

Songs of the Summer


University of Idaho
Extension



June 8-11, 2026

Central Idaho 4-H Camp

COST:

Early Bird Cost by May 8

4-H member - \$175
Non 4-H member - \$200

Cost from May 9 - May 22

4-H member - \$200
Non 4-H member - \$225

WHO:

All youth ages 8-12
(as of January 1)
Limited to 70
campers



Call your local UI Extension
Office for more information

Join 4-H Camp for a summer of
music, friendship, and adventure!



The University of Idaho is an equal-opportunity employer and educational institution. We offer our programs to persons regardless of race, color, national origin, gender, religion, age, sexual orientation, or disability. Persons with disabilities have the right to request reasonable accommodations. Please complete the accommodations form found at this link at least two weeks prior to the event: <https://www.uidaho.edu/extension/civil-rights>

4-H/YOUTH CAMP REGISTRATION

JUNE 8-11, 2026

Use a separate registration form for each camper

Camp is limited to the first 70 paid youth ages 8-12.

Camper's Name: _____

Mailing Address: _____

Email address: _____ Phone: _____

Male Female Birthdate _____ Age (as of Jan. 1, 2026): _____

Are you a currently enrolled "2025-26" 4-H Member? Yes _____ No _____

County: _____ How many years have you attended 4-H Camp?: _____

My Bunk Mate Choice is: _____

You may list one, same-gender bunk mate. We make every attempt to accommodate bunk mate requests, however it is not always possible.

Camper Registration—all costs include meals, lodging, transportation & accident insurance

Dates	Enrolled 4-H Camper		Non-4-H camper	
Early Bird, May 8	\$175.00		\$200.00	
Final Registration, May 22	\$200.00		\$225.00	
Counselor/Chaperone	\$80.00			
Scholarships/Discounts	-\$		-\$	
TOTAL	\$		\$	

- All fees must be paid at the time of registration
- Make checks or money orders payable to: Minidoka County Extension Office or pay online at <https://client.pointandpay.net/web/UniversityofIdahoExtensionMinidokaCounty>
- All cancellations after May 31 are subject to \$50.00 non-refundable deposit

Check with your local County Extension Office for scholarship availability! The June and July Summer Camps are sponsored by the University of Idaho Extension Offices in the following counties:

Blaine | 208-788-5585 cvaughan@uidaho.edu
Gooding | 208-934-4417 shannay@uidaho.edu
Minidoka | 208-436-7184 jbywater@uidaho.edu

Camas | 208-764-2230 chreagan@uidaho.edu
Jerome | 208-324-7578 katlyts@uidaho.edu
Oneida | 208-766-8843 oneida@uidaho.edu
Twin Falls | 208-734-9590 korylc@uidaho.edu

Cassia | 208-878-9461 denaj@uidaho.edu
Lincoln | 208-886-2406 mbarlow@uidaho.edu
Power | 208-226-7621 power@uidaho.edu

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Appendix A. Code of Conduct For Parents, Volunteers, And Youth Within The Idaho 4-H Youth Development Program

Idaho families and youth trust the University of Idaho Extension system to provide educational programs in a safe environment for all participants. The opportunity to participate in and/or work with University of Idaho Extension's 4-H Youth Development program is a privilege and honor, not a right. Volunteers are to be positive role models. Youth and parents/guardians are expected to demonstrate appropriate behavior at all times. The following Code of Conduct has been established as the foundation for all individuals participating in the University of Idaho Extension programs. All University of Idaho 4-H Youth Development program participants are expected to:

- Work with youth, families, volunteers, and Extension personnel in a cooperative, courteous, respectful manner demonstrating good sportsmanship and behaviors appropriate for a positive role model.
- Accept supervision from Extension personnel and cooperate with others; in addition, parents and youth will accept supervision from certified organizational and project volunteers.
- Maintain open, honest communication with members, volunteers, parents, and Extension personnel.
- Uphold every individual's right to dignity, appropriate self-expression, and individual development.
- Refrain from verbal, physical, or emotional abuse of others (via bullying, texting, social media, etc.) and report such abuse, if observed. Any actions, such as a conviction for child abuse or neglect, violent crimes, unethical behavior, substance abuse, verbal abuse, physical abuse, mismanagement of 4-H funds, or other serious offenses will not be tolerated.
- Respect, adhere to and enforce the rules, policies, and guidelines established at the county and state levels for the 4-H Youth Development Program.
- Promote the spirit of inclusion and welcome participation of other individuals from all backgrounds. Comply with equal opportunity and anti-discrimination laws.
- The consumption of alcoholic beverages, the use of tobacco products, or an illegal controlled substance at 4-H youth events is prohibited.
- Inform Extension personnel of any incidents that may violate 4-H policies.
- Treat animals humanely and encourage all participants to provide appropriate and ethical animal care.
- Operate machinery, vehicles, and other equipment safely and responsibly when working with youth and adults participating in 4-H Youth Development programs.
- Ensure that 4-H participants are not required to purchase materials, equipment, animals, or services from any specific places of business.
- Comply with all applicable laws of the city, county, and state of residence and/or location of 4-H activity.
- Handle all concerns regarding county/area 4-H program management internally within the University of Idaho Extension system.

Violating the Code of Conduct shall be grounds for action up to or including immediate removal from the 4-H activity/program and termination. Decisions regarding immediate removal, suspension, or termination will be made by the county 4-H Professional with subsequent notification of and consultation with the District Director and State 4-H Youth Development Director. Volunteers who wish to appeal a decision may do so through the Appeal Process.

I have read, understand, and agree to abide by this Code of Conduct.

Print Name

Signature

Date

4-H/Youth Camp

Health Information and Medical Release

Camper Name _____ Age _____ Male _____ Female _____

Birthdate _____ County _____

Address _____ Phone Number _____
City Zip

_____ Is this the first time the camper has been away from home?

_____ Is this the campers first time at an overnight camp?

Parent/Guardian Name _____ Phone Number _____

Address _____ Work Phone _____
City Zip

If the above named person is not available, In case of emergency contact:

Name _____ Phone Number _____

Relationship _____ Address _____

Is the camper allowed to take Tylenol? _____ Ibuprofen? _____

Is the camper taking any medications? _____ If yes, please describe on back.

Is camper prone to (please circle):

Abdominal Pain

Allergies (list)*

Asthma

Bed Wetting

Chronic Conditions

Constipation

Cramps

Diabetes

Ear/Sinus Infections

Emotional Disturbance

Epilepsy

Fainting Spells

Hay Fever

Headaches

Heart Condition

Nose Bleeds

Sleep Walking

Tonsillitis

Any Other? Contacts? _____

*Allergies Latex? _____

Recommendations and restrictions (Diet, Swimming, etc.) _____

Family Insurance Company _____ Policy/Group Number _____

Parent Consent Information

As parent/guardian I/we understand there is additional exposure of the camper to mishaps or accidents. I/we accept this additional risk and release Central Idaho 4-H Camp, Inc., its Board of Directors and employees, and the University of Idaho Extension from liability for any incident that might occur while participating in such activity or travel to or from camp.

I/we give permission for the 4-H/Youth Camp Program and its representatives to obtain medical assistance for the above named camper, if necessary. I/we will assume financial responsibility for the medical assistance.

A medical form for any medical precautions is provided. All forms must be completed and signed by the camper and the parent/guardian before camper attends camp.

Trip and Activity Description: I understand short field trips around the camp area will be taken and my child will participate in all workshops and activities. This may include sports, hikes, and other planned activities in camp program.

I/we give permission to the University of Idaho 4-H Program to use photos of my child in promotion of/or in recognition of the 4-H Program.

My child and I have read and understand the camper's code of conduct/responsibilities and understand that the adult advisors may take appropriate disciplinary action, including dismissal from camp, if rules are violated. I have signed below giving permission to the physician selected by the adult advisors to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child as named above. I also grant authorization for the release of medical information to American Income Life Insurance Company.

Parent/Guardian Signature _____ **Date** _____

Name _____ County _____

Authorization For Dispensing Medications To Children

Prescription medications must be in their original containers with the child's name clearly written, the name of the physician, and directions for dispensing. An assigned adult will administer these.

