT affiliated social media sites and websites (Such as the Tennessee 4-H page, UT Institute of Agriculture page or UT Extension page). In the event you do NOT want your child photographed for any reason, please let us know so we can be advised.

Medications at Camp & Medication Forms

- It is preferable for your child to take medications before or after camp each day at home. However, should your child NEED to take medication while at camp, we will accommodate. The medication form (along with any medications) will be turned in at drop off each day.
- Every medication must have it's OWN form. Do NOT add multiple medications to one form. If you need more copies, we will be glad to make those copies for you.
- Medications should be clearly labeled with camper's name in their ORIGINAL containers. Do NOT send medicines in pill containers or ziploc bags.
- Medications should be in date and NOT expired.
- Make sure the prescription is correct, and the dosage listed on the form MATCHES dosage information on the medication container.
- Medications listed on the First Aid Section (Section F) of the 600-A form do not have to be sent with your child from camp, UNLESS your child takes them daily for a specific reason. Please do not send your child to camp with over the counter medications.

What if my child has dietary needs?

Campers with dietary concerns are encouraged to bring their own meals and snacks if possible. Storage space, refrigeration and a microwave will be available. Please inform us of any dietary concerns or allergies so that we can make a plan for your child at camp.

Who will be at Camp?

4-H Agents Morgan Beaty and Grace Harville plan and conduct Summer Day Camp along with the help of qualified volunteers and chaperones. Volunteer leaders and chaperones must be at least 19, complete a background check and attend our camp volunteer training. ***If you are interested in attending camp as a volunteer (at no cost to you) please call the office (615-444-9584).***

Camp Communication

Campers should not bring cell phones to camp. If an emergency arises, you may reach your 4-H Agents (Morgan Beaty and Grace Harville) through the UT-TSU Extension office (615-444-9584). Additionally, we will utilize the REMIND app text service. This app will give you as the parent the ability to message us directly. We also send out reminders and alerts through this app. Please see the attached REMIND information page to sign up for this service.

Does my Child need any Money at Camp?

Nope! Your child does not need to bring any money to camp. All supplies needed for activities will be provided, as well as snacks and meals.

Things to Bring to camp:

Please label anything you bring with you to camp so we know who to return it to if it is left!

- Tennis Shoes (wear them or bring them with you for recreational games and activities)
- Water Bottle
- Small Bag (backpack or cinch bag/drawstring bag) for change or clothes, shoes and personal items

Things NOT to bring to camp:

Please do NOT send your child to camp with valuable items or electronics (ipads, gaming systems, etc.). There are not enough outlets to keep these items charged and no access to internet for many of these items to work properly. Typically, these items are more prone to being lost, stolen or damaged at camp and cause distractions and arguments.

- Electronics (cell phones, ipads, video games, ipods, radios, etc.)
- Valuable items (jewelry, money, etc.)
- Drugs, tobacco, vapes, alcohol products (grounds for immediate dismissal)
- Fireworks
- Pocket knives, or any item that may cause danger or physical harm to you or other campers/staff.

Have more questions not covered here?

Give us a call at the UT-TSU Extension office (615-444-9584)

or send us an email:

4-H Agent: Morgan Beaty (mbeaty3@utk.edu)

4-H Agent: Grace Harville (gharvill@utk.edu)

Wilson County 4-H

Day Camp Enrollment & Registration



First Name _____ Middle Initial _____ Last Name _____

Grade in school (as of January 1st): _____ School: _____

Date of birth: _____ Gender: _____

Race (can choose more than one)

- | | | |
|---|---|--------------------------------|
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> American Indian/ Alaskan Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Other/Unidentified | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> White |

Ethnicity

- | | | |
|-----------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Non-Hispanic | <input type="checkbox"/> Unidentified |
|-----------------------------------|---------------------------------------|---------------------------------------|

Address & Contact Information:

Address _____

City _____ State _____ Zip Code _____

Describe where you live

- | | | |
|---|---|---|
| <input type="checkbox"/> Farm | <input type="checkbox"/> Town or City (10,000-50,000) | <input type="checkbox"/> Central City (Over 50,000) |
| <input type="checkbox"/> Rural non-farm/town (under 10,000) | <input type="checkbox"/> City/Suburb (Over 50,000) | |

