Join us for
Guernsey County 4-H Camp
for 4-H and Non-4-H Youth
Age 8 and 3rd Grade through Age 13 as of January 1, 2017
June 18-21, 2017
4-H Camp Piedmont

REGISTRATION DEADLINE IS 4:30 P.M. ON JUNE 5, 2017.
Registration materials available at go.osu.edu/guernsey4hcamp
Return all completed 4-H Camp Registration Materials, including payment, to:

OSU Extension, Guernsey County
PO Box 300, 335-B Old National Road
Old Washington, OH 43768
Phone: 740-489-5300

THE OHIO STATE UNIVERSITY
COLLEGE OF FOOD, AGRICULTURAL, AND ENVIRONMENTAL SCIENCES

guernsey.osu.edu
Cost:
★ Cost to attend for 4-H youth = $120.00. Non-4-H youth = $125.00. (Payment is due with Registration materials on June 5th.)

★ Additional optional fees include:
  - Picture - $7.00 (8x10/color/group photo)
  - 4-H Lamp - $10.00 (make a working lamp - wooden 4-leaf clover base/pop can middle/lamp shade)

★ Youth may qualify for reduced fee based on family size and income. (See 4-H Camp Scholarship Form)

★ Camp Sponsors are: 4-H Council, Beaver Hills Garden Club, Detroit Diesel, First United Methodist Church, and Kyle & Jessica Cunningham

4-H Camp Activities:
★ Campers & Counselors stay in cabins and eat in a modern dining hall.
★ Campers select daily activities from a wide variety of offerings like:

<table>
<thead>
<tr>
<th>Swimming</th>
<th>Recreation</th>
<th>Crafts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Archery</td>
<td>Sports</td>
<td>Nature</td>
</tr>
<tr>
<td>Fishing</td>
<td>Hiking</td>
<td>Canoeing &amp; Kayaking</td>
</tr>
</tbody>
</table>

★ Camp-wide program activities include:

<table>
<thead>
<tr>
<th>Campfire</th>
<th>Camp Songs</th>
<th>Tribe Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evening Recreation</td>
<td>Outdoor Olympics</td>
<td>Water Olympics</td>
</tr>
<tr>
<td>Awards Program</td>
<td>Mr. Puppet—Ventriloquist</td>
<td>Candle Lighting</td>
</tr>
</tbody>
</table>

★ Campers are divided into "tribes". Tribes have daily competitions to accumulate points. Winning tribe is announced on the final day.
★ Daily citizenship programs are conducted with campers at flag raising and lowering ceremonies.

Program highlights include:
★ Hawaiian Campfire program the last night
★ Special meals — Cookout in Tribes
★ Evening programs - Mr. Puppet—Ventriloquist

Staff:
★ 4-H Teen Camp Counselors receive at least 12 hours of training.
★ Adult staff include Camp Director, full-time RN, and adult male and female staff from Guernsey County.
★ Camp Piedmont staff includes a manager, maintenance personnel, cooks and lifeguards.
4-H Camp Registration/FEES

ONE FORM PER CHILD
PLEASE PRINT

CAMPER NAME______________________________________ BIRTHDATE _______ AGE (as of 1/1/17) _______ MALE ______

ADDRESS____________________________________________________ CITY_________________________ ZIP _________

SCHOOL and/or CLUB (if in 4-H)_____________________________GRADE (as of 1/1/17) _______ HOME PHONE_____

PARENT E-MAIL ADDRESS __________________________ PARENT CELL PHONE __________________

(used to send camper registration confirmation & final camp announcements)

T-shirt size: (please circle) YM = 10-12, YL = 14-16, AS, AM, AL, AXL

CABIN REQUESTS: 1.____________________________________ 2.____________________________________

(Limit your request to 2 other campers. We will do our best to honor your request. Cabins are assigned by age group, so your requests should be close to your age.)