MEDICATION #1

Please Administer _____ at _____
Medication Time/s of Day

Dosage _____ with _____
As Indicated on Medication Container Does medicine need to be taken with milk, food, etc?

Possible side effects (drowsiness, upset stomach, headache etc.) _____

In case of any questions regarding medication, please list the name and phone number of someone to contact:

MEDICATION #2

Please Administer _____ at _____
Medication Time/s of Day

Dosage _____ with _____
As Indicated on Medication Container Does medicine need to be taken with milk, food, etc?

Possible side effects (drowsiness, upset stomach, headache etc.) _____

In case of any questions regarding medication, please list the name and phone number of someone to contact:

Non - Prescription medication can be given with written permission and direction from the parent/guardian or legal custodian based on general advice received from child's physician.

The person giving the medication shall record all of the following information:

Date	Time	Medication	Prescription	Non- Prescription	Remarks about Child's Appearance	Signature

To enrich education through diversity the University of Idaho is an equal opportunity/affirmative action employer and educational institution. Persons with disabilities who require alternative means for communication or program information or reasonable accommodations need to contact Disability Support Services at (208) 885-6307 20 days prior to the program. University of Idaho, U.S. Department of Agriculture, and Idaho counties cooperating.

University of Idaho-4-H

4-H Youth Development Program Waiver

Signatures on back of page are required prior to participation in the Activity.

Name of Participant	(First)	(Last)	(Age)	Gender:
Address	(Street)		(City, State, Zip)	
Phone	(Home)		(E-mail)	
School & City	(School)		(City)	
Emergency contact(s) & Insurance info	NAME:			(Relationship)
	PHONES:	WORK:	HOME:	CELL:
	NAME: (if needed)			(Relationship)
	PHONES:	WORK:	HOME:	CELL:
	(Medical insurance company name)			
	(Policy number)			

PLEASE NOTE: Hospitals require proof of coverage before providing treatment unless a life threatening situation exists. It is suggested that participants bring a copy of their insurance card. Participants are covered by an American Income Life accident / illness policy (Activity Insurance) while participating in an Activity. In the event of injury or illness arising from participation in the Activity, American Income Life must be notified within 20 days of the date of the illness or injury. The Activity staff will have information on filing claims. **Insurance provided through American Income Life provides only limited protection for injuries or illnesses that occur while participants are participating in the Activity, and the participant's family is responsible for all medical expenses not covered by Activity insurance.**

**Acknowledgement of Risk and Waiver of Liability
Parent/Guardian Permission**

Both participants and a parent or guardian of participants must read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document. Please read both sides of this page. Sign and return this form to the local county Extension Office. If a participant is under the age of 18, this form must be signed by the participant AND by a parent or legal guardian of the participant. The term "undersigned" when used herein shall include the both the participant and the custodial parent/guardian signing at the end of this document unless such term is qualified to mean one or the other. The term "Activity" or "Activities" means the 4-H Program, along with any and all associated activities, events, clinics or classes conducted by the University of Idaho (UI) in conjunction therewith.

The undersigned acknowledge that they are aware that participation in an Activity or in Activities as well as any or all University of Idaho, activities, events, clinics and classes associated therewith, may include activities that are risky and dangerous, which may include, but not be limited to, risks of injury, illness or death arising out of Activities involving animals, whether wild, domestic or feral; exposure to weather conditions, such as heat, cold, rain, snow, ice, hail, lightning, wind or other weather events; hazards from deserts, forests, mountains, canyons, lakes, rivers, streams, urban, suburban or rural places or other areas where the Activities occur; forces of nature or Acts of God, such as fire, earthquake, avalanche, rockfall, flood, falling trees, poisonous plants or other occurrences; recreational or educational activities, such as archery, orienteering, skiing, swimming, biking, canoeing, kayaking, fishing, hiking, camping, shooting, horseback riding, operation of, or being a passenger in, or observer of motorized vehicles, crafts, hobbies, courses, events, clinics or other activities; the use of tools, instruments, machinery, equipment or other items associated with the Activities, or food, drink, lodging or travel to, during, from or otherwise related to, the Activities. These risks may arise from negligent acts or omissions of the participant, other participants, leaders, volunteers, or third parties occurring during, or otherwise associated with, the Activities. The undersigned acknowledge and accept the risks and give permission for participation in the Activities.

In consideration of the University of Idaho ("UI") permitting the participation in Activities, the undersigned **hereby voluntarily accept all risks associated with participation. To the extent permitted by law, the undersigned agree to indemnify, defend, save, hold harmless, discharge and release the State of Idaho, the Regents of the University of Idaho, their agents and employees from any and all liability, claims, causes of action or demands of any kind and nature whatsoever that may arise out of or in connection with such participation in any Activities.-.**

It is the express intent of the undersigned that this Acknowledgement of Risk and Waiver of Liability shall serve as a release, discharge and acceptance of risk for the heirs, estate, executor, administrator, assigns and all members of the undersigned's family. The venue of any dispute that may arise out of participation in any Activity, if the University is a party to the dispute, shall be in Latah County, Idaho.

The undersigned acknowledge and agree that if a vehicle not owned and operated by the University is provided by the undersigned or any of them for transportation to, at, or from any Activity site, or if the undersigned or any of them are a passenger in such a vehicle, the University is not responsible for any damage or injury caused by or arising from my use of such transportation. Furthermore, the undersigned acknowledge sole responsibility for any action taken by the undersigned, or any of them, that is outside the scope of the Activity or Activities, and any events, clinics and classes associated with the Activity or Activities, regardless if occurring before, during or after the period of the Activity or Activities. The undersigned acknowledge that the university makes no representation with respect to the safety of any personally owned vehicle in which the undersigned or any of them may travel, or with respect to the qualifications of the driver of any personally owned vehicle. The undersigned acknowledge that if travelling in a personally owned vehicle it is the responsibility of the undersigned to determine the safety of the vehicle and qualifications of the driver.

The Undersigned hereby certify that, with or without accommodation, the participant named above is able to perform the essential functions of the Activities, and does not present a danger to the participant or others and the undersigned know of no medical reason why the participant is not able to participate in the Activity or Activities, Events, Clinics and Classes. The undersigned hereby consent to first aid, emergency medical care and if necessary, admission to an accredited hospital when necessary for executing such care, for treatment for injuries or illness that I/he/she may sustain while participating in any activity associated with the above named Activities and any events, clinics and classes associated with the Activity or Activities.

The undersigned acknowledge that any insurance provided through Activity Insurance provides only limited protection for injuries that occur while participating and that the undersigned remains responsible for all medical expenses not covered by Activity Insurance. Activity Insurance is provided by an American Income Life camp accident policy.

If the participant named above has a disability, food or drug allergy, dietary requirements, or any condition requiring accommodation, the undersigned will contact Disability Support Services (208) 885-6307 at least one week (7 days) prior to the start of the Activity.

Whether or not the participant named above is a student, the participant will abide by: the University of Idaho Student Code of Conduct, Articles II through IX at <http://www.webs.uidaho.edu/fsh/2300.html>; the behavioral expectations of the Activity; and all applicable local, state and federal laws. Failure to do so may be considered grounds for denying participation in the Activity.

The parent/guardian signing below agrees that the UI may photograph or video any of the undersigned during, and in connection with, the Activity. The undersigned and each of them agree the UI shall be the exclusive owner of all images and all copyright and other rights in the images. The Undersigned agree that the UI may use any image in any media related to the University of Idaho. **If the undersigned parent/guardian DOES NOT GIVE PERMISSION TO PRODUCE OR USE IMAGES AS SET FORTH IN THIS PARAGRAPH, CHECK HERE ().**

The undersigned parent/guardian () does () does not (please check one) authorize the University of Idaho to use the contact information set out above to inform the undersigned or either of them of upcoming university events and activities.

Note: If participant is under 18 years of age, a parent/legal guardian must also sign and accept responsibility for the participant's actions and terms of the above agreement.

PARTICIPANT'S SIGNATURE
Participant's Name (PLEASE PRINT):
Participant's Signature: X
Date:

PARENT(S) / GUARDIAN(S) SIGNATURE
Parent/ Guardian Name (PLEASE PRINT):
Parent/ Guardian Signature: X
Date: