

# OHIO STATE UNIVERSITY EXTENSION



## Scioto County 4-H Cloverbud Day Camp Tuesday, July 13, 2021 Scioto County Fairground



NAME \_\_\_\_\_ AGE(m/d/yr) \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ GENDER: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

4-H CLUB \_\_\_\_\_

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*Please complete this section only if you sold 4-H Candy Bars/Smoked Snack Sticks for your club.*  
**Candy/Snack Scholarships**

For every candy bar/smoked snack stick sold, you can subtract 25 cents from your camp fee.

Amount of candy bars/snack sticks sold \_\_\_\_\_ X 25 cents = \$ \_\_\_\_\_ (Scholarship amount).\*

	Camp fee	\$15
--	<u>Scholarship amount</u>	_____
	<b>Total \$ enclosed</b>	_____

\*Advisors must verify the amount of candy/snack sticks sold per youth on a Club Member Sales Data form and turn it in to the Extension Office in order for 4-Hers to receive scholarships to any camp.

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Enclosed is \$ \_\_\_\_\_ camp fee. (Make check or money order payable to **OSU Extension**). Complete and return this form, along with the fee, health form and any notes for special accommodations, by 4:30 p.m., July 1, 2021.

**RETURN TO:** OSU Extension, Scioto County or Fax: 740-355-8338  
Attn: Camp Registration  
602 Seventh Street, Courthouse Rm. 7  
Portsmouth, Ohio 45662

If you have any questions or concerns, please contact Jo Williams, 740-354-7879, or [williams.2213@osu.edu](mailto:williams.2213@osu.edu).

**CLOVERBUD DAY CAMP HEALTH/ACTIVITY RELEASE FORM**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

PARENT/GUARDIAN NAME(S): \_\_\_\_\_

EMERGENCY CONTACT NUMBERS: HOME \_\_\_\_\_

CELLULAR \_\_\_\_\_ WORK \_\_\_\_\_ OTHER \_\_\_\_\_

Please indicate on the lines below any known medical conditions or allergies that the adults in charge of Cloverbud Day Camp should be made aware of prior to the camp.

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**Statement of Understanding**

By signing this statement for participation in the programs of the Scioto County Cloverbud Day Camp, you acknowledge that certain activities are physically demanding. Therefore, physical fitness will increase an individual's enjoyment and ability to participate in the activity. If for any reason you question your (or your child's) ability to participate in the activity, please 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 by participants in our Outdoor Education programs and activities, which includes running and jumping during games, slipping or falling, insect bites, poison ivy, bumps, bruises, cuts, sprains, fractures or other associated injuries and hazards. Most activities are conducted outdoors, in all kinds of weather, so proper dress (and sunscreen) may be essential to avoid undue exposure to the elements.

Course instructors will take every reasonable precaution to minimize exposure to known risks, however, as a participant (or parent/guardian of a participant) you acknowledge the nature of the activity and the fact that not all of the stresses and hazards connected with these activities can be foreseen.

Participants have the personal responsibility to follow the established safety rules and procedures to the extent that they participate in such activities. If at any time a participant has questions about an activity, they have the responsibility to consult with the instructor.

"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 my family and I, including any minor children, are fully capable of participating in the activities."

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Parent or legal guardian must sign for all persons under 18 years of age)