X ___________________________________________ X ___________________________________________

Parent or Guardian Signature Date

4-H Camp Fees:

☐ $120.00 - 4-H member camp fee
☐ $125.00 - non-4-H member camp fee
☐ $70.00 - 4-H member scholarship fee (see form on back)**
☐ $75.00 - Non-4-H member scholarship fee (see form on back)**

Optional:

☐ $7.00 - 4-H Camp Picture (8x10, color group picture)
☐ $10.00 - 4-H Lamp

$ ______________ TOTAL ENCLOSED

The following registration materials must be completed and returned with this registration form by 4:30 p.m. on June 5, 2017:

☐ 4-H Camp Registration
☐ Ohio 4-H Health Statement
☐ Emergency Medical & Informed Consent/Camp Program Release/Photo & Video Release
☐ Standards of Behavior
☐ Search & Seizure Policy
☐ 4-H Camp Cell Phone Policy

Make checks payable to: OSU Extension, Guernsey County

Return all 4-H Camp Registration Materials by 4:30 p.m. on Monday, June 5 to: OSU Extension, Guernsey County, PO Box 300, 335-B Old National Road, Old Washington, Ohio 43768.
**4-H CAMP SCHOLARSHIP FORM**

Please fill out this section if you would like to be considered for a 4-H Camp Scholarship, enclose your $70.00 (4-H)/$75.00 (non-4-H), and return with your 4-H Camp Registration Form.

Limited number of scholarships are available & will be awarded on a first come, first serve basis.

**NAME OF CAMPER_____________________________________________________________________________**

In order for campers to participate in the special rate available for 4-H Camp, your family must fall within the Income Eligibility Guidelines listed below. If you have more than one camper in your family, a scholarship form must be completed for each camper. This information is confidential and will be used only by OSU Extension staff. If your family does not fall within the income guidelines, the full camper fee of $120.00 (4-H), $125.00 (non 4-H) must be paid.

*Applicants are required to supply a copy of your family’s Federal Income Tax return for 2016. If parents are married filing separate, we need to have BOTH returns to receive discount.*

**INCOME ELIGIBILITY GUIDELINES***

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Yearly Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$15,444</td>
</tr>
<tr>
<td>2</td>
<td>$20,832</td>
</tr>
<tr>
<td>3</td>
<td>$26,208</td>
</tr>
<tr>
<td>4</td>
<td>$31,596</td>
</tr>
<tr>
<td>5</td>
<td>$36,972</td>
</tr>
<tr>
<td>6</td>
<td>$42,360</td>
</tr>
<tr>
<td>7</td>
<td>$47,760</td>
</tr>
<tr>
<td>8</td>
<td>$53,160</td>
</tr>
</tbody>
</table>

* Based on 130% Federal Poverty Level provided by Guernsey County Department of Job & Family Services.

__________Enclosed is $70.00 (4-H member). Our family meets the income guidelines as stated above for the 4-H Camp Scholarship.

__________Enclosed is $75.00 (non-4-H member). Our family meets the income guidelines as stated above for the 4-H Camp Scholarship.

_________________________________________  ___________________________________
Parent or Guardian Signature                  Date

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OHIO STATE UNIVERSITY EXTENSION

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THE OHIO STATE UNIVERSITY

COLLEGE OF FOOD, AGRICULTURAL, AND ENVIRONMENTAL SCIENCES

guernsey.osu.edu
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.

Participant/Member Information:

Name: ____________________________
(First) (Middle) (Last)
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: ____________________________

__________________________
Name of Medication: ____________________________
Dosage: ____________________________
Frequency/Instructions: ____________________________

__________________________
Name of Medication: ____________________________
Dosage: ____________________________
Frequency/Instructions: ____________________________
Check below if the participant is subject to any of the following conditions:

- Asthma
- Controlled? yes/no
- Bronchitis
- Cramps
- Fainting
- Heart Trouble
- Seizures
- Sore Throat
- Athlete's Foot
- Constipation
- Diarrhea
- Frequent Colds
- Home Sickness
- Sinusitis
- Other?
- Bed Wetting
- Convulsions
- Ear Infections
- Headaches
- Kidney Trouble
- 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:

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Brand Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetaminophen (ex: Tylenol)</td>
<td>Antacid Ointment (ex: Neosporin)</td>
</tr>
<tr>
<td>Aloe Lotion</td>
<td>Cough Syrup/Drops</td>
</tr>
<tr>
<td>Antacids (ex: Maalox, Tums)</td>
<td>Decongestant (ex: Sudafed)</td>
</tr>
<tr>
<td>Antihistamine (ex: Benadryl, Claritin)</td>
<td>Diarrhea Medication (ex: Imodium)</td>
</tr>
<tr>
<td>Antiseptics</td>
<td></td>
</tr>
<tr>
<td>Poison Ivy Medicine (ex: Calamine Lotion)</td>
<td></td>
</tr>
<tr>
<td>Sore Throat Medicine</td>
<td></td>
</tr>
<tr>
<td>Sun Screen</td>
<td></td>
</tr>
<tr>
<td>Swimmer’s Ear Medicine</td>
<td></td>
</tr>
</tbody>
</table>
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 Iassume 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

