

## **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 [tcatk2@uky.edu](mailto:tcatk2@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>

**Must submit completed, signed application by regular mail.**

**FAXED OR EMAILED COPIES WILL NOT BE ACCEPTED**

## 2015 Kentucky Military Family Camps

**Pages 2-4 – Fill out ONCE for whole family**

**Pages 5-10 – Fill out for EACH participating family member**

**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.

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Parent/Guardian Signature

Date

## Pages 5-10 – Fill out for EACH participating family member

### 2015 KENTUCKY MILITARY FAMILY CAMPS

#### 2015 ACTIVITY RELEASE FORM

#### AGREEMENT TO PARTICIPATE, ASSUMPTION OF RISK INDEMNITY AGREEMENT, AND RELEASE OF LIABILITY

\_\_\_\_\_  
PRINT PARTICIPANT'S NAME

\_\_\_\_\_  
PRINT PARENT/GUARDIAN'S NAME  
(REQUIRED IF PARTICIPANT IS UNDER 18)

**PLEASE PRINT CLEARLY!**

***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

## 2015 Kentucky Military Family Camps Health Form

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 \_\_\_\_\_  
*Last First Middle*

Home Address \_\_\_\_\_  
*Street Address City State Zip*

Phone \_\_\_\_\_ [ ] Male [ ] Female

Race\* Check all that apply: [ ] American Indian [ ] Asian [ ] Black [ ] Pacific Islander [ ] White [ ] Hispanic [ ] Non-Hispanic

\*Necessary to comply with affirmative action-Civil Rights  
Standard

Custodial parent/guardian \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Address \_\_\_\_\_  
*Street Address City State Zip*

Business Address \_\_\_\_\_ Phone: \_\_\_\_\_  
*Street Address City State Zip*

Second Parent or Guardian or Emergency Contact \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_  
*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.)



Disabilities accommodated  
with prior notification.

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

Please explain any "yes" answers, noting the number of the questions.

Which of the following has the participant had?	Please give all dates of immunization for:						
	Vaccine:	Dates:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
[ ] Measles	DTP		_____	_____	_____	_____	_____
[ ] Chicken Pox	TD (tetanus/diphtheria)		_____	_____	_____	_____	_____
[ ] German measles	Tetanus		_____	_____	_____	_____	_____
[ ] Mumps	Polio		_____	_____	_____	_____	_____
[ ] Hepatitis A	MMR		_____	_____			
[ ] Hepatitis B	or Measles		_____	_____			
[ ] Hepatitis C	or Mumps		_____	_____			
	or Rubella		_____	_____			
TB Mantoux Test	Haemophilus influenza B		_____	_____	_____	_____	
Date of last test	Hepatitis B		_____	_____	_____		
Result [ ] Positive [ ] Negative	Varicella (chicken pox)		_____				

**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.

**ALLERGIES** List all known

**Medications allergies** (list)

\_\_\_\_\_

\_\_\_\_\_

**Food allergies** (list)

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Please list any **DIETARY RESTRICTIONS** that apply to this individual. \_\_\_\_\_

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.


Describe reaction and management of the reaction.



## 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.) \_\_\_\_\_

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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 \_\_\_\_\_

Address \_\_\_\_\_

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:

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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.

## **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 Electronics Publishing (e.g., World Wide Web)

☒ UK Promotion/Advertising

☒ Local/Regional/National News Media  
(w/ permission of UK)

Signature: \_\_\_\_\_  
*Signature*

Date: \_\_\_\_\_

Witness: \_\_\_\_\_  
*Signature*

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 Electronics Publishing (e.g., World Wide Web)

☒ UK Promotion/Advertising

☒ Local/Regional/National News Media  
(w/ permission of UK)

Signature of Parent or Guardian: \_\_\_\_\_  
*Signature*

Date: \_\_\_\_\_

Relationship: \_\_\_\_\_

Witness: \_\_\_\_\_  
*Signature*

Date: \_\_\_\_\_