



# Junior 4-H Camp



Junior 4-H Camp is for current 4th-6th grade youth. Junior Camp is located in Columbia, Tennessee at the William P. Ridley 4-H Center. The Center is a modern camp facility that is accredited according to the strict guidelines of the American Camp Association. The Center features an air conditioned dining hall and 10 cabins. All meals are home cooked, yummy and nutritious. Campers may enjoy an olympic – size pool with a 120' figure-8 water slide, lighted sports complex, wildlife center, rifle range, airbrush center, a creek for aquatic exploration, modern archery range with 3-D targets, low ropes course, and an 18 hole miniature golf course. The website for the camp is: <http://www.utextension.utk.edu/ridley4hcenter/>.

**Date: May 31-June 4, 2021**

**Cost: \$340.00\***

\*scholarships available and applications are due by 3/1/21

For a complete packet, call 615-792-4420, email [sknaus@utk.edu](mailto:sknaus@utk.edu) or visit us online at <http://cheatham.tennessee.edu>.

**Signups begin April 1, 2021**



**COVID UPDATE:** We have been communicating with our camp facilities and state 4-H office about the 2021 camping season. As far as we know, camp will be happening at 1/2 capacity, so spaces are very limited. Camp facilities have been planning for a safe and fun experience for everyone following, UT, CDC, and ACA guidelines. Transportation will not be provided to camp this year, so each camper needs to make arrangements to get to and from Columbia, Tennessee. Every camper will get \$20 in spending money upon arrival at camp. If camp is cancelled or changed in any way, you will be notified and refunds given for those not attending.

**"I love the coldness [of the creek] whenever you get in... But it's really cool whenever you're in the current and it takes you all the way down, and I just like being in the water."**

- EMMA GARNER, OBION COUNTY

**"I love 4-H camp. I came fourth grade, fifth grade, and now sixth grade, and I absolutely love it. You get to meet new friends and do all kinds of stuff. There are so many things they offer."**

- MADISON WHEELER, LAWRENCE COUNTY

**"I have some friends from different counties like Stewart and Chester County. It's really fun here. I like some of the people here because they will help you in other things."**

- TAYE SMITH, OBION COUNTY



### W.P. RIDLEY 4-H CENTER

The W.P. Ridley 4-H Center makes every effort to ensure that your child has a safe and rewarding camp experience. The 4-H Center is accredited according to the strict guidelines of the American Camp Association.

The W.P. Ridley 4-H Center also offers camps and special activities during the school year to accommodate school groups.

4-H is the youth development program for UT Extension, one of the four units of the University of Tennessee Institute of Agriculture. 4-H teaches leadership, citizenship and service learning to youth in the fourth through the 12th grades.

Cheatham County 4-H Camp  
May 31-June 4, 2021  
Call to Register: 615-792-4420



[AG.TENNESSEE.EDU](http://AG.TENNESSEE.EDU)

SP 770-B (REV) 20-0100 2/20 E12-5611-00-003-16

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# W.P. Ridley 4-H Center

4-H SUMMER CAMP

## JOIN IN THE FUN!

The W.P. Ridley 4-H Center is located near downtown Columbia. Campers are housed in 10 air-conditioned, contemporary-style cabins with clean bath facilities. Meals are served in the cool comfort of a 425-seat dining hall.

Youth attending 4-H camp enjoy a variety of activities! The camp features an Olympic-size, crystal-clear pool with a 120-foot, figure-8 water slide; a lighted sports complex with a softball field; and volleyball and basketfall courts. Other facilities include a wildlife center, covered rifle range, airbrush center, a creek for aquatic explorations, modern archery range with 3-D targets, low ropes course and an 18-hole miniature gold course! An outdoor amphitheater is the backdrop for campfires and vespers. Snacks are available at a canteen.



## READY TO REGISTER?

To register for 4-H camp, or for more information, contact your county UT Extension office.

