

Paulding County 4-H Camp Registration - 2019

Return to: OSU Extension, 503 Fairground Drive Suite A, Paulding, OH 45879

4-H Camp Date: Tuesday, July 9 (3:00 pm) through Saturday, July 13 (10:30 am)

Age Guidelines: Must have completed the 3rd grade through completion of 9th grade

Registration Deadline: June 20th at 4:30 pm

Late Fee: Late fee of \$25 applied to registrations received after June 20th.

Name: _____ Phone: _____
(name as it would appear on nametag)

Mailing Address _____

Birthdate: _____ Current Age: _____ Boy _____ Girl _____

Grade Completed: _____ Race: _____

Are you in 4-H? _____ If yes, name of club _____

Special Needs: _____

Cabin Assignment:

Full name of camper(s) you would like in your cabin. Call the Extension Office if you do not know someone your age attending 4-H Camp. While efforts will be made to fulfill requests, no guarantees can be made.

Summer Ball Leagues

Taking campers out of camp for a ballgame *has proven to be very disruptive for both the camper and the overall camp program.* Campers will not be permitted to leave camp for any type of sport activity.

Cell Phone Policy Release

Campers are not allowed to bring cell phones or any other electronic devices to camp. If a camper brings a cell phone or any other electronic device, it will be held by the Camp Director until the end of camp.

I understand that I am not to bring a cell phone/electronic devices to camp.

Signature of 4-Her: _____ Date: _____

Camper Release Form

The 4-H Camp Palmer policy states that we must check every camper out of camp to ensure your child/children is going home with the appropriate person. Please complete the information below to inform us of who will be picking up your child/children from camp. If changes occur, you must notify us as soon as possible either at the Extension Office or at 4-H Camp Palmer. We will not release your child to anyone other than the person listed below unless notified of a change.

I authorize the following to pick up my child/children from 4-H Camp Palmer.

Name: _____

Phone: _____

Signature of Parent or Guardian: _____

CAMP FEES: Please make check payable to: OSU Extension, Paulding County

4-H Member Fee	Received by June 20th	\$185	
Non 4-H Member Fee	Received by June 20th	\$205	
Late Fee	Add for registrations received after June 20th	+ \$25	
High Ropes Course	Must be 12 yrs and at least 4' 10" tall **Space is limited to first 15 applicants**	+ \$25	
Rifle Shooting	Must be at least 9 yrs old. Will be shooting .22 caliber rifles. **Space is limited to first 12 applicants**	+ \$20	
Camp Photo Slide Show CD	Will be mailed after camp	+ \$5	
I would like to make a contribution to the 4-H Camp Palmer new pool fund.		+ \$	
Sibling Discount	Deduct \$10 for each additional child from the same family/address. The first child will pay regular cost.	- \$10	
		Total Due	

****Please see next page to sign up for Optional Sessions****

Camper Name: _____ Age: _____

Optional Session Sign-Up

Below is a list of optional sessions that all campers will be able to choose from to further their excitement and learning at 4-H Camp. During Optional Session Day, campers will be able to attend two 1-hour sessions or one 2-hour session. Please use numbers to rank **each** session **separately** in order of preference (with 1 being first choice, 2 being second choice, and so on). While we do our best to accommodate everyone's wishes, it may be impossible for your camper to participate in the sessions that they have chosen. If we are not able to schedule your camper as requested, you will be notified at check-in and all sessions with available slots will be given to you to choose from.

Please rank your top 5 choices for Session 1

- _____ Canoe to lake and swim – **2 Hour Session**. Campers will canoe to the beach at Harrison Lake State Park and swim.
- _____ Outdoor Cooking – **2 Hour Session**. Campers will learn how to cook over an open fire make items similar to things like Hobo Packs and Campfire desserts.
- _____ Shooting Sports – **2 Hour Session**. Campers will work with the Paulding County Shooting Sports Rifle certified instructor and shoot .22 caliber rifles at targets. This session will require an additional \$20 payment and must be selected on the front of the registration form. The session is limited to the first 12 youth who sign up and youth must be at least 9 years old to participate in this session.
- _____ Cardboard Boats – **2 Hour Session**. Campers will work in teams to create boats out of cardboard that they will test in the Camp Palmer swimming pool.
- _____ Team Building – **2 Hour Session**. Campers will work together to complete various team building activities throughout camp.
- _____ Drones – **2 Hour Session**. Campers will learn about drones and drone technology as well as how drones are being used to solve real world problems.
- _____ Atlatl – Campers will throw Atlatl (6ft. arrows), Tomahawks, and Ninja Stars at targets during this session.
- _____ Crafts: Campers will create a craft with one of our Adult Volunteers that they will be able to bring home with them at the end of camp.
- _____ Nature – Campers will explore the nature center and its animals, and/or journey on a guided nature walk of one of camps many trails.
- _____ Bottle Rockets – Campers will build two-liter bottle rockets and launch them.
- _____ Flying Squirrel – Campers will “fly” through the air in this exciting team building activity. Campers are safety harnessed and them lifted via a rope to experience weightlessness, then lowered gently back to the ground by fellow campers, counselors, and staff.

See back of this page for Session 2 selections



THE OHIO STATE UNIVERSITY
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AND ENVIRONMENTAL SCIENCES



paulding.osu.edu
CFAES provides research and related educational programs
to clientele on a nondiscriminatory basis. For more
information: go.osu.edu/cfaesdiversity.

Camper Name: _____ Age: _____

Please rank your top 4 choices for Session 2

- _____ Atlatl – Campers will throw Atlatl (6ft. arrows), Tomahawks, and Ninja Stars at targets during this session.
- _____ Creek Seining – Campers will learn about the water creatures of 4-H Camp Palmer by exploring the creeks/wetlands at camp using seining nets and discussing what they find.
- _____ Crafts: Campers will create a craft with one of our Adult Volunteers that they will be able to bring home with them at the end of camp.
- _____ Line Dancing – Campers will learn line dances to popular 4-H Camp Palmer songs.
- _____ Flying Squirrel – Campers will “fly” through the air in this exciting team building activity. Campers are safety harnessed and then lifted via a rope to experience weightlessness, then lowered gently back to the ground by fellow campers, counselors, and staff.

Ohio 4-H Health Statement

ALL SIDES of this form MUST be completed for each participant. Minors must have the form completed and signed by a parent/guardian. This information will be kept confidential and used only for the welfare of the participant. PRINT neatly using blue or black ink.

REQUIRED!
Attach
Picture
 (for I.D.
 purposes only)

Participant/Member Information:

Name: _____			
(Last)	(First)	(Middle)	
Address: _____			
(Street)	(City)	(State)	(Zip)
Home Phone: _____		County: _____	
Date of Birth: _____		Male/ Female	Age (today): _____

Emergency Contact Information:

Parent/Guardian Name: _____	Parent/Guardian Cell Phone: _____
Other Contact/Relationship: _____	Other Cell Phone: _____
Other Contact/Relationship: _____	Other Cell Phone: _____
Physician: _____	Physician Phone: _____
Dentist: _____	Dentist Phone: _____

Health History:

Communicable Diseases:

Provide the date (approximate is acceptable) at which participant has had or was exposed to:

Chicken Pox _____ Measles _____ Whooping Cough _____
 Tuberculosis _____ Mumps _____ Other Communicable Diseases _____

Immunization/Vaccine Record:

To the best of knowledge, the participant is up-to-date on all immunizations which may include, but is not limited to: Diphtheria/Pertussis (Whooping Cough-TDAP), Polio, Measles/Rubella/Mumps (MMR), Haemophilus Influenza (HIB), Varicella (Chickenpox) that are required for school.

The participant has received a Tetanus Booster. Date of last booster: _____

If the participant is not current or up-to-date with immunizations, please complete the Ohio 4-H Immunization Exemption Form.

Medical Instructions: Medications/Allergies, Current/Past Medical Conditions:

Current Medications (Prescribed and Over-The-Counter, Current or Past Medical Treatment):
 (please list additional medications or needs on a separate sheet)

Name of Medication:	Dosage:	Frequency/Instructions:



Check below if the participant is subject to any of the following conditions:

<input type="checkbox"/> Asthma Controlled? yes/no	<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Cramps	<input type="checkbox"/> Fainting	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Seizures	<input type="checkbox"/> Sore Throat
<input type="checkbox"/> Athlete's Foot	<input type="checkbox"/> Constipation	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Home Sickness	<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Other?
<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Headaches	<input type="checkbox"/> Kidney Trouble	<input type="checkbox"/> Sleep Walking	

Allergies:

If none, please write NONE here: _____

Food allergies: _____

Medication allergies: _____

Serious Ivy, Oak or Sumac Poisoning: What is the prescribed treatment? _____

Serious bee or insect sting reactions: What is the prescribed treatment? _____

NOTE: If participant's allergy may require use of an "EPI-PEN", then the participant must provide the "Epi-Pen(s)" and discuss possible administration with health care professional upon arrival to camp.

Accommodations for Camp:

Please tell us about the accommodations your child may need at 4-H camp:

- I will be bringing medications to camp (please describe whether they require refrigeration or special storage below).
- I have dietary restrictions (describe below).
- I have limited mobility (e.g. crutches, cane, etc.).
- I have ADHD or a related attention deficit disorder; a visual, hearing, cognitive processing, reading, or a speech impairment. (describe any needs you anticipate at camp and the accommodations you typically receive at school and home below).
- I require the use of medical equipment that needs electricity (describe below).
- I require other accommodations not listed above (describe below).
- I do NOT require any special accommodations (none of the above apply to me).

Description of any past or current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp: _____

Description of any camp activities from which my child should be exempted for health reasons: _____

Instructions for Medications:

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. Other prescription drugs will not be accepted. Only bring the amount needed for your stay at camp.

If you need regular over-the-counter medications, they must be in the original container. Like prescription medications, these medications must be given to the nurse/health director.

All medications will be given as directed on the original package/container. If there are any dosage adjustments, you must bring signed documentation from your physician.

Check medication(s) that participant may receive if deemed necessary and administered by a health professional. Examples of brand names are given in parentheses. Generic or other name brands may be provided:

<input type="checkbox"/> Acetaminophen (ex: Tylenol)	<input type="checkbox"/> Antibiotic Ointment (ex: Neosporin)	<input type="checkbox"/> Dramamine	<input type="checkbox"/> Poison Ivy Medicine (ex: Calamine Lotion)
<input type="checkbox"/> Aloe Lotion	<input type="checkbox"/> Cough Syrup/Drops	<input type="checkbox"/> Ibuprofen (ex: Advil, Motrin)	<input type="checkbox"/> Sore Throat Medicine
<input type="checkbox"/> Antacids (ex: Maalox, Tums)	<input type="checkbox"/> Decongestant (ex: Sudafed)	<input type="checkbox"/> Insect Repellent	<input type="checkbox"/> Sun Screen
<input type="checkbox"/> Antihistamine (ex: Benadryl, Claritin)	<input type="checkbox"/> Diarrhea Medication (ex: Imodium)	<input type="checkbox"/> Laxative (ex: Milk of Magnesia)	<input type="checkbox"/> Swimmer's Ear Medicine
<input type="checkbox"/> Antiseptics			

Emergency Medical and Informed Consent/Camp/Program Release

I understand that my child, _____ will be a participant in the Ohio 4-H program and I grant permission for him/her to participate in this program and associated activities with the exception of any restricted activities that I have listed below.

I understand that my child is not required to participate in this program, but grant my permission for him/her to do so, despite the potential risks. I recognize that by participating in this program, as with any physical activity, my child may risk personal injury, paralysis and/or death. I understand program participants will be supervised and acknowledge that the 4-H staff and volunteers, OSUE, The Ohio State University, and the 4-H Camp Site are not responsible for any potential injury or illness resulting from my child's participation. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved and that I assume any expense that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

I understand that most program activities are conducted outdoors and that wearing proper dress (e.g., rain gear, warm clothing) is an essential part of the camp safety rules and procedures. I am aware of and have discussed with my child the established safety rules and procedures.

In the case of serious illness or injury of my child, I understand that I will be notified. If I cannot be contacted, unless otherwise specified below, I grant permission to the attending medical professional to secure proper treatment, hospitalize, and/or take any other action deemed necessary for the immediate care of my child.

In consideration of the opportunity for my child to participate in this program, I, acting for my child, myself and our respective heirs, executors, administrators and assigns, agree to assume any and all risks associated with this activity and do hereby release, indemnify and hold harmless The Ohio State University, its Board of Trustees, OSUE, the Ohio 4-H program, the 4-H camping facility, and their respective officers, agents, and employees from any and all liability, damage, and/or claim of any nature resulting from or arising out of my child's participation in this program and its activities.

Restricted activities and/or special notification instructions: _____

Photo and Video Release

I give permission to The Ohio State University, OSUE, the Ohio 4-H program, and the 4-H camping facility to record and edit into video and/or photographs the likeness, voice, image and video images of my child, _____, and to use all or parts of the video or photographs in print or electronic materials for The Ohio State University, OSUE, the Ohio 4-H program, and 4-H camping facility to promote any and all public awareness for the program(s) in which my child is involved.

_____	_____	_____
Parent/Guardian Printed Name	Parent/Guardian Signature	Date

Check here if you wish to be contacted immediately if your child becomes homesick while at camp.