Who: Youth age 8 and in the 3rd Grade or 9 years old, regardless of grade, through age 13 as of January 1, 2022. Youth may be 4-H or non-4-H members!

What: Guernsey County 4-H Camp…join us as we celebrate the fun of movies!

When: June 22-25, 2022

Where: 4-H Camp Piedmont is located on Piedmont Lake in Belmont County.

HOW to REGISTER: Bring completed camp registration packet and camp payment to:

OSU Extension, Guernsey County
PO Box 300, 335-B Old National Road
Old Washington, OH  43768

Space is limited, so camping spots will be filled on a first come, first serve basis for both the boy and girl camper lists.

Registration materials are available at http://go.osu.edu/guernsey4hcamp

REGISTRATION DEADLINE IS 4:30 P.M. ON JUNE 1, 2022.

QUESTIONS: Contact the Extension Office at 740-489-5300.
4-H Camp 2022 Registration Form

**ONE FORM PER CHILD**

**PLEASE PRINT**

**CAMPER NAME**________________________**BIRTHDATE** ________________**AGE (as of 1/1/22)**____

**ADDRESS**____________________________________________________**CITY**_____________________**ZIP** _________

**CLUB OR SCHOOL, if NOT in 4-H**

________________________________________________________________________

**GRADE** (as of 1/1/22) ______ **HOME PHONE**_____________________________ **CHECK ONE: ____FEMALE ____ MALE**

**PARENT E-MAIL ADDRESS**

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

**PARENT CELL PHONE**_____________________

**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**:

☐ $150.00 - 4-H member camp fee

☐ $160.00 - Non-4-H member camp fee

☐ $90.00 - 4-H member scholarship fee

(Application is available online and due June 1)

Optional:

☐ $15.00 - 4-H Lamp (information on back of this page)

$ __________ TOTAL ENCLOSED

Make checks payable to:
OSU Extension, Guernsey County

The following registration materials must be completed and returned by **4:30 p.m. on June 1st** to the OSU Extension Guernsey County Office. **Space is limited, so camping spots will be filled on a first come, first serve basis.**

☐ 4-H Camp Registration

☐ Ohio 4-H Health Statement **(Picture Required!!)**

☐ Emergency Medical & Informed Consent/ Camp Program Release/Photo & Video Release

☐ Standards of Behavior

☐ Prohibited Items & Searching Belongings

☐ 4-H Camp COVID-19 Acknowledgement

Spaces filled first come, first serve!

Return all 4-H Camp Registration Materials to:
OSU Extension Guernsey County
335B Old National Road,
Old Washington, Ohio 43768
Open 8:00 a.m. - 4:30 p.m. (Monday - Friday)

**For Office Use Only**

Amount paid $__________ Cash ________ Check Number __________ Received By ________ Date __________
COST:
★ Cost to attend for 4-H member = $150.00.  Non-4-H member = $160.00.  Cost includes a camp photo and tie-dye shirt.  Payment in full is due with Camp Registration Materials.  No late registrations will be taken!
★ Additional optional fee includes:
  • 4-H Lamp - $15.00 (make a working lamp - wooden 4-leaf clover base/pop can middle/lamp shade with Guernsey Muskingum Electric Cooperative)
★ Current 4-H members may qualify for reduced fee based on financial need (See 4-H Camp Scholarship Form at http://go.osu.edu/gc4hcampscholarship.
★ Camp Sponsors are: Kyle & Jessica Cunningham, 4-H Council, and Detroit Diesel.
★ Refund Policy:  Full camp payment refund may be granted through June 10th.  50% refund may be granted through June 17th.  Special refunds may be granted for medical reasons past these dates.

PROGRAM HIGHLIGHTS INCLUDE:
★ Campers & Counselors stay in cabins and eat in a modern dining hall.
★ Campers select activities from a wide variety of offerings for camp sessions.
★ Camp-wide program activities may include:
  • Campfire  • Camp Songs  • Evening Recreation
  • Outdoor Olympics  • Tribe Activities  • Water Olympics
★ 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.
★ Campfire program the last night
★ Special meals - Cookout in Tribes

STAFF:
★ Adult staff include: Camp Director, Assistant Camp Director, Camp Nurse, and adult male and female staff from Guernsey County.
★ 4-H Teen Camp Counselors receive a minimum of 18 hours of training.
★ Camp Piedmont staff includes a manager, maintenance personnel, cooks and lifeguards.

4-H CAMP SESSIONS:
Each camper will get to participate in two extra classes on Day 3 of camp.  Please rank your top four choices 1-4 and every effort will be made to place youth in their top choices.

_____ Crafting  _____ Lamps ($15.00)  _____ Stand Up Paddle Board
_____ Fishing  _____ Octoball/Side Walk Chalk  _____ Table Top Games
(.life size version)
_____ Kayaking  _____ Outdoor Cooking
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:

<table>
<thead>
<tr>
<th>Name:</th>
<th>(Last)</th>
<th>(First)</th>
<th>(Middle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>(Street)</td>
<td>(City)</td>
<td>(State)</td>
</tr>
<tr>
<td>Home Phone:</td>
<td></td>
<td>County:</td>
<td></td>
</tr>
<tr>
<td>Date of Birth:</td>
<td></td>
<td>Male/ Female</td>
<td>Age (today):</td>
</tr>
</tbody>
</table>

Emergency Contact Information:

<table>
<thead>
<tr>
<th>Parent/Guardian Name:</th>
<th>Cell Phone:</th>
<th>Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Contact/Relationship:</td>
<td>Cell Phone:</td>
<td>Email:</td>
</tr>
<tr>
<td>Other Contact/Relationship:</td>
<td>Cell Phone:</td>
<td>Email:</td>
</tr>
<tr>
<td>Physician:</td>
<td>Phone:</td>
<td></td>
</tr>
<tr>
<td>Dentist:</td>
<td>Phone:</td>
<td></td>
</tr>
</tbody>
</table>

Health History:

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

<table>
<thead>
<tr>
<th>Chicken Pox</th>
<th>Measles</th>
<th>Whooping Cough</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuberculosis</td>
<td>Mumps</td>
<td>Other Communicable Diseases</td>
</tr>
</tbody>
</table>

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.

