

## Due May 1, 2020

Camp Registration is first come, first served. Sign up early!

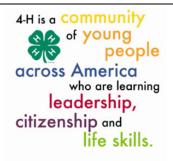
4-H Camp Dates: Location:	Wednesday, June 3 through Friday, June 5 Epworth Forest Conference Center 8531 E Epworth Forest Road, North Webster, IN 46556 4 H'ars in grades 3.6				
Eligible Campers: Cost:	4-H'ers in grades 3-6 \$160 per camper				
	Includes lodging, 7 meals, snacks, all class materials, and temporary insurance				
	Please make checks payable to:				
Name	Grade (Jan, 2020) Gender				
Address	T-Shirt Size				
City/Town	StateZipCounty				
Parent/Guardian					
Telephone	Parent Email				
*Due to develo please underst	tand while we try to honor all requests, we cannot promise all arrangements will work. opmental differences in youth, we assign campers to cabins by grade. When requesting cabin	— mate,			

### Please be sure to note any special dietary needs or accommodations needed below.

In addition to large group games, cabin activities, vespers, skits, and campfires, all campers will attend classes to gain experiences in various and diverse subject areas.

The following opportunities may be available at 4-H Camp:

Boating	Crafts	Food Science
Fun with Science	Nature Exploration	Recreation
Outdoor Sports	Swimming	Water Games



# Behavioral Criteria for 4-H Events and Activities:

To 4-H members, volunteers, parents and the public: When attending, participating or acting on behalf of the 4-H program, all persons are expected to conduct themselves in accordance with accepted standards of social behavior, to respect rights of others, and to refrain from any conduct which may be injurious to the 4-H program. The following actions constitute misconduct for which persons may be subject to disciplinary penalties and/or dismissal from the program:

## (a) Dishonesty in connection with any 4-H activity by cheating or knowingly furnishing false information.

- (b) Alteration or unauthorized use of 4-H records.
- (c) Obstruction or disruption of any 4-H activity or aiding and encouraging other persons to engage in such conduct.
- (d) Failure to comply or aiding or encouraging other persons not to comply with specific terms and conditions of a given project, contest, or activity.
- (e) Failure to comply with directions of 4-H officials acting in the proper performance of their duties.
- (f) Inhumane treatment of 4-H animal projects.

There are many opportunities for 4-H members, volunteers, parents and the public to participate in 4-H events and activities. When involved in such experiences, members, volunteers, parents and the public are expected to follow all rules and regulations as outlined by those responsible for the specific program or activity. In all such 4-H activities, the following constitute a violation of behavioral expectations:

- