2015 Kentucky Military Family Camps!

Kentucky is offering FREE military family camps this summer! Your whole family is invited to attend one of these FREE camps. The camps are open to any Active Duty, Reserve, or National Guard family from any state and any military branch. Priority will go to families who have experienced at least one deployment, who are geographically dispersed, and/or to families who have not previously attended a military camp.

**June 12-14, 2015:** Mammoth Cave Adventure Military Family Camp*
Mammoth Cave Hotel, Kentucky
Must have at least one child between the ages of 5-18 to attend.

**June 26-28, 2015:** Robinson Forest Early Childhood Adventure Family Camp**
Robinson Forest, Jackson, Kentucky
Must have at least one child age 5 or UNDER to attend.

**July 10-12, 2015:** Live Your Adventure Military Family Camp*
Life Adventure Center, Versailles, KY
Must have at least one child between the ages of 5-18 to attend.

Everything at the camps, including all meals, is FREE! To sign up for a camp, complete this application and return to Tyrone Atkinson at the address below. If your family is accepted to attend a camp, you will receive an e-mail with all the information you need for the camp. If you have any questions, please contact Tyrone Atkinson at 859-218-1546 or tcatki2@uky.edu (preferred contact through email).

Return registration forms to: Tyrone Atkinson
2015 UK Military Family Camps
University of Kentucky
115 Huguelet Dr.
Room 246 Scovell Hall
Lexington, KY 40546-0064

* Child & Youth Reintegration Support Camps are funded through a partnership of the Department of Defense, Office of the Secretary of Defense, Military Community & Family Policy, Office of Family Policy/Children and Youth and U.S. Department of Agriculture/National Institute of Food and Agriculture under Kansas State University Special Project number 2014-48713-22245.

**Early Childhood Adventure Family Camp funded by the Kentucky SEED Project (Kentucky’s System to Enhance Early Development) [http://childrensmentalhealthky.com/aboutus.php](http://childrensmentalhealthky.com/aboutus.php)

**Must submit completed, signed application by regular mail. FAXED OR EMAILED COPIES WILL NOT BE ACCEPTED**
2015 Kentucky Military Family Camps

Please print clearly.

CHOOSE THE CAMP YOU WISH TO ATTEND:
*If you mark more than one, please indicate your first choice.

___ June 12-14: Mammoth Cave Adventure Family Camp
___ June 26-28: Robinson Forest Early Childhood Adventure Family Camp
___ July 10-12: Live Your Adventure Center Family Camp

Today’s Date: _______________ Primary Contact Name: ________________________________

Family Member #1: ________________________________ Gender: ___ Age: ___
Family Member #2: ________________________________ Gender: ___ Age: ___
Family Member #3: ________________________________ Gender: ___ Age: ___
Family Member #4: ________________________________ Gender: ___ Age: ___
Family Member #5: ________________________________ Gender: ___ Age: ___
Family Member #6: ________________________________ Gender: ___ Age: ___

(Please add additional family members on back if more space is needed.)

Address: ____________________________________________
City: __________________________ State: _______ Zip: _______

Home Phone: ___________________________ Cell Phone: __________

E-mail for primary contact: ________________________________

Child(ren)’s Address (if different than parent’s): ________________________________
City: __________________________ State: _______ Zip: _______ Phone: __________

Emergency Contact Name (other than someone attending): ________________________________

Work Phone: ___________________________ Cell Phone: __________

Home Phone: ___________________________ Email: ___________________________
2015 Kentucky Military Family Camps

Branch of Service:

- [ ] Air Force
- [ ] Marines
- [ ] Army
- [ ] Navy
- [ ] Coast Guard

Please Circle One: Active Duty Reserve National Guard

Rank of Service Member (Optional): ____________________________

Number of Deployments Service Member has had: ______

How did you hear about our camps?

- [ ] Unit Family Readiness Group
- [ ] Email list
- [ ] ISFAC
- [ ] Operation: Military Kids
- [ ] Unit Newsletter
- [ ] Other (please specify): ____________________________

Has your family attended any other military family camps in Kentucky? If so, which camp/camps has your family attended?

Any special accommodations needed for a family member? If so, please list:

Any special dietary needs for a family member? If so, please list:

Note: Priority for slots at each camp will be done by date registration is received. If a camp is full, you will be put on a waitlist for that camp or given the option to attend a different camp that is still open. If your family is selected for the camp, you will be contacted. You will then receive a participant packet prior to that camp that will include: general instructions, camp rules & guidelines, a packing list, directions, an agenda and emergency numbers. Once all slots are filled, any registrants who are not initially selected will be placed on a wait list and you will be notified accordingly.
2015 Kentucky Military Family Camps
Rules & Regulations

1. Absolutely no alcoholic beverages, drugs, explosives, or firearms are allowed on camp premises. This includes any alcoholic beverages that may be available through a local vendor.
2. No smoking allowed in any building. Smoking is allowed only in marked areas.
3. If a participant must keep an inhaler or EpiPen with them, you are responsible for bringing a backpack or other item in which to securely store them while participating in activities. The camp staff and facility cannot be responsible for lost inhalers or EpiPens.
4. Shoes should be worn at all times unless otherwise instructed by a camp staff member.
5. Parking is permitted only in marked areas. Driving and parking instructions will be included in your Participant Packet.
6. No pets are permitted anywhere on the camp grounds except for Service animals. Please make note on your camp application if a Service animal will be accompanying your family.
7. A life jacket MUST be worn at all times by anyone around the waterfront area and while canoeing/kayaking.
8. This is a time to connect with your family. Cell phones should be used in emergencies only.
9. In the event of an injury to anyone in your family, notify camp staff immediately. An incident report form must be completed for any injury that occurs.
10. Please notify Tyrone Atkinson of any medical or health problems of family members BEFORE your family comes to camp and make sure to note these items on your camp application. Tyrone will inform medical and camp staff.
11. It is the responsibility of the parent or guardian to supervise their children at camp at all times. Children under 12 should remain with the parent/guardian/family at all times.
12. There is a zero-tolerance policy at camp for bullying, fighting, physical or verbal abuse, sexual harassment, inappropriate touching, misuse of prescription or over the counter medications, use of illegal drugs, or alcohol consumption. Anyone violating this rule will be asked to leave the camp premises immediately or your emergency contact will be contacted if unable to drive.
13. Families are responsible for the cleanliness of the camp facility. It should be at least as clean when your family leaves as it was when your family arrived.
14. It is the responsibility of the parent or guardian to make sure children understand and know all the rules BEFORE attending camp.
15. It is the responsibility of the parent or guardian to see that their child/children take any medications as prescribed or directed during the camp and to ensure that medications brought to camp are not accessible to other camp participants at any time.

By signing this form, I understand that if I do not meet these expectations, I may be dismissed from camp and will be responsible for transportation off the premises.

______________________________
Parent/Guardian Signature

______________________________
Date
Instructions: Read page one for disclosure of perceived risks involved with the DoD Deployment Support and Kentucky SEED Project Camp programs carefully. Each participant and parent must sign this agreement before the program begins. Without all appropriate signatures, the individual will not be permitted to participate in programs.

I understand that my/my child’s participation in the Kentucky Military Family Camping Program is based on the “challenge by choice” philosophy. I recognize that programs are designed to use experiential, engaging teaching techniques, but that my/my child’s participation is purely voluntary, at all times, and I/my child will choose my/his or her level of participation in any activity. By signing this form at the bottom of page 2, I am giving permission for my child to participate in classes that he/she may enroll in and other general camp activities.

I understand that the employees and/or independent contractors of Family and Consumer Science Extension and the University of Kentucky have received training and will attempt to protect the physical and emotional safety of myself/my child. I acknowledge that during programs that participants have requested to participate in, certain risks and dangers may occur. These include, but are not limited to the hazards of physically demanding activities, aquatic activities, exposure to wild life, accidents or illness in remote places without medical facilities and the forces of nature. I further understand that these risks may include loss or damage to personal property, physical or psychological damage and/or injury not excluding fatality due to accidents which may occur. I further understand that participants in the selected programs will be exposed to the elements of nature, including temperature extremes and inclement weather.
HAVING READ THE PRECEDING INFORMATION ON PAGE ONE OF THIS DOCUMENT, I ACKNOWLEDGE THAT I HAVE BEEN INFORMED OF PERCEIVED RISKS INVOLVED WITH THE CAMPING PROGRAM. I UNDERSTAND THESE RISKS FOR MYSELF/MY CHILD, AND I KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK INVOLVED IN MY/MY CHILD’S PARTICIPATION AND DO HEREBY RELEASE FAMILY AND CONSUMER SCIENCE EXTENSION AND THE UNIVERSITY OF KENTUCKY AND ITS MEMBERS, TRUSTEES, OFFICERS, EMPLOYEES, INDEPENDENT CONTRACTORS, VOLUNTEERS AND AGENTS FROM ANY AND ALL LIABILITY, DAMAGES, COST AND EXPENSES ARISING OUT OF OR RELATING TO BODILY OR PSYCHOLOGICAL INJURY, LOSS OF LIFE OR PERSONAL PROPERTY THAT MAY OCCUR AS A RESULT OF PARTICIPATING IN THIS PROGRAM.

I have read and understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation in the said program. I understand and agree that by executing this form that I waive and release any and all claims that I might have as a result of my/my child’s participation in this program.

Signature of Participant (Required)  
Signature of parent/guardian (Required if participant is under 18)

Age of participant: ___________  
Date: __/__/____

Address  
City  
State  
Zip Code

Person to be contacted in case of an emergency or inability to drive:

Name  
Relationship to participant

Home Phone  
Business Phone  
Cell Phone:

Revised 2/2015
This information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. Health history must be filled out by parents/guardians of minors or by adults themselves. Update required annually.

Name ___________________________ Birth Date ___________________________ Age at time of camp ___________________________

Home Address ___________________________ Street Address ____________ City ____________ State ____________ Zip ____________

Phone ___________________________ Male ___________________________ Female ___________________________

Home Address ___________________________ Street Address ____________ City ____________ State ____________ Zip ____________

Business Address ___________________________ Street Address ____________ City ____________ State ____________ Zip ____________

Second Parent or Guardian or Emergency Contact ___________________________ Cell ___________________________

Address ___________________________ Street Address ____________ City ____________ State ____________ Zip ____________

If not available in an emergency, notify: ___________________________ Name ___________________________ Relationship ___________________________ Phone ___________________________

**Important- This box must be complete for attendance**

**Parent/Guardian Authorizations:** This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer over the counter medication, assist in administering camper’s prescription medications as needed, and seek emergency medical treatment including ordering x-rays and routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including trips out of camp.

Signature of parent/guardian (or adult volunteer/staff): ___________________________

Printed Name: ___________________________ Date: ___________________________
General Questions (Explain “yes” answers below.)

Has/does the Participant:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Had any recent injury, illness or infectious disease?</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>2) Have a chronic or recurring illness/condition?</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>3) Ever been hospitalized?</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>4) Ever had surgery?</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>5) Have frequent headaches?</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>6) Ever had a head injury?</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>7) Ever been knocked unconscious?</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>8) Wear glasses, contacts or protective eye wear?</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>9) Ever had frequent ear infections?</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>10) Ever passed out during or after exercise?</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>11) Ever been dizzy during or after exercise?</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>12) Ever had an eating disorder?</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>13) Ever had chest pain during or after exercise?</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>14) Ever had high blood pressure?</td>
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<td>[ ]</td>
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<tr>
<td>15) Ever been diagnosed with a heart murmur?</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>16) Ever had back problems?</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>17) Ever had problems with joints; e.g., knees, ankles?</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>18) Have an orthodontic appliance being brought to camp?</td>
<td>[ ]</td>
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<tr>
<td>19) Have any skin problems (e.g., itching, rash, acne)?</td>
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<td>[ ]</td>
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<tr>
<td>20) If female, have an abnormal menstrual history?</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>21) Had problems with diarrhea/constipation?</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>22) Had mononucleosis in the past 12 months?</td>
<td>[ ]</td>
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<tr>
<td>23) Have diabetes?</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>24) Had problems with sleepwalking?</td>
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<td>[ ]</td>
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<td>25) Have asthma?</td>
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<td>[ ]</td>
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<tr>
<td>26) Have a history of bed-wetting?</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>27) Ever had seizures?</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>28) Ever had emotional difficulties for which professional help was sought?</td>
<td>[ ]</td>
<td>[ ]</td>
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</tbody>
</table>

Please explain any “yes” answers, noting the number of the question.

Which of the following has the participant had? Please give all dates of immunization for:

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Dates:</th>
<th>Mo/Yr</th>
<th>Mo/Yr</th>
<th>Mo/Yr</th>
<th>Mo/Yr</th>
<th>Mo/Yr</th>
<th>Mo/Yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>DTP</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Chicken Pox</td>
<td>TD (tetanus/diphtheria)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>German measles</td>
<td>Tetanus</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td>Polio</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>MMR</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Hepatitis B</td>
<td>or Measles</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>or Mumps</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>or Rubella</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>TB Mantoux Test</td>
<td>Haemophilus influenza B</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of last test</td>
<td>Hepatitis B</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Result</td>
<td>[ ] Positive</td>
<td>[ ] Negative</td>
<td></td>
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</tbody>
</table>

Health History: The following information must be filled in by the parent-guardian, or adult camper or staff member. The intent of this information is to provide camp health care personnel the background to provide appropriate care.

Keep a copy of the completed form for your records. Any changes to this form should be provided to camp health personnel upon participant’s arrival in camp. Provide complete information so that the camp can be aware of your needs.

ALLERGIES List all known Describe reaction and management of the reaction.

Medications allergies (list)

Food allergies (list)

Other allergies (list) – include insect stings, hay fever, asthma, animal dander, etc.

DIETARY RESTRICTIONS that apply to this individual.
Insurance Information

Is the participant covered by family medical/hospital insurance?  [ ] Yes  [ ] No

If so, indicate carrier or plan name: ___________________________Group # ___________________________

Photocopy of front and back of health insurance card or current K-chip must be attached to this form.

Is there any additional information that camp staff should know to help your child be successful and have fun at camp?
(behavioral, physical, emotional, special restrictions, etc.) ____________________________________________

If your child receives medication during the school year, we strongly urge you to keep your child on this medication during camp.

Name of family physician_________________________Phone_________________________
Name of family dentist/orthodontist_________________________Phone_________________________

Address_________________________

If someone in your family must keep a medication on them at all times during camp (e.g. EpiPens, inhalers, etc.), list name and medication(s) here so that camp staff are aware:

________________________________________________________________________________________

Revised 2/2015

Educational programs of Kentucky Cooperative Extension serve all people regardless of race, color, age, sex, religion, disability, or national origin. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating. Disabilities accommodated with prior notification.
H-328 Authorization to Obtain/Utilize Images

ADULT

☐ General Use  □ Specific Project: ______________________________

I, (print full name) ________________________________________, being eighteen (18) years of age or over, hereby grant permission to the University of Kentucky and its affiliates and subsidiaries, including but not limited to the UK Alumni Association, UK Athletics Association, and UK Research Foundation, to interview, photograph, and/or videotape me; and/or to supervise any others who may do the interview, photography, and/or videotaping; and/or to use and/or permit others to use information from the aforementioned interview and/or the aforementioned images in educational and promotional activities for the following without compensation:

Please check all that apply:

☐ UK Educational Publications/Videos  ☑ UK Promotion/Advertising
☐ UK Electronics Publishing (e.g., World Wide Web)  ☑ Local/Regional/National News Media
( w/ permission of UK)

Signature: ______________________________ Date: __________

Witness: ______________________________ Date: __________

Name and mailing address (please print)

Name: ______________________________

Address: ______________________________

E-mail: ______________________ Phone: __________

MINOR CHILD

☐ General Use  □ Specific Project: ______________________________

I, (print full name) ________________________________________, hereby grant permission to the University of Kentucky and its affiliates and subsidiaries, including but not limited to the UK Alumni Association, UK Athletics Association, and UK Research Foundation to interview, photograph, and/or videotape my minor child, ______________________, and/or to supervise any others who may do the interview, photography, and/or videotaping; and/or to use and/or permit others to use information from the aforementioned interview and/or the aforementioned images in educational and promotional activities for the following without compensation:

Please check all that apply:

☐ UK Educational Publications/Videos  ☑ UK Promotion/Advertising
☐ UK Electronics Publishing (e.g., World Wide Web)  ☑ Local/Regional/National News Media
( w/ permission of UK)

Signature of Parent or Guardian: ______________________________ Date: __________

Relationship: ______________________________

Witness: ______________________________ Date: __________

2/2015