Parent/Guardian Name: _____

Parent Guardian Phone: _____ Parent/Guardian Email: _____

Parent/Guardian 2 Name: _____

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

- Camper T-Shirt Size:**
- | | | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|--|---|
| <input type="checkbox"/> Youth Small | <input type="checkbox"/> Youth Medium | <input type="checkbox"/> Youth Large | <input type="checkbox"/> Youth X-large | |
| <input type="checkbox"/> Adult Small | <input type="checkbox"/> Adult Medium | <input type="checkbox"/> Adult Large | <input type="checkbox"/> Adult X-Large | <input type="checkbox"/> Adult XX-Large |

Color Group/Friend Preferences

Coming to camp with a buddy you know and want to make sure you are in the same group as them? Please list their name(s) below.

Special Needs

1. Does your child have ANY dietary restrictions we should know about? YES NO

If you marked "YES" please explain: _____

2. Does your child have ANY allergies we need to know about (including plants, bees, etc.)? YES NO

If you marked "YES" please explain: _____

3. Does your child have ANY other medical or physical special needs we should know about? YES NO

If you marked "YES" please explain: _____

Picking Up Your Camper

Please list out ANY person you will allow to pick up your child on June 9, 10 and 11, 2025. This includes **YOU**, parents, guardians, grandparents, aunts, uncles, family friends, parents of another camper, etc.

Due to safety concerns, your child will **ONLY** be released to individuals listed below. They will need to produce a photo ID (drivers license or other ID). Your child will not be release to anybody without proof of identity and a signature to physically sign the camper out.

Please list ANY person who may **POSSIBLY** pick up your child, including parents as their name would appear on a photo ID (please avoid nicknames).

Picked Up By: _____	Date: _____
Picked Up By: _____	Date: _____
Picked Up By: _____	Date: _____

Camp Rules for 2025

Please read each of the rules listed below and sign that YOU and YOUR camper understand and agree to these rules. Both parent and camper should sign.

1. All camp property should be respected and taken care of. If a camper/counselor destroys any property, he/she will be expected to replace it or pay for damages.
2. Campers should not leave an area/room/building or stray away from their group without their leader or 4-H staff member.
3. All 4-H staff, leaders and volunteers should be treated with respect.
4. Campers should wear shoes at all times.
5. Shirts and shoes should be worn in the cafeteria. Caps/hats should be taken off when entering the cafeteria.
6. Please review the dress code information in the information packet. Campers should wear shirts at all times during camp. Campers should not wear any clothes with inappropriate logos, wording or images. Shorts/skirts should be an appropriate length. Please no spaghetti straps, muscle tanks, tight fitting clothing, bare midriffs, or tank tops with the entire sides missing.
7. Everyone is expected to attend all meals and programs.
8. Absolutely NO tobacco, vapes, or any other drug related products should be found at camp. This is a NO tolerance policy, and campers or teens found with any of these substances will be sent home immediately.
9. Campers should NOT pack anything that can cause bodily harm to another camper (no pocket knives, fishing hooks, firearms, fireworks, sparklers, etc.).
10. Campers should NOT bring cell phones. Communication should happen between 4-H staff and parents if necessary.
11. Campers should not plan on bringing any electronics (iPads, gaming systems, etc.) or valuable items. 4-H staff is not responsible for damaged or lost valuables.

Camper Signature: _____

Parent/Guardian Signature: _____

Date: _____



**Activity and Event
Acceptance Form**



Please print

Name _____
(Last) (First) (M.)

County _____

This form requires parent/guardian and participant signatures on the back page. Failure to have both bona fide signatures shall be sufficient to disqualify a member from further participation.

A. Identification of Participant

Date of Birth _____ Age _____ Sex: Male Female

Parent or Guardian _____ Email _____

Home Address _____
(Street P.O. Box) (City) (State) (ZIP)

Cell Phone () _____ Daytime Phone () _____ Nighttime Phone () _____

Workplace Address _____ Phone () _____
(Address City State ZIP)

Other Emergency Contact (if appropriate) _____
(Name)

_____ () _____
(Address City State ZIP) (Phone, if different than above)

B. Code of Conduct

This 4-H activity or event is planned, conducted and supervised by UT and TSU Extension. All participants are responsible for their conduct to UT and TSU Extension personnel and/or 4-H volunteers supervising the activity or event. Specific guidelines for conduct include:

- A. Participants shall be in their rooms and quiet at the time determined by UT and TSU Extension personnel and volunteers. Boys are not to go into girls' rooms and girls are not to go into boys' rooms at any time unless accompanied by authorized UT and TSU Extension personnel or adult 4-H volunteers.
- B. Participants shall participate fully in all programs outlined for the activity or event.
- C. Participants shall show respect for the property and facilities used during the activity or event and assume financial responsibility for any damages they cause.
- D. Participants' conduct at all times shall be appropriate to the standards and image of the 4-H program. Tobacco products, drugs, alcohol, weapons and fireworks will not be tolerated at any 4-H event or activity.

Parents and participants understand and accept the responsibility for following the above guidelines, and realize that failure to do so may result in a participant being sent home from the activity or event at his or her own expense and/or made ineligible to participate in future 4-H events or activities.

C. Publicity Release

By indication of signature on the last page, participants authorize the University of Tennessee, Tennessee State University, and the Tennessee 4-H Foundation to photograph, film, audio/video tape, record and/or televise their image and voice, and biographical material, in whole or in part in any medium now known or developed in the future, without any restrictions.

D. Health History and Medical Record for _____

(Name of Participant)

The information on this form will not be used to discriminate against a child on the basis of any disability.

Name of Family Physician _____ Phone () _____

Family Medical/Hospital _____
 (Carrier) (Policy or Group #)

Attach a front and back copy of your insurance card below:

Insurance Card (front)	Insurance Card (back)
------------------------	-----------------------

Check all that apply

Is participant allergic to the following drugs?:

Penicillin Sulfa Drug Tetracycline Aspirin
 Allergy to a medicine, food, plant, or insect toxin. (Explain) _____

Asthma Heart Trouble Nosebleeds Diabetes Convulsions Fainting Spells
 Any condition that may require special care, diet or restriction of activities for medical reasons.
 (Explain) _____

Does participant wear: Dentures Contact Lens Other (Explain) _____

Is any medication, including behavior modification medication, being taken at the present time? Yes No

If yes, explain _____

Date of most recent medical examination: _____

Are you aware of any current health problems? Yes No If yes, explain _____

Is there any accident, illness or past/present history related to the following: (If yes, give dates and full details below.)

	No	Yes	Year		No	Yes	Year
Serious Injury/Illness	<input type="checkbox"/>	<input type="checkbox"/>	_____	Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Surgery	<input type="checkbox"/>	<input type="checkbox"/>	_____	Kidney Infection	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ears, Eyes	<input type="checkbox"/>	<input type="checkbox"/>	_____	Back, Joints, Limbs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Teeth, Tonsils	<input type="checkbox"/>	<input type="checkbox"/>	_____	Blood Disorders	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	_____	Stomach	<input type="checkbox"/>	<input type="checkbox"/>	_____

Immunizations	Last Yr. Given	Immunizations	Last Yr. Given	Has Had (please check)
Tetanus	_____	Measles	_____	<input type="checkbox"/> Measles
Diphtheria	_____	Mumps	_____	<input type="checkbox"/> Mumps
Polio	_____	Rubella	_____	<input type="checkbox"/> Rubella
Hepatitis A, B or C	_____	Varicella	_____	<input type="checkbox"/> Chicken Pox
(circle one/any)				<input type="checkbox"/> Tuberculosis

Is there other information that will help us ensure a positive experience for your child at this event? Yes No

If yes, please explain:

E. Health and Safety Investigations

On-site authorities may enter a room/facility for purposes of a search without permission of the person occupying a room in order to ascertain health and safety conditions in the room and/or for the purpose of investigating suspected violations of UT and TSU Extension/4-H Youth Development rules and regulations and/or city, state or federal law. In case of an emergency, when there is danger to a person, property or the building, no authorization is required.

F. Consent for First Aid Treatment

Please complete this Consent for First Aid treatment form. This will allow appropriate treatment for your child in the event of minor illness or injury. Check any or all treatments, if available, as your consent. If you do not give us your permission to provide these non-emergency treatments, we will not be able to provide them to your child. Medication may be self-administered under a health care professional's or trained 4-H agent's supervision as appropriate. Conditions in parentheses are examples of the most frequent use of these medications, but may not be the sole use of the medication.