*Please note that after payment has been made there will be no refunds.*

[TINY.UTK.EDU/WPRIDLEY4H](http://TINY.UTK.EDU/WPRIDLEY4H)

 Ridley 4-H Center

  @4HCampRidley



## THINGS TO BRING TO CAMP

- Sheets and blanket (or sleeping bag)
- Pillow
- Toothbrush and toothpaste
- Soap and shampoo
- Towels and washcloths
- Swimsuit
- Flip-flops to wear to the pool
- Tennis shoes
- Several changes of clothing
- Postcards and stamps (to write home!)
- Sunscreen
- Flashlight

## THINGS TO LEAVE AT HOME

- Cell phones
- Electronic games, toys and music players
- Jewelry
- Drugs, tobacco and alcohol products
- Chewing gum
- Food
- Fireworks
- Pocket knives
- Any items not permitted at school
- Any items that may cause danger to you or other campers

## A SPECIAL NOTE TO PARENTS

*As a courtesy to those who have the responsibility of supervising your child and others, all phone communication between you and your child must be done through an Extension agent. Please do not call your child at camp or instruct him or her to call you. If an emergency arises, contact your county's UT Extension agent through the camp office at 931-388-4011.*

# 2021 Junior 4-H Camp

Please know that our 4-H Camp facilities are busy planning a fun and safe camping experience for your child. All UT, CDC, and ACA guidelines will be followed.

We will not be providing transportation this year to camp due to our transportation regulations.

Every camper will receive \$20 in spending money when they arrive at camp to spend.

Registration begins on April 1<sup>st</sup>. We prefer you register your child by mailing the paperwork and payment in, but you can register in person by making an appointment. Email [sknaus@utk.edu](mailto:sknaus@utk.edu) to make an appointment to register for camp.

If camp is canceled due to COVID, your entire fee will be refunded.

Thank you for your interest in 4-H Camp. 4-H camp is a great learning opportunity for your child. Camp is also FUN! This sheet should answer some of your questions about camp registration. In addition to this sheet, you will also need a 600A medical form and a camper information sheet- both available online at <http://utextension.tennessee.edu/cheatham>. Bring those forms completed along with the camper's insurance card (front and back) and a recent picture to speed up the camp registration process on April 1st!

## May 31<sup>st</sup>-June 4th

Camp will be held May 31- June 4, 2021, at the Ridley 4-H Center in Columbia, Tennessee. Junior 4-H Camp is open to all eligible Cheatham County 4-H members in 4<sup>th</sup>, 5<sup>th</sup>, or 6<sup>th</sup> grade.

Registration will begin on Thursday, April 1 at 7:30 AM, at the 4-H Office in Ashland City. Our office is located on the lower level of the Health Department. Office hours are 7:30 AM to 4:00 PM, Monday thru Friday. Registration will be open until all spaces are filled or until May 15<sup>th</sup>. No money will be refunded after May 15<sup>th</sup>- unless camp is cancelled. Please mail paperwork and payment in or make an appointment for in person registration.

## Camp Scholarships

Cheatham County 4-H works hard to offer camp scholarships to those who cannot afford to attend. Applications are available, and must be submitted by March 1, 2021. There will be a \$25 non refundable deposit required at registration once your application is approved. Completing the application does not guarantee a scholarship. If you are not awarded a scholarship, payment arrangements will be made if you would like. Late applications will not be considered.

## Payment Options

This year, you have two different payment options to pay for camp:

**Option 1-** Pay \$340 on day of registration.

**Option 2-** Make two payments of \$170 each. The first payment is due during registration and the second payment is due by May 1, 2021.

Other payment options can be arranged on a case by case situation.

Regardless of options selected, all campers must be paid in full by May 15<sup>th</sup> and money will not be

refunded after that date without a doctor's note, unless camp is cancelled due to COVID.

### **Camp fee includes:**

- housing
- meals
- programs
- activities
- camp nurse

UT&TSU Cheatham County Extension • 615-792-4420 • sknaus@utk.edu • <http://cheatham.tennessee.edu>



# 2021 Cheatham County Junior Camp Registration

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Parent (s) name \_\_\_\_\_

School Attended 2020-2021 \_\_\_\_\_ Grade complete in 2021 \_\_\_\_\_

T-Shirt Size (all shirts are adult sizes)

Small  Medium  Large  X-Large  XX-Large

Roommate request(s) (all efforts will be made to honor every request):

\_\_\_\_\_

Special Needs:

\_\_\_\_\_

I understand that I am responsible for providing transportation for my child to and from the Ridley 4-H Center, Columbia, TN. \_\_\_\_\_

(Sign above to acknowledge)

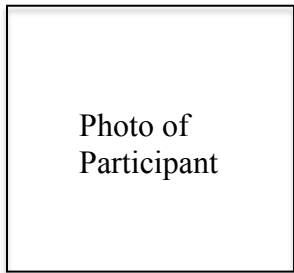
## Junior Camp registration and fees due by May 15.

Mail this form, all camp paperwork and payment to:

UT/TSU Extension, 162 John Mayfield Drive, Suite 110, Ashland City, TN 37015

For questions, or to make an in person appointment to register, please email  
sknaus@utk.edu



**Activity and Event  
Acceptance Form**Photo of  
Participant*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.*Activity and Event Acceptance Form for \_\_\_\_\_  
(event or activity)**A. Identification of Participant**Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex:  Male  Female

Parent or Guardian \_\_\_\_\_

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)
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### 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	<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 (circle one/any)	_____	Varicella	_____	<input type="checkbox"/> Chicken Pox
				<input type="checkbox"/> Tuberculosis



## 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*)

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## 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*).

If your child is a participant at one of the Tennessee 4-H Centers (Camps), you must include a **parental consent form for each 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, 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.

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### 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	
_____		_____	<b>A. Identification of Participant</b>
_____		_____	<b>B. Code of Conduct</b>
_____		_____	<b>C. Publicity Release</b>
_____		_____	<b>D. Health History and Medical Record</b>
_____		_____	<b>E. Health and Safety Investigations</b>
_____		_____	<b>F. Consent for First Aid Treatment</b>
_____		_____	<b>G. Self-Administration of Medication</b>
_____		_____	<b>H. Emergency Medical Approval</b>

\* 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 2/14



## 2021 4-H Camp Scholarship Application

**Applications will be accepted until March 1, 2021**

There is a \$25.00 non refundable deposit required for all full scholarship recipients due upon registration paid by cash, check or money order. Do not send money with application, deposit will be due at registration.

Requesting- Partial Scholarship \_\_\_\_\_ Full Scholarship \_\_\_\_\_

Camp- (circle the one or more that applies)- **Explorer & Junior (4th-6th)**, **Junior High (6th-8th)**, **Electric (6th-7th)**, **Line and Design (6th-8th)**, **Target SMART (5th-12th)**

4-H Member's Name \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Race: Am Indian \_\_\_ Asian \_\_\_ Black \_\_\_ Hispanic \_\_\_ Caucasian \_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent(s)/ Guardian(s) Name \_\_\_\_\_

Phone Number(s) Home \_\_\_\_\_

Work \_\_\_\_\_

Other \_\_\_\_\_

Has this child ever received a 4-H Camp Scholarship before? \_\_\_\_\_

If yes, when? \_\_\_\_\_

Describe the applicants 4-H participation \_\_\_\_\_

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Explanation of financial need: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Annual income as reported on 2020 federal income taxes for all adults living in the house \$ \_\_\_\_\_

Child support received \$ \_\_\_\_\_

Number of adults living in household \_\_\_\_\_ Number of children living in the household \_\_\_\_\_

Is your family SNAP eligible (food stamps)? \_\_\_\_\_

You will be notified prior to March 15, 2021 as to the status of your application.

We agree that the 4-H member will write a thank you note to the donor(s). The above information is correct and we have shown a need for the scholarship. We will agree to the terms of the scholarship requirements.

\_\_\_\_\_  
4-H Member's Signature

\_\_\_\_\_  
Parent's/Guardian's Signature

Mail to: UT/TSU Cheatham County Extension  
Attn: Sierra Knaus  
162 John Mayfield Drive, Suite 110  
Ashland City, Tennessee 37015

Date received in office: \_\_\_\_\_

If you need assistance with this information or have questions, please contact Sierra Knaus, Extension Agent, sknaus@utk.edu or 615-792-4420.