



Cost: \$360.00

4-H Junior Camp
Grades 4th-6th (as of January 1, 2024)
Clyde Austin 4-H Center, Greeneville,
TN June 10-14, 2024
Registration Deadline is May 15

Required for camp registration: Registration form, 4-H Enrollment form, fees paid in full, original 600-A (medical form) completed and signed.

Camp payment: Cash, money orders, check.

Credit card payments made be made at <https://tiny.utk.edu/4HJrCamp> or at Extension Office. Money Orders and checks should be made payable to University of Tennessee.

Please mail your completed registration form, 600-A Activity & Event Acceptance Form, 4-H Enrollment form, and fees to:

UT/TSU Extension Hamilton County

Attn: 4-H Camp

6183 Adamson Circle

Chattanooga, TN 37416-3648

Special Note for Parents /Guardians:

All Payments are NON-REFUNDABLE.

If you have any questions, comments, or concerns, contact Maria Sabin or Nancy Rucker
Phone: (423) 209-8560 Email: Msabin@tennessee.edu or Nrucker@tennessee.edu

Adult and teen leaders are required for this camp. If interested, contact us (no fee for the adult and teen leaders).

Space for camp is limited. When our quota is filled, you will be placed on a waiting list and notified if space becomes available. Registration deadline (all forms and fees are due) is May 15, 4:30 p.m.

Camper's Name _____ Phone Number _____

Mailing Address _____

City _____ State _____ Zip Code _____

Parent Email: _____ School _____

Age _____ T-shirt size _____ Youth _____ or Adult _____ size (check one)

School Grade as of Jan. 1, 2024 _____

2023-24 Tennessee 4-H Enrollment Form



_____ County School _____ Teacher _____

| | | |
|---|---|---------------------------------------|
| First Name | Middle Initial | Last Name |
| 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 |

Grade in School _____ Email Address _____

Projects

- Beef
- Citizenship
- Clothing & Textiles
- Communications/Public Speaking
- Companion Animals (cat, dog, rabbit, etc.)
- Computers and Technology
- Consumer Education/Economics
- Creative Arts and Design
- Dairy
- Electric
- Engineering/Safety Science
- Entomology/Beekeeping
- Entrepreneurship
- Food Science
- Forestry, Wildlife and Fisheries
- Goat
- Horse
- Horticulture/Garden
- Leadership

- Nutrition, Health, & Fitness
- Outdoor Recreation/Shooting Sports
- Performing Arts/Recreation
- Personal Development
- Photography
- Plant Science
- Poultry
- Sheep
- Swine
- Veterinary Science

Activities

- | | |
|---|---|
| <input type="checkbox"/> Consumer Decision Making | <input type="checkbox"/> Livestock Judging |
| <input type="checkbox"/> Dairy Cattle Judging | <input type="checkbox"/> Meat Science |
| <input type="checkbox"/> Dairy Products | <input type="checkbox"/> Outdoor Meat Cookery |
| <input type="checkbox"/> Forestry Judging | <input type="checkbox"/> Poultry Judging |
| <input type="checkbox"/> Horse Judging | <input type="checkbox"/> Wildlife Evaluation |
| <input type="checkbox"/> Land Judging | |
| <input type="checkbox"/> Life Skills | |

Describe where you live

- | | | |
|---|---|---|
| <input type="checkbox"/> Farm | <input type="checkbox"/> Town or city 10,000 to 50,000 | <input type="checkbox"/> Central city over 50,000 |
| <input type="checkbox"/> Rural non-farm/town under 10,000 | <input type="checkbox"/> City or suburb of city over 50,000 | |

Address _____

City _____ State _____ ZIP _____

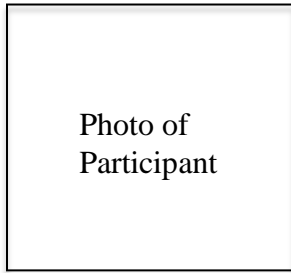
Phone 1 _____ Phone 2 _____ Date of Birth _____

Parent(s)/Guardian(s)

First Name _____ Middle Initial _____ Last Name _____

Is your parent currently enlisted in the military? Yes No

**Activity and Event
Acceptance Form**



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) |
|------------------------|-----------------------|

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

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 | |
|----------------------|-----|---------------------------|---|
| _____ | | _____ | 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 4/2022

Please complete a separate 600-M for each medication

Name _____

County _____

F600M: Parental Consent Form for Self-Administration of Prescription and Non-Prescription Medicines at Tennessee 4-H Events
(place a copy of this form in a re-sealable zipper storage bag with the medication)

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 medication:

Medication _____ Expiration Date _____

Prescribing Physician _____ Physician's Phone _____

Dosage Directions (as prescribed by the physician)

When it is given:

Breakfast Lunch Dinner Bedtime Other time: _____

Amount or dose given: _____

How it is given: _____

Other instructions: _____

Reason for Medication

Possible Side Effects (if known)

Parent or Guardian Signature

Date

Phone Number(s): Home _____

Mobile _____

Work _____

***This form is available online**