- Bausch and Lomb® eye wash or generic equivalent (eye irritation)
- Benadryl® or generic equivalent (rash or bee sting)
- Calamine lotion/Caladryl® or generic equivalent (sunburn or poison oak/ivy)
- Emetrol® or generic equivalent (nausea)
- Hydrocortisone ointment or other equivalent (insect bites)
- Ibuprofen (pain)
- Imodium AD® or generic equivalent (diarrhea)
- Isodettes® spray or generic equivalent (sore throat)
- Lanacane® spray, Solarcaine® or aloe vera gel (sunburn)
- Milk of Magnesia®, Mylanta®, or generic equivalent (antacid)
- Neosporin® or generic equivalent (topical treatment for cuts)
- Pepto Bismol® or generic equivalent (upset stomach)
- Robitussin® or generic equivalent (nasal congestion/coughing)
- Swimmer's ear solution (earache)
- Tylenol® or generic equivalent (pain)
- Tylenol® cold tablets or generic equivalent (congestion)

G. Administration of Medication

Check here if your child, _____, will have medication(s) (prescription or non-prescription) and is competent to **self-administer** them under appropriate supervision.
(Name of Participant)

Medications should be sent to the event or activity in the original container and include the following information: (1) Name of child, (2) Name of medication, (3) Dosage and directions, (4) Name of licensed prescriber (if applicable), (5) Name, address and phone number of pharmacy (if applicable), (6) Prescription number (if applicable), and (7) Date prescription was filled (if applicable) (8) Expiration date of medication.

If your child is a participant at one of the Tennessee 4-H Centers (Camps), you must include a **parental consent form for medication** (prescription or non-prescription) you send with your child. Please consult your County Extension Agent for a form and more information.

H. Emergency Medical Release

In consideration of _____ 's (*participant's name*) participation in the 4-H activity or event, I provide the following release. I understand that a health problem or a medical emergency may develop that necessitates the administration of medical care, transportation, and approval of off-site care, hospitalization, or surgery.

In the event of injury or illness to _____ (*participant's name*), I hereby authorize the University of Tennessee, Tennessee State University, and its representative(s) or agent(s) to secure any necessary treatment, including the administration of anesthetics and surgery.

In signing this acceptance form at the bottom of this page, I agree not to hold the University of Tennessee, Tennessee State University, or camp health care professional (or any of its representatives or agents) responsible for any side effects of medications.

I further give permission to the University of Tennessee, Tennessee State University, and its representative(s) or agent(s) to provide the medical history form to health care personnel. I authorize any physician, health care provider or any hospital to provide reasonable and necessary medical treatment or supplies. This original permission or a photo static copy thereof is equally valid as an authorization.

I recognize that the event does not provide sickness or accident insurance coverage for participants; and, I accept responsibility for payments of medical costs incurred for injuries or illnesses.

Required Signatures* - Parent/Guardian and Participant

We have provided accurate information in all areas represented on this form. We understand and agree to the expectations and procedures as stipulated in the preceding sections of this ACTIVITY AND EVENT ACCEPTANCE FORM. We understand that all of the following sections must be initialed to demonstrate our agreement and acceptance and a full, dated signature must be provided at the bottom of this page.

Parent's Initials	and	Participant's Initials	
_____		_____	A. Identification of Participant
_____		_____	B. Code of Conduct
_____		_____	C. Publicity Release
_____		_____	D. Health History and Medical Record
_____		_____	E. Health and Safety Investigations
_____		_____	F. Consent for First Aid Treatment
_____		_____	G. Self-Administration of Medication
_____		_____	H. Emergency Medical Approval

* If for religious reasons you cannot sign this section, contact your Extension office for a legal waiver (F600C) which must be signed in order to participate.

I have read this Release and Assumption of Risk Agreement and sign it on behalf of myself, my heirs, assigns and anyone entitled to act on my behalf.

Signed _____ Date _____
(Parent or Guardian Signature) (Month/Day/Year)

Signed _____ Date _____
(Participant's Signature) (Month/Day/Year)

Programs in agriculture and natural resources, 4-H youth development, family and consumer sciences, and resource development.
University of Tennessee Institute of Agriculture and county governments cooperating.
UT Extension provides equal opportunities in programs and employment.
Revised 2/25