



2008 4-H CAMP REGISTRATION FORM



NAME _____ AGE _____

ADDRESS _____

PHONE NO. _____ MALE _____ FEMALE _____

4-H CLUB _____ PARENT/GUARDIAN _____

(Please check mark the camp you will be attending.)

___ **BEGINNER CAMP (3rd, 4th, 5th grades)**
JUNE 9 - 12 Registration Deadline: June 2nd **FEE - \$107.00**

___ **JUNIOR HIGH CAMP (6th, 7th, 8th grades)**
JUNE 23 - 26 Registration Deadline: June 13th **FEE - \$107.00**

___ **TEEN CAMP (Grades 9th - 12th)**
JUNE 27 - 30 Registration Deadline: June 13th **FEE - \$110.00**


(Complete this box for current 4-H members only.)

Candy Scholarships

For every candy bar you sell, subtract 25 cents from your camp fee.

Formula for Total Scholarship Amount:

Amount of candy bars sold _____ X 25 cents = \$ _____

Total Scholarship Amount to Subtract from Camp Fee. 

Please Complete The Following:

Camp Fee Amount \$ _____

- Scholarship Amt. \$ _____

Total \$ Enclosed \$ _____

Advisors must verify amount of candy sold per youth by completing the "Club Member Sales Data Form" and returning it to the OSU Extension office by **May 7** in order for 4-H'ers to receive camp scholarships.

Enclosed is \$ _____ Camp Fee. (Make check or money order payable to the **SCIOTO COUNTY 4-H COMMITTEE**). Complete and return with camp fee the attached health form, restricted release form and camp participation release form.

Camp fee includes camp insurance, program \$, and a camp photo.



Return to: **OSU Extension, Scioto County
ATTN: Camp Registration
602 Seventh Street, Courthouse Rm 7
Portsmouth, OH 45662**

or Fax: 740-354-8338

If questions, please contact Jo Williams at: 740-354-7879

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Keith L. Smith, Ph.D., Associate Vice President for Agricultural Administration and Director, Ohio State University Extension TDD No. 800-589-8292 (Ohio only) or 614-292-1868

If you have questions concerning access, wish to request a sign language interpreter or accommodations for a disability, please contact the Scioto County Extension office at 740-354-7879 or e-mail us at: scio@cfaes.osu.edu

OHIO 4-H PARTICIPANT/MEMBER HEALTH HISTORY

This form must be completed for each participant by the parents/guardians of minors. This information will be kept confidential and used only for the welfare of the participant.

DATE _____ COUNTY _____

PLEASE CIRCLE: MALE FEMALE AGE _____ DATE OF BIRTH _____

NAME _____
(LAST) (FIRST) (MIDDLE)

ADDRESS _____
(STREET) (CITY) (STATE) (ZIP)

PHONE (HOME) _____ GUARDIAN'S WORK PHONE _____

IN CASE OF EMERGENCY, CONTACT:

PARENT NAME _____ PHONE _____

CELL PHONE _____ PAGER _____

OTHER PERSON _____ PHONE _____

PHYSICIAN'S NAME _____ PHONE _____

DENTIST'S NAME _____ PHONE _____

Instructions for Medications

1. All prescription drugs **MUST** be carried in the container in which they were issued (with medical orders and physician's name intact), and given to the nurse/health director. Others will not be accepted.
2. If you need over-the-counter medications not listed below, they must be in the original container and must be stored under lock and key by the nurse/health director or a responsible adult during the 4-H event.

CHECK MEDICATIONS BELOW, THAT PARTICIPANT MAY RECEIVE IF DEEMED NECESSARY:

| | | | | | |
|--|-----------------|--|------------------------|--|---------------------|
| | Ibuprofen/advil | | Acetaminophen/tylenol | | laxatives |
| | antacids | | triple antibiotic | | diarrhea medication |
| | | | Robitussin Cough Syrup | | adrenalin |

LIST APPROXIMATE DATE IF PARTICIPANT HAS HAD OR BEEN EXPOSED TO:

CHICKEN POX _____ TUBERCULOSIS _____ MEASLES _____ MUMPS _____

WHOOPING COUGH _____ SCARLET FEVER _____ TETANUS IMMUNIZATION _____

Date of Last Booster _____ Date of Last Menstrual Period _____

Operations or Serious Injuries requiring medical treatment (specify): _____

Check below if participant is subject to:

| | | | | | | | |
|--|----------------|--|--------------------|--|-----------------------------|--|----------------------|
| | headaches | | fainting | | heart trouble | | frequent colds |
| | constipation | | convulsions | | frequent sore throats | | kidney trouble |
| | athlete's foot | | sinusitis | | bed wetting | | sleep walking |
| | ear infection | | epileptic seizures | | home sickness | | bronchitis |
| | cramps | | diarrhea | | asthma controlled (yes, no) | | other please specify |

Check if Participant is Allergic to:

Foods (specify) _____

Medication: Prescription or non-prescription drugs (specify) _____

Serious Ivy, Oak, or Sumac Poisoning _____

Bee or Insect Stings _____ Prescribed Treatment _____

LIST ALL PRESENT MEDICAL AND ALLERGIC CONDITIONS (Contact Lenses, Braces, Diabetes, etc.) which require medication, treatment, or special restrictions or considerations in participation.

Conditions: _____

Medications: _____

SPECIFY ANY RESTRICTIONS IN ACTIVITIES (INCLUDING SPECIAL DIET NEEDS):

Immunization Record

Please record the date (month & year) of basic immunizations and most recent booster doses.

| Vaccines | Year of Basic Immunization | Year of Last Booster |
|---|----------------------------|----------------------|
| Diphtheria Pertussis (whooping cough) DPT* Tetanus or | 1 2 3 | 1 2 |
| Tetanus TD* Diphtheria or | | |
| Tetanus | | |
| Oral Polio (Sabin)* TOPV | | |
| Injectable Polio (Salk) | | |
| Measles (hard measles, red measles, Rubeola) | | |
| Mumps | | |
| Rubella (German measles, 3-day measles) | | |
| Other | | |
| Tuberculin test given (most recent) | | |
| Hemophilus influenza b (HIB) | | |

PARENT/GUARDIAN MEDICAL RELEASE

_____ (Child's name) has my permission to participate in the Camp program and activities (with the exception of those restricted activities listed). I understand participants will be supervised. I understand the camp staff and volunteers, are not responsible in the event of accidental injury or illness, nor for the compounded injury or illness to the participant's present medical conditions listed. I further understand in case of serious injury or illness I will be notified. If I cannot be contacted, I give my permission to transport the participant to an appropriate facility and I give the attending physician my permission to hospitalize, secure proper treatment, and to order injection, anesthesia, or surgery for the participant as named above.

Signature _____ Date _____

I give The Ohio State University permission to publish in print, electronic, or video format the likeness or image of my child. I release all claims against the University with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

Signature _____ Date _____

4-H Member Early Release Form

If it is necessary for your child to leave camp early, this authorization for leaving early must be completed in full, and turned in at check-in. Full-time participation is encouraged.

I, _____, hereby authorize the person(s) listed below to
(Name of Parent or Legal Guardian)

pick up _____ at the CANTERS CAVE 4-H CAMP.
(Child's Name)

I/We expect to pick up this child at _____ on _____, and
(Time) (Date)

return at _____ on _____.
(Time) (Date)

Name(s) of person(s) who are authorized to pick up my child: _____

4-H Member Restricted Release

We understand that there are situations where parents have a right to restrict who will pick up their child at the end of camp. If you need to restrict who picks up your child, you must complete this section.

I, _____, hereby authorize the person(s) listed below to pick
up my child, _____, following the CANTERS CAVE 4-H

CAMPING EVENT.

Names of person(s) who are authorized to pick up my child:

Parent or Legal Guardian Signature _____ Date _____

**Canter's Cave 4-H Camp
Activity Liability Release Form**

NAME: _____ AGE: _____ PHONE: _____
ADDRESS: _____

Emergency Medical Information

(If "Yes", please explain on the lines following the question.)

NO _____ YES _____ Allergies to foods, drugs, insect bites, dust, etc. Please identify them and the nature of your reaction.

NO _____ YES _____ Physical disabilities or conditions which might limit your participation:

NO _____ YES _____ If you are presently taking medication (s), please identify them:

In Case of Emergency Contact:

| Name | Relationship | Home Phone | Work Phone |
|------|--------------|------------|------------|
|------|--------------|------------|------------|

Statement of Understanding

I am aware in signing this statement for participation in programs of Canter's Cave 4-H Camp that certain activities are physically demanding. Therefore, physical fitness will increase the enjoyment and ability to participate in the activity. If for any reason I question the ability of the participant to participate in the activity, I will consult with the instructors prior to participation. While it is impossible to foresee all possible dangers, some of the specific hazards which might be encountered while participating in adventure programs include: High Ropes Course, Initiatives Course, Archery, Rappelling Area, Shooting Sports Course, and Hiking Trails include: slipping or falling on the trail, bumps, bruises, cuts, insect bites, poison ivy, sprains, fractures or other injuries. I understand that most activities are conducted in the out-of-doors in all kinds of weather, so proper dress (rain gear, warm clothing) are essential to avoid undue exposure to known risks; however, as a participant, I acknowledge the nature of the activity and the fact that not all of the stresses and hazards connected with the activity can be foreseen.

I have the personal responsibility to follow the established safety rules and procedures to the extent that I participate in such activities. If at any time I have questions about the activity, I have the responsibility to consult with my instructor. Sponsoring agencies have the responsibility of providing a progression of appropriate activities, which lead to the experiences at Canter's 4-H Camp. I recognize that there is a significant element of risk in any adventure, sport or activity associated with the outdoors. Knowing the inherent risks, dangers and rigors involved in the activities, I certify that the participant (including any minor children) is fully capable of participating in the activities.

I assume full responsibility for the participant (including minor children), for bodily injury, death, loss of personal property and expenses thereof, as a result of my negligence or the negligence of the participant.

Signature Date

(Parent or legal guardian must sign for all persons under 18 years of age.)

Note: All participants should wear long pants (no shorts) and tennis shoes on the high ropes course.

CANTER'S CAVE 4-H CAMP
CODE OF BEHAVIOR
_____ **COUNTY**

1. The use, consumption, or possession of alcoholic beverages (liquor & beer, including non-intoxicating beer) and unlawful items, such as illegal non-prescription drugs, are not permitted during the event. Anyone arriving for the event while under the influence of any of the above substances will not be permitted to register for Camp.
2. Participants are not to leave the Canter's Cave grounds for any reason without the prior approval of the Extension Agent in charge of the event and permission form signed by a parent or guardian.
3. Males are not permitted in the female sleeping quarters nor are the females allowed in the male sleeping quarters for any reason.
4. Campers will respect the rights of others. Participants may not invade the personal property of others nor speak to others in a foul or offensive matter.
5. Participants will attend all events that are planned in the program. Campers should be where they are supposed to be when they are supposed to be there.
6. Prescription drugs must be left with the Camp Nurse. All illegal drugs or alcohol are prohibited on the grounds of Canter's Cave 4-H Camp.
7. Campers will be held responsible (financially) for any willful damage done to Canter's Cave 4-H Camp or camp property.
8. No one is to go into the swimming pool or around the lake except when a lifeguard is present. Failure to obey directions of the lifeguards will result in the loss of swimming privileges.
9. A leader in each cabin will organize the cabin for evacuation in case of fire or other emergency.
10. It is illegal to sell tobacco products to minors. Therefore, we discourage use of tobacco by all 4-H members. The use of any type of tobacco product is prohibited at 4-H Camp.
11. No pets of any size, shape, or form will be permitted in camp.
12. Outside visitors are not allowed in camp. If a Parent or Guardian finds it necessary to visit, they are asked to register with the Camp Director immediately upon arrival.
13. THIS EVENT HAS BEEN PLANNED WITH THE 4-H MEMBERS IN MIND. WE EXPECT THAT PARTICIPANTS FOLLOW THE SET RULES AND BEHAVE IN A RESPONSIBLE MANNER. STAFF OF THE OHIO STATE UNIVERSITY EXTENSION RESERVE THE RIGHT TO INFORM THE PARENTS AND SEND ANY INDIVIDUAL HOME AT ANY TIME IF HE/SHE DOES NOT FOLLOW THE SET RULES OF BEHAVIOR.

I have provided information on this form to the best of my knowledge and have read and understand the set rules and guidelines for this event. I agree to be an active participant in this event and to represent my county as a responsible 4-H member.

SIGNATURE OF PARTICIPANT _____

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