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{00255577-2}  Blor, K., Epley, H.K. Updated 8/2016
Activities and Programs with Minor Participants
Office of Human Resources – Policy 1.50
Standards of Behavior for Minor Participants

Standards of Behavior for Minor Participants Participating in Activities and Programs with Minor Participants

Minors participating in activities and programs with minor participants sponsored by Ohio State are required to conduct themselves according to the following standards of behavior. These standards operate in conjunction with the guidelines and regulations of the specific activity or program.

Minor participation expectations:
• Be responsible for own behavior and uphold high standards for the group and accept consequences for inappropriate behavior
• Support and abide by the group’s designated leader
• Practice good citizenship, leadership and self-control
• Follow the direction of activity or program staff and/or leaders
• Demonstrate positive sportsmanship and attitudes at all times which is becoming of a leader
• Show respect to others, be courteous and respectful
• Use appropriate language at all times

The following behaviors and actions are not permitted at The Ohio State University in activities or programs with minor participants:
• Unsportsmanlike conduct, unethical, immoral conduct
• Improper language, e.g., profanity
• Possession or consumption of alcohol and illegal drugs, including the use of tobacco by a minor
• Possession or use of harmful objects with the intent to harm or intimidate others, e.g., weapons, fireworks
• Boys in girls’ rooms/restrooms and vice versa
• Destruction of property
• Violation of established curfew, when applicable
• Disrespect of adults, other participants, volunteers, staff and/or those in leadership positions
• Belittling others/putting others down and being disrespectful of individuals’ differences
• Aggressive physical behavior, e.g., fighting
• Taking property that belongs to others
• Other conduct determined to be inappropriate for youth development by the event chair or designated Ohio State faculty/staff

Violations of the standards of behavior will be handled as follows:
1. If a chaperone is present for the minor involved in the violation, this person will be made aware of the violation.
2. The parents will be notified of the incident and actions taken. When necessary, arrangements will be made to remove the minor from the activity or program.
3. The minor can/may be barred from participating in future Ohio State activities and programs with minor participants.
4. When warranted (e.g., violation of law) the situation may be turned over to the appropriate law enforcement authority.

I, __________________________, as a participant in an activity or program with minor participants, __________________________, have read these standards of behavior and agree to accept and follow them. I also accept the consequences for my actions if I choose not to follow the standards of behavior.

_Minor signature_________________________ Date_________________________

I, we__________________________ have read the standards of behavior and support my minor’s participation in the activity/program.

_Parent/guardian signature_________________________ Date_________________________

The Ohio State University – Office of Human Resources hr.osu.edu
Policy 1.50 Activities and Programs with Minor Participants – Standards-Minors
Revised 11/21/14
PROHIBITED ITEMS

Prohibited items at Ohio 4-H camps
Ohio 4-H places priority on taking necessary and reasonable actions to safeguard the overall safety and well-being of all program participants. Prohibited items that are never allowed at any Ohio 4-H program where minor participants are present include alcohol, tobacco products in any form, illegal drugs, pornography, discriminatory iconography and/or messaging, and weapons not included in an approved 4-H shooting sports program.

Additionally, youth participants (campers and counselors) may not possess cell phones during 4-H camp. Camp Program Directors will determine consequences for possessing a cell phone. The State 4-H Office recommends a zero tolerance approach: If an individual is found with a prohibited item, they will be sent home at the family's expense.

SEARCHING BELONGINGS

Guidelines for Searching the Belongings of Participants
If there is reasonable suspicion that a violation of the program’s prohibited items policies has occurred or other rules have been broken, a search may be conducted. The following steps will be taken:

• Searches will be conducted by at least two trusted individuals, in the presence of the participant whose belongings are being searched, and preferably in a private setting, unless there is imminent danger or circumstances that require immediate action.
• Searches may include a participant’s luggage, bags, backpacks, knapsack, trunk, locker, bedding, dresser drawers, and personal effects including toiletries.
• When timing and circumstances allow, the participant’s parent or guardian will be notified prior to conducting the search. In situations when this is not possible, either due to timing, lack of communications coverage, or lack of response, notification will be made as soon as possible.
• If an illegal item is discovered (e.g., alcohol), it will be confiscated and retained in a secure place, and the appropriate authorities will be contacted for further action.
• If a prohibited item is discovered, it is confiscated and retained in a secure place. Prohibited items may be returned to the parent/guardian when they arrive to pick-up their participant.

I have read the above prohibited items and searching belongings policy and acknowledge that I understand the policy and agree to accept it and the consequences that may come from bringing prohibited items or failing to agree to a belongings search.

_________________________________________________  _________________
Camper Signature  Date

_________________________________________________  _________________
Parent/Guardian Signature  Date
FOSTERING INDEPENDENCE:
When campers have cell phones at camp, this can cause trust issues. When children come to camp, you are temporarily transferring their primary care from you as their parent to the camp staff. This is one of the growth-producing, yet challenging aspects of camp. As children learn to trust other caring adults, they grow and learn, little by little, to solve some of their own challenges. We believe this emerging independence is one of the greatest benefits of camp. It is one important way your child develops greater resilience and develops self-confidence – important life skills. When campers feel they must have the ability to call home, this essentially means they have not made this transition.

We can assure you that if your child is experiencing a challenge in their adjustment to camp, the 4-H educator will contact you. If your child expresses concern about being away from you, you can help by sharing with them that there is always someone at camp available to help them. They will have access to trusted activity leaders, cabin counselors, camp directors and the medical staff.

We respectfully ask you to consider that if you send a cell phone to camp with your camper “in case they need you”, you are essentially communicating to your child that you as a parent have not truly come to peace with the notion of them being away from you and that you have reservations regarding our ability to care for your child. If you don’t trust us, your children certainly won’t.

VALUABLES:
Cell phones are expensive and can get lost or stolen. In addition, the physical camp environment is not kind to such items.

HIDING CELL PHONES:
We appreciate that most families will honor our request and support our reasoning for not bringing cell phones to camp. We also recognize that some families may feel that hiding a cell phone in camper luggage is OK because their child won’t get homesick or won’t abuse the opportunity. Why we ask for your support: if your child brings a cell phone and passes the phone to another child to use, it can have and has had a negative effect on the camp experience of the other child and their family. We ask that you are considerate of ALL camp children and respect other families as they help foster their child’s independence.

TEXTING:
We also understand that for many teens, and increasing numbers of younger children, texting is a favored means of communication. We certainly are not against this form of communication outside of camp. At camp, however, another goal of the camp experience is to connect with other people face to face and nurture the art of interpersonal communication. Texting friends outside of camp, during the camp session, impedes the ability of campers’ freedom to truly benefit from this special aspect of camp and the process of building these new friendships. By leaving the cell phones at home, this does not become an issue.

COUNSELOR CELL PHONES: Counselor cell phones will be collected at the beginning of camp.
Cell Phone Policy Agreement Form

- Campers are not allowed to bring cell phones to camp.
- If a cell phone is brought with a camper it will be held by the Camp Director until the end of camp.

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

Print Name of 4-Her: ___________________________________________  Date: __________

Signature of 4-Her: ___________________________________________

In this technology age it is difficult for youth to not be in contact via cell phone. Camp is a unique environment. We are trying to help youth develop life skills at camp including independence and self-reliance. Oftentimes homesickness, which is a normal part of a week at camp, can be worsened by talking to mom and dad. We respect and appreciate the wonderful relationship youth and families have, but if our campers are to enjoy camp fully they must to able to develop this independence. If there is an emergency or we are concerned about the youth’s well-being, parents will be contacted.

I have read the above cell phone policy and agree to the guidelines stated, including that the cell phone will be taken to be returned at the conclusion of Camp if the policy is violated. I understand that if there is an emergency I may contact the camp at the phone numbers listed in the camp packet.

__________________________________________  __________________________
(Signature of Parent)  (Date)

Adopted by Eastern Ohio Extension Camps, Inc. Board of Directors in March 2012.