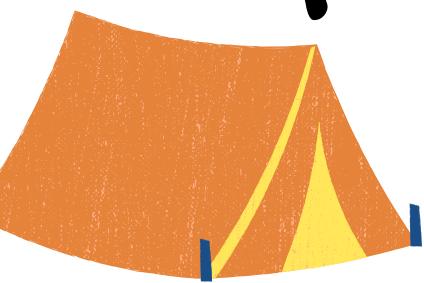
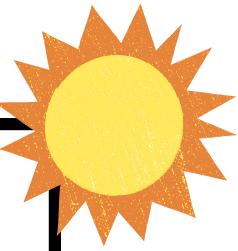


# Junior 4-H



May 25-29



# Camp

**WHO:** 4<sup>th</sup>, 5<sup>th</sup> & 6<sup>th</sup> Graders

**WHERE:** Clyde Austin 4-H Center, Greeneville, Tennessee

**COST:** \$400 includes meals, transportation, lodging, many camp activities and T-shirt

**DEADLINE:** Registration & Full Payment Due by 5pm on April 27<sup>th</sup>



Contact us @ 423-574-1919 [abower27@utk.edu](mailto:abower27@utk.edu)

To reserve your space, return this camp registration and your \$100 deposit, or full payment of \$400.  
Make checks payable to "UT Extension, Sullivan County" by **March 30th**

Name \_\_\_\_\_ Age \_\_\_\_\_  Male  Female

Address \_\_\_\_\_

Street Address

City

State

Zip Code

Phone Number (    )    -    Email

Parent Name \_\_\_\_\_

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

T-Shirt Size \_\_\_\_\_

Adult Small, Adult Medium, Adult Large,  
Adult XL..

Return completed application by April 27th to:  
UT-TSU Extension – Sullivan County  
140 Spurgeon Lane  
Blountville, TN 37617

Ethnicity:  Hispanic  Non-Hispanic

Race:  White  Black  Asian  Alaskan/American Indian  Pacific Islander

REGISTRATION DEADLINE & PAYMENT OPTIONS

Select from one of the following options:

- Send in full payment for \$400.00
- Send in four (4) installments of \$100 by April 27th
- Apply for a scholarship by March 30th

(pay the remainder of the fee after the scholarship amount is decided)

**Notification of scholarships will be mailed to the address listed above**

FOOD ALLERGIES? \_\_\_\_\_  
\_\_\_\_\_

MEDICAL CONDITION OR MEDICATION? Yes or No \_\_\_\_\_  
\_\_\_\_\_

**Attention Parents:** If you are interested in helping at camp as an Adult  
Volunteer please check here

MORE INFORMATION: see back, or visit: <https://sullivan.tennessee.edu/> or  
<https://clydeaustin4hcenter.tennessee.edu/>

We will also have a **mandatory Camper Orientation Meeting May 4th** to discuss any last minute details.  
If you have any questions please don't hesitate to contact us.

The Clyde Austin 4-H Center near Greeneville, TN is a modern camp facility. In the air-conditioned dining hall, campers receive home-cooked, nutritious meals served cafeteria style. The contemporary-style, air conditioned dormitories provide a restful atmosphere with clean bath facilities. Accommodations for campers with disabilities are available.

Campers will also enjoy an Olympic-size pool, covered rifle range, a large recreation hall, ball fields and basketball court. Other facilities include a nature center; woodworking shop; airbrush center; craft center; and a lake where children can fish or canoe.

#### **What to expect as a camper:**

- Participate and have fun
- Enjoy good meals in the dining hall
- Do a variety of hands-on activities
- Develop friendships with your counselors and other campers
- Spend time in the swimming pool. Learn to swim if you do not already swim
- Learn about shooting sports and safety at the rifle range or archery range
- Use an airbrush machine or skill saw to make your very own projects
- Be outside and learn about nature, the environment, and wildlife
- Sing and play games around a campfire
- Make a variety of items in the craft shop

#### **What to expect as a parent:**

For your child to have a safe and happy camp experience. Thoroughly modern facilities include many safety features such as smoke alarms in each sleeping room and fire-retardant mattresses.

The kitchen and dining hall passes all Health Department inspections with good marks. Our camp is accredited by the American Camping Association which has very strict requirements. There is a first-aid station located on the campgrounds, and local hospitals provide care in case of an emergency.

Medications for allergies and other illnesses are kept in a safe location and monitored by adults. It is the responsibility of the parents to notify 4-H agents of any medical conditions which may apply to their child.

Professional and summer staff receive regular training in first-aid, safety procedures and program areas. In addition to the camp summer staff and agents, there are two volunteer leaders for each 16 campers. A lifeguard and two adult chaperones for each 50 campers are on duty in the pool area during swim times

#### **Payment Plan:**

- An installment plan is available. You may reserve a space with a \$100 deposit with the balance paid in payments. The account must be paid in full by April 27th to secure a camp slot.
- Scholarships available, must be turned in by March 30th. Contact us for application or download at [sullivan.tennessee.edu](http://sullivan.tennessee.edu)
- Camp fees received are non-refundable after May 11th
- Adults are invited to serve as volunteers. Applications are available from the Extension Office



#### **What to Bring:**

(examples)

- Sheets and blanket, or sleeping bag
- Toothbrush and toothpaste
- Brush/comb
- Soap/Shampoo
- Towels and washcloth
- Swimsuit
- Tennis shoes/sneakers
- Several changes of play clothing
- Sunscreen lotion
- Insect repellent
- Pre-washed 100% cotton t-shirts for tie-dying and airbrush
- Water bottle
- Luggage tag on bags

#### **What NOT to Bring:**

(examples)

- Cell Phones
- Electronic games
- Radios or CD/MP3 players
- Chewing gum
- Food
- Fireworks
- Alcohol or tobacco products
- Guns, knives (including pocket knives) or any other items which could cause harm to another camper
- Valuable and/or sentimental items

## 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 \_\_\_\_\_  
(Address/City/State/ZIP) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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	<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.

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

- 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 2/14

Camper Name (Printed)

## 4-H Camp Rules

In order for your week and everyone's week to be fun and safe, you will be expected to behave in an acceptable manner and follow camp rules.

- Run only in sports activities on grass.
- Wear shoes at all times.
- Use of tobacco and chewing gum is prohibited.
- Alcohol and illegal drugs are prohibited.
- Prescription and non-prescription drugs must be brought in original containers (with instructions) and must be turned in to the Extension Agent and/or camp nurse.
- Help us take care of the grass by using paved walkways.
- Food and drinks are not permitted in dormitories or swimming pool.
- Sports equipment is not permitted in dormitories and games designed to be played in the recreation hall are the only ones played there.
- Football, basketball and frisbee tossing should not be done in patio area or in recreation hall.
- All sports are to be played in designated areas.
- All sports equipment should be returned to camp office daily.
- Fireworks are prohibited on camp property.
- DO NOT BRING radios, cd players, cell phones, iPods, etc. to camp.
- The dining hall is off limits except for mealtimes and designated activities.
- We want you to have plenty to eat. Therefore, when you finish eating keep your tray and glass and wait until everyone has been served. Then form a line at the center door for serving of seconds.
- Please form a line when returning trays since the person scraping can only take one tray at a time. Pushing and cutting in line is unacceptable.
- Do not use electrical equipment in dormitory bathrooms. Mirrors and outlets are in the sleep areas.
- Wet items are to be hung on clothes lines at the end of dorm buildings.
- Do not jump on beds.
- Campers should not be at lake or ropes course without adult supervision.
- No fighting, foul language, pilfering of others' belongings or abusive behavior is not allowed.
- Any damage to camp property is to be reported to 4-H Agent. The camp manager will assess the cost of willful damage and the person(s) responsible will pay for the cost of damage. Accidental damage should also be reported.

**Consequences & Signature on Back**



Camper Name (Printed)

## Consequences

Failure to follow rules will result in consequences. These consequences include:

### **Occurrence of Minor Misbehavior**

Examples include: going barefoot, running not associated with recreational activities, not attending class and scheduled activities, hiding in barracks, foul language, etc.

- Warning (discussion of behavior, its cause and how the camper should deal with it).
- Loss of privileges (ten minutes of swim time).
- Separation from other campers who might be influencing this behavior.

### **Discipline Measure for 2<sup>nd</sup> Occurrence**

- Camper is accompanied to call their parents and explain their behavior.
- More severe privilege losses.

### **Occurrence of Major Misbehavior**

The following examples of misbehavior are considered “major problems” and are grounds for the camper to be sent home with no questions asked. These occurrences should be handled by the camper’s Extension Agent in cooperation with the Camp Director.

- Visiting the lake or ropes course without supervision.
- Deliberate destruction of camp property or others personal property.
- Causing life threatening situations.
- Fighting (beyond horseplay).
- Possession of guns, knives, weapons, fireworks, illegal drugs, etc.
- Boys in girls’ room and visa-versa.
- Bodily exposure.
- Inappropriate sexual-oriented behavior.
- Breaking curfew (leaving room) after lights out.
- Leaving camp without notifying their Extension Agent.
- Continuous use of abusive language.
- Pilfering or taking others’ personal possessions without asking.

***I have read and discussed these rules with my parent (or guardian) / camper and understand the rules and consequences.***

---

Parent Signature

---

Date

---

Camper Signature

---

Date

# Sullivan County 4-H Junior Camp Release Form

This form must be completed and turned in with your registration packet.

Camper Name: \_\_\_\_\_

Who is expected to pick up your child? \_\_\_\_\_  
(Name as it appears on Photo ID)

In the event this may change, my child can be picked up from 4-H Junior Camp on **May 29, 2026** at Ron Ramsey Ag Center by the following persons only! Please write name as it would appear on a photo-ID:

Name: \_\_\_\_\_

\_\_\_\_\_

If any of the above information changes, I will contact my local County Extension Office immediately.

\_\_\_\_\_  
(parent/legal guardian signature)

\_\_\_\_\_  
(parent/legal guardian name printed)

\_\_\_\_\_  
(Phone Number for Parent/Legal Guardian) May 25-29, 2026

# Sullivan County 4-H Camp Scholarship Application

Application Deadline: March 30th

Recipients Notified: April 6th

4-H Member's First & Last Name: \_\_\_\_\_

Current Grade: \_\_\_\_ Age: \_\_\_\_ School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Has the 4-H'er attended camp previously? Yes No

Please list the activities, 4-H and other, that you feel qualifies you to be a recipient of a scholarship. Please include examples of 4-H involvement from fourth grade through current grade.

Please tell what 4-H means to you (youth) and why you (youth) want to attend 4-H camp.

Please explain why your family needs this scholarship for you to be able to attend 4-H camp (financial or other).

Any other comments:

**Return Scholarship Application and Camp Registration Form to:**

UT Extension-Sullivan County

140 Spurgeon Lane

Blountville, TN 37617

**OR** by email: **abower27@utk.edu**