



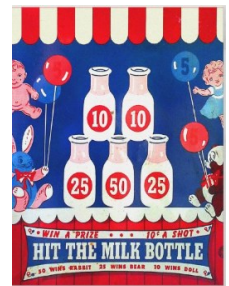
STEP RIGHT ON UP TO 4-H CAMP!

Who: Youth age 8 and in the 3rd Grade or 9 years old, regardless of grade, through age 13 as of January 1, 2024. Youth may be 4-H or non-4-H members!

What: Guernsey County 4-H Camp...join us as we have fun at the carnival!

When: June 17-20, 2024

Where: Friendly Hills Camp located in Muskingum County, 5880 Friendly Hills Rd, Zanesville, OH 43701.



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>

4-H Camp Scholarship Application:

<http://go.osu.edu/gc4hcampscholarship>



REGISTRATION DEADLINE IS 4:30 P.M. ON MAY 22, 2024.

QUESTIONS: Contact the Extension Office at 740-489-5300.



4-H Camp 2024 Registration Form

ONE FORM PER CHILD
PLEASE PRINT

CAMPER NAME _____ BIRTHDATE _____ AGE (as of 1/1/24) _____

ADDRESS _____ CITY _____ ZIP _____

CLUB OR SCHOOL, if NOT in 4-H _____

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

GRADE (as of 1/1/24) _____ HOME PHONE _____ CHECK ONE: ___ FEMALE ___ MALE

PARENT E-MAIL ADDRESS _____ PARENT CELL PHONE _____
(used to send camper registration confirmation & final camp announcements)

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 _____
Parent or Guardian Signature

X _____
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
(Online application is due May 20th)

Optional:

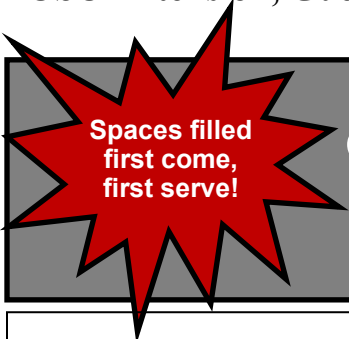
- \$15.00 - 4-H Lamp *(information on back of this page)*

\$ 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 May 20th** 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
- Payment *(cash, check, or money order)*



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 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 include: Kyle & Jessica Cunningham, 4-H Council, Detroit Diesel, and TSC Clover Campaign dollars.
- ★ **Refund Policy:** Full camp payment refund may be granted through June 3rd. 50% refund may be granted through June 10th. Special refunds may be granted for medical reasons past these dates.

Program highlights include:

- ★ Campers & Counselors stay in dorms, divided into “cabins” groups, 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
- ★ All campers will have the opportunity to rotate through classes on Day 2 of camp, which may include: Archery, Bounce House, Creeking, Swimming, Tie-Dye shirts.
- ★ Campers are divided into “tribes”. Tribes have daily competitions to accumulate points. Winning tribe is announced on the final day.
- ★ Carnival games on the opening night of camp and a campfire program the last night of camp
- ★ Daily citizenship programs are conducted with campers at flag raising and lowering ceremonies
- ★ Free time: Extra opportunities to swim, play octoball, enjoy the game room (pool, ping pong, & board games), practice line dancing, or crafting
- ★ 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 20 hours of training.
- ★ Friendly Hills Camp staff includes a manager, maintenance, and cooks.

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.

_____ Crafts	_____ Fishing	_____ Lamps (\$15.00)
_____ Line Dancing	_____ Octoball	_____ Outdoor Cooking
_____ Swimming	_____ Volleyball/Horseshoes	

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: _____	Cell Phone: _____	Email: _____
Other Contact/Relationship: _____	Cell Phone: _____	Email: _____
Other Contact/Relationship: _____	Cell Phone: _____	Email: _____
Physician: _____	Phone: _____	
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.

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)

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.

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

<input type="checkbox"/> Abusive to Others	<input type="checkbox"/> Easily Distracted	<input type="checkbox"/> Manipulative	<input type="checkbox"/> Self Abusive	<input type="checkbox"/> Withdrawn/Shy
<input type="checkbox"/> Bites	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Mood Swings	<input type="checkbox"/> Severe Fears (Please comment) _____	<input type="checkbox"/> Behavior Plan in Place (please attach a copy or description)
<input type="checkbox"/> Easily Discouraged	<input type="checkbox"/> Inappropriate Language	<input type="checkbox"/> Runs Away	<input type="checkbox"/> Short Attention Span	<input type="checkbox"/> 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:

<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 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 (*attach additional documentation, if needed*): _____

Photo, Video Release, and Authorization

My child, _____ plans to participate in 4-H Camp (*insert activity*) programming through Ohio 4-H, taking place June 17-20, 2024 (*insert dates*). I acknowledge that during this programming, my child may have their image and or voice captured through photo, audio or video recording. For good and valuable consideration, the receipt of which is hereby acknowledged, I irrevocably consent to and authorize The Ohio State University, OSU Extension, Ohio 4-H, 4-H Camping Facility, and its affiliates, agents, successors and assigns ("OSU") consent to use the videotape and photographs of my child, and recordings of his/her voice, conversations, sounds, name, image and likeness, captured during and in connection with my child's participation in 4-H Camp (*insert activity*) in all types of media and for all lawful purposes.

I hereby grant all rights to OSU to use the results of such videotaping, photography and recording in perpetuity, throughout the world to: (1) reproduce, distribute, use, and display all or any portion of the Video in any manner and in any medium and for any purpose; and (2) grant others the right to reproduce, distribute, use, and display all or any portion of the Video in any manner and in any medium and for any purpose.

I further agree that OSU may use and permit others to use my child's name, voice, image, and likeness captured during this activity in any medium and in the promotion, advertising, sale, publicizing OSU and Ohio 4-H throughout the world, an unlimited number of times in perpetuity. I hereby waive any right of inspection or approval of the use of my child's voice, conversation, sounds, image and likeness. I acknowledge that OSU will rely on this grant of rights and hereby agree not to assert any claim of any nature whatsoever against anyone relating to the exercise of the rights granted hereunder.

Authorizing Signature of Parent/Legal Guardian
if participant is under 18 years of age

Date

Print Parent/Guardian Name

Print Full Name of Participant