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.

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)

<table>
<thead>
<tr>
<th>Name of Medication:</th>
<th>Dosage:</th>
<th>Frequency/Instructions:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Check below if the participant is subject to any of the following conditions:

- Asthma
- 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.

Check below if the participant displays any of the following behaviors:

- Abusive to Others
- Easily Distracted
- Manipulative
- Self Abusive
- Withdrawn/Shy
- Bites
- Hyperactive
- Mood Swings
- Severe Fears (Please comment) ______________________________
- Behavior Plan in Place (please attach a copy or description)
- Easily Discouraged
- Inappropriate Language
- Runs Away
- Short Attention Span
- Other? ______________________________

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: ______________________________

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:

- Acetaminophen (ex: Tylenol)
- Antibiotic Ointment (ex: Neosporin)
- Dramamine
- Poison Ivy Medicine (ex: Calamine Lotion)
- Aloe Lotion
- Cough Syrup/Drops
- Ibuprofen (ex: Advil, Motrin)
- Sore Throat Medicine
- Antacids (ex: Maalox, Tums)
- Decongestant (ex: Sudafed)
- Insect Repellent
- Sun Screen
- Antihistamine (ex: Benadryl, Claritin)
- Diarrhea Medication (ex: Imodium)
- Laxative (ex: Milk of Magnesia)
- Swimmer’s Ear Medicine
- 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 must follow the Ohio 4-H Code of Conduct; consequences for Code of Conduct violations may result in my child being sent home at the sole discretion of OSU Extension at my expense.

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
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, uphold high standards for self and accept consequences for inappropriate behavior
• Practice good citizenship, leadership and self-control
• Show respect to others, be courteous and respectful
• Use appropriate language at all times
• Be supervised by activity/program personnel at all times in which privacy would not be expected (restrooms, overnight stays, etc)

The following behaviors and actions are not permitted at The Ohio State University in activities or programs with minor participants:

• Actions that bully, tease, dominate, or display sexualized behavior toward others
• Disrespect of others, unsportsmanlike, 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
• Being in spaces in which you are not permitted to be (including but not limited to unsupervised spaces, another’s room, etc)
• Destruction or theft of property
• Violation of rules, including established curfew, when applicable
• Other conduct determined to be inappropriate for youth development

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.

Staff/volunteer expectations:

• Will not have private contact with minors, including electronically
• Refrain from any criminal conduct
• Endeavor to provide a safe and healthy experience for all participants
• Report any child abuse or neglect in accordance with university policy

If you suspect or know that a staff member or volunteer is not acting in accordance to these expectations, please contact the activity or program director immediately. Additional information can be found at: go.osu.edu/protectionofminors

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

________________________________________________________________________________________

Parent/guardian signature Date
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
Ohio 4-H Camp COVID-19 Acknowledgement

I will not send my child to camp if they, or any member in their household, have tested positive for COVID-19 or in the past 14 days have experienced any of the following COVID-19 symptoms:

- Congestion or runny nose
- Cough
- Diarrhea
- Fatigue
- Fever or chills
- Headache
- Muscle or body aches
- Nausea or vomiting
- New loss of smell or taste
- Sore throat
- Shortness of breath or difficulty breathing

I understand that camp participation is voluntary. I acknowledge the contagious nature of COVID-19 (and its variants) and voluntarily assume the risk that my child(ren) and I may be exposed to, or infected by, COVID-19 (or its variants) by attending the 4-H Camp, and that such exposure or infection may result in personal injury, illness, permanent disability and/or death. I understand that the risk of becoming exposed to, or infected by, COVID-19 (or its variants) may result from the actions, omissions, or negligence of my child(ren), myself and others, including, but not limited to, The Ohio State University, OSU Extension, 4-H camp site, and the employees, agents, representatives, volunteers and program participants and their families.

I further understand that dangers may be increased if I or my child(ren) have previously had COVID-19. Because COVID-19 is a developing disease, I understand that all of the current and future risks associated with COVID-19 are not known at this time and it is not possible to fully list every risk associated with contracting the virus. However, I am aware that COVID-19 complications while engaging in physical activity without appropriate medical clearance may lead to further injury or illness, including, but not limited to: dizziness; respiratory issues and lung damage; cardiac issues, including myocarditis (heart muscle inflammation); blood clots; general inflammation; and muscle inflammation/breakdown. I am choosing to send them to camp despite the potential risks.

As recommended by the American Academy of Pediatrics, I understand my pediatrician can advise me on whether it is safe for my child to attend camp based on his or her medical history.

I understand my child must follow all COVID-19 guidance (e.g., wearing masks, distancing, etc.). Failure to do so may result in my child being sent home from camp.

I also understand I will be required to immediately pick up my child if they experience any symptoms listed above while at camp or are exposed to COVID-19. I understand I will receive a full refund of any fees paid before the start of camp. Refunds will be prorated for the days not attended if participants need to depart due to COVID-19 symptoms.

_________________________  _________________________
Parent/Guardian Printed Name  Parent/Guardian Signature

_________________________
Child Printed Name

_________________________
Date