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# 4-H JUNIOR CAMP

**MAY 27-31, 2024**  
**RIDLEY 4-H CENTER, COLUMBIA, TN**

## Signing up for Junior Camp is EASY!

1. Read the next sheet titled: 2024 Junior 4-H Camp
2. Complete the next 5 pages and include camper's picture and insurance card. Double check everything is signed and initialed.
3. Mail in or bring payment to the 162 Mayfield Drive Suite 110, Ashland City, TN 37015. Payment can be made by check or money order or even Credit Card if registering in person. No cash will be accepted.
4. Space is limited and once we are full, campers will be placed on our waiting list.
5. Do not hesitate to ask any questions you may have.

**FOR MORE INFORMATION, CONTACT US :**

**615-792-4420**

**[HTTPS://CHEATHAM.TENNESSEE.EDU](https://cheatham.tennessee.edu)**





# 2024 Junior 4-H Camp

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 <https://cheatham.tennessee.edu>. 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 March 1st!

## May 27th-31

Camp will be held May 27-31, 2024 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 March 15 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>. Please mail paperwork and payment in or register in person. Mailing address is 162 John Mayfield Drive, Suite 110, Ashland City, TN 37015.

## 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 February 15, 2024. Completing the application does not guarantee a scholarship. If you are not awarded a scholarship, payment arrangements will be made if needed. **Late applications will not be considered.**

## Payment Options

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

**Option 1-** Pay \$375 on day of registration.

**Option 2-** Make two payments of \$188 each. The first payment is due during registration and the second payment is due by April 15, 2024.

Other payment options can be arranged on a case by case situation. Payment can be made by check or money order. New this year we can accept credit/debit card payments when registering in person. Cash can not be accepted.

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.

## **Camp fee includes:**

- ◆ housing
- ◆ meals
- ◆ programs
- ◆ activities
- ◆ camp nurse
- ◆ t-shirt



# 2024 Cheatham Junior Camp Registration

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

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

School Attended 2023-2024 \_\_\_\_\_ Grade complete in 2024 \_\_\_\_\_

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:

**Junior Camp registration and fees due by May 15 (or when full).**

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

Payment with check (made out to University of Tennessee)  
or credit card (in person only) accepted.







## Activity and Event Acceptance Form

Photo of  
Participant

Please print

Name \_\_\_\_\_  
(Last) (First) (M.)

County \_\_\_\_\_

*This form is valid for one calendar year (beginning on January 1st of the current year) and will expire on December 31st of the current year. Any updates to this information are required to be submitted in writing to the county extension office no later than 7 days prior to the next 4-H event.*

### 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

Tennessee 4-H activities are 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 4-H activities, 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 may or may 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	
_____		_____	<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)*