

WILSON COUNTY 4-H

Junior High Camp

INFORMATION



Camp Info

- May 25-29, 2026
- Overnight lodging at Clyde M. York 4-H Center in Crossville, TN
- Grades 6-8th

Deadlines & Dates

- **April 7th:** Scholarship application deadline
- **April 7th:** Registration packet deadline OR Until spots are filled
- **May 1st:** All Payments Due
- **May 25th:** Drop off at Clyde M. York 4-H Center (Crossville)
- **May 29th:** Pick up at Clyde M. York 4-H Center (Crossville)

Payment Info

Camp costs include lodging expenses, meals, special programs and a t-shirt. Payments can be made via check, credit card or online in full. For online payments, please request the link to pay via the Extension Office (615-444-9584) or send us an email. Camp payments are non-refundable.

Total Cost: \$385

Payment Plan Option

If a payment plan is needed, payment installments can be made in our office. **At this time, we cannot accept partial payments for camp online. Partial payments can be made by credit card in the office.**

Installment Option (3 Separate Payments that can be made at anytime before May 1st.

- Installment 1: \$125
- Installment 2: \$130
- Installment 3: \$130

Make checks payable to The University of Tennessee.

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 **\$192** this year. Scholarship Applications for Junior High Camp will be due no later than April 7th.

***Please Note: Transportation to Junior High Camp is NOT Provided!**

For more information or questions please contact the UT-TSU Extension Office at

925 E Baddour Pkwy, Lebanon, TN 37087

Phone: 615-444-9584

Email: EXT-WilsonCo@utk.edu



Registration Packet

- There are TWO sets of paperwork to complete that are detailed below. The Camp Registration Form (3 pages) and the 600-A Form (4 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 roommate request if your child knows another 4-H member attending camp.

Special Needs (Included in Camp Registration Form)

- Make sure to outline any physical, mental or dietary special needs your child has on this form. Please be specific.

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.

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. Medications that you DO NOT check (Tylenol, Pepto Bismol, etc.) will NOT be given to your child.
- 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, UT Institute of Agriculture or UT Extension). In the event you do NOT want your child photographed for any reason, please let us know so we can be advised.

Who will be at Camp?

Clyde M. York 4-H Center Staff manage, operate and run activities during camp. There are also a number of assigned 4-H agents across Middle Tennessee who will be in attendance at camp as well as certified and trained volunteer adult leaders.

Camp Communication

Campers should not bring cell phones to camp. If an emergency arises, you may reach a 4-H Staff member through the camp office (931-788-2288). You may also contact the county Extension Office (615-444-9584) and we will be more than happy to contact the camp for you.



Medications at Camp & Medication Forms

- The medication form (along with any medications) will be turned in with the 600-A medical form.
- You will also need to bring this form with you and your medications. If something changes between turning in the medication form and camp drop off, please notify those changes at drop off.
- Every medication must be included on this form.
- 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 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.

Cabins and Rooming Assignments

Cabins are split up into boys cabins and girls cabins. Each cabin contains 4 rooms for camps (bunk beds) and 1 room in the center for adult leaders. Each cabin also contains a community style bathroom with individual stalls and showers. Your child will be assigned a cabin and a room (typically rooms are assigned by county). They will then be allowed to select their own beds within that room. Each room contains about 10-12 campers. Your child may indicate roommate preferences on the registration forms.

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 cooking facilities will be provided. Please inform us of any dietary needs and restrictions so we can make a plan for your child at camp. Additionally, food labels for all menu items will be made available to them. Please note menu items contain food allergens like dairy, egg, soy, wheat, or may have been manufactured in facilities that use those ingredients, including peanuts, and tree nuts. While the 4-H Center uses reasonable efforts to inform guests of ingredients/allergens in their foods, due to cross-contact and other factors they cannot guarantee that any food items will be free of any specific allergen.

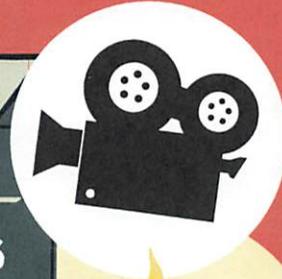
Camp Mail:

If you would like to send your camper mail, please send to the below address. keep in mind it may take 1-2 days for delivery. **Do NOT send any food or anything that needs to be signed for.**

Child's Name & County
The Clyde M. York 4-H Center
62 4-H Center Drive
Crossville, TN 38572



Junior High



CAMP!

Classic 4-H Summer Camp, with a hint of "Movie Magic!"

Cost:
\$385

Ziplining! Kayaking! Canoeing! Campfire!
Shooting Sports! Recreational Sports and
Games! Swimming! Crafts! Fishing!
Interesting Workshops! and MORE!

Grades:
6th-8th

Full Name: _____

County: _____ Grade: _____ Gender: _____

T Shirt Size: (Circle One-Adult Sizes Only) S M L XL 2XL

Roomate Request: _____

Dietray Needs/Allergies/Accomodations: _____

Address: _____

Phone Number: _____ Email: _____





WILSON COUNTY 4-H
Junior High Camp
ENROLLMENT & REGISTRATION



School: _____

Date of Birth: _____

Race (Can choose more than one):

- Black/African American
 American Indian/Alaskan Native
 Asian
 Other/Unidentified
 Native Hawaiian/Other Pacific Islander
 White

Ethnicity:

- Hispanic
 Non-Hispanic
 Unidentified

Describe where you live:

- Farm
 Town or City (10,000-50,000)
 Central City (Over 50,000)
 Rural Non-Farm Town (Under 10,000)
 City/Suburb (Over 50,000)

Parent/Guardian Name: _____

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

Camper Special Needs:

1.) Does your child have ANY dietary restrictions (including but not limited to allergies, intolerances, religious practices, etc.)? If you mark "YES" please list those below: YES NO

2.) Does your child have ANY additional allergies we need to know about (bees, plants, bug spray, etc.)? If you marked "YES" please list those below: YES NO

3.) Does your child have ANY medical or physical needs we should know about (please include things like bed wetting, sleep walking, etc.)? If you marked "YES" please list those below: YES NO





WILSON COUNTY 4-H
Junior High Camp
ENROLLMENT & REGISTRATION



Camper Rules

Please read each of the rules below and sign that **YOU** and **YOUR CAMPER** understand and agree to these rules. **Both parent and camper should sign at the bottom!**

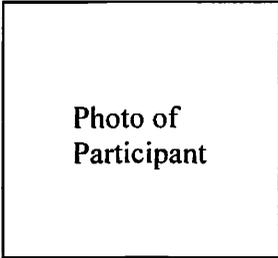
1. All camp property should be respected and taken care of. If a camper/counselor destroys any property, he/she will be expected to replace it or pay for damages to the Clyde M. York 4-H Center.
2. Campers should **ONLY** be in their assigned cabins and stay out of other campers cabins.
3. Campers and counselors should **never** enter a cabin/room of an opposite gender.
4. Campers should not leave cabins after lights out (this will be monitored by 4-H staff and volunteers).
5. Cabins and grounds should be kept clean during camp and must be clean when we leave. Consider labeling your child's things/clothes.
6. Campers/counselors should never leave campgrounds except with an agent or with his/her approval for an approved reason. Campers leaving early must coordinate with 4-H Agents and 4-H Camp Staff and sign an Early Release Form prior to departure.
7. Each camper is responsible for his or her own money during the day. 4-H Agents are NOT responsible for how the camper spends their money or if they drop it. Please be aware of where you put your money.
8. All Camp Staff and 4-H Staff should be treated with respect.
9. Campers should wear shoes at all times, except when swimming in the pool. Please bring flip flops for the walk between the cabins and the pool.
10. Shirts and shoes should be worn in the cafeteria. Caps/hats should be taken off when entering the cafeteria. Swimsuits may not be worn in the cafeteria.
11. Please review the dress code information in the information packet. Campers should wear shirts at all times around camp, with the exception of being in the pool. 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.
12. Everyone is expected to attend all meals and programs.
13. 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.
14. Campers should NOT pack anything that can cause bodily harm to another camper (no pocket knives, fishing hooks, firearms, fireworks, sparklers, etc.).
15. Campers should NOT bring cell phones. Communication should happen between 4-H Staff and parents if necessary.
16. 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 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

Photo of Participant

Name _____

County _____

F600M: Parental Consent Form for Self-Administration of Prescription and Non-Prescription Medicines at Tennessee 4-H Events
 (place this form in a resealable storage bag with medications, vitamins, and/or supplements in the **original container**. **No expired items will be accepted**)

Before completing this form, please read the F600 form and consider the need to have your child bring this medication to the 4-H event.

I _____ parent or guardian of _____
 (Your Name) (Your child)

verify that my child is competent, and has been instructed, to self-administer the following medications, vitamins, supplements, etc.:

Name of Medication	Reason for Medication and Possible Side Effects	Dosage (amount given, how to administer, etc.)	Time of Medicine (place X in desired time(s))					Notes (such as: take with food, take as needed, etc.)
			Breakfast	Lunch	Dinner	Bedtime	Other (specify)	

Prescribing Physician's Name _____ Physician's Phone _____

Parent or Guardian Signature _____ Date _____

Phone Number(s): Home _____ Mobile _____ Work _____

