

4-H Junior Camp
Grades 4th-6th (as of January 1, 2026) Clyde Austin
4-H Center, Greeneville, TN June 8-12, 2026.
Registration Deadline is May 21



Cost: \$400.00

Required for camp registration: This registration form, 4-H Enrollment form, registration fee, and 600-A & 600M (medical forms) completed and signed. Camp registration fee can be paid by cash, money orders, check, or credit card. Credit card payments may be made at <https://tiny.utk.edu/4HJrCamp> or at the Extension Office. Money orders and checks should be made payable to University of Tennessee. Please bring cash payments to the Extension Office (do not mail cash).

Please email, mail, or bring the completed registration form, 600-A Activity & Event Acceptance Form, 600M, and 4-H Enrollment form to:

UT/TSU Extension Hamilton County

Attn: 4-H Camp

6183 Adamson Circle

Chattanooga, TN 37416-3648

Email: HamiltonCounty4H@tennessee.edu

Camp registrations are non-refundable. However, in cases of emergency, at the discretion of the County Director, refunds may be issued if the request is made at least two weeks before the start of camp. A \$20 service charge applies to all refunds.

If you have any questions or concerns, contact Maria Sabin or Nancy Rucker

Phone: (423) 209-8560 Email: Msabin@tennessee.edu or Nrucker@tennessee.edu

Space for camp is limited. When our quota is filled, you will be placed on a waiting list and notified if space becomes available.

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

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, 2026 _____ Is the camper a U.S. citizen? _____ Yes _____ No



2025-26 Tennessee 4-H Enrollment Form

F 860

_____ County School _____ Teacher _____

First Name	Middle Initial	Last Name	
Gender	<input type="checkbox"/> Boy	<input type="checkbox"/> Girl	
Race (can choose more than one)	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> White	
<input type="checkbox"/> Other/Unidentified			
Ethnicity	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Unidentified

Grade in School	Email Address
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Projects

- Beef
- Citizenship
- Clothing & Textiles
- Communications/Public Speaking
- Companion Animals (cat, dog, rabbit, etc.)
- Computers and Technology
- Consumer Education
- Creative Arts and Design
- Culinary
- Dairy
- Energy
- Entomology/Beekeeping
- Entrepreneurship
- Environmental/Ag Engineering (EASE)
- Food Sciences
- Forestry, Wildlife and Fisheries
- Goat
- Healthy Living
- Horse

- Leadership
- Mechanics/Safety Sciences
- Outdoor Recreation/Shooting Sports
- Performing Arts
- Photography & Digital Media
- Plant Sciences
- Poultry
- Sheep
- Swine
- Vet Sciences

Activities

- Consumer Decision Making
- Dairy Cattle Judging
- Dairy Products
- FCS Skillathon
- Forestry Judging
- Grill Master Challenge
- Horse Judging
- Land Judging
- Livestock Judging
- Meat Judging and ID
- Poultry Judging
- Wildlife Evaluation

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



**Activity and Event
Acceptance Form**

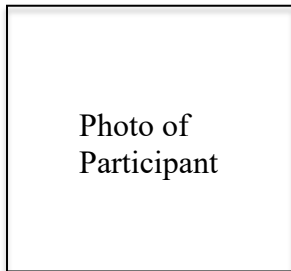


Photo of
Participant

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.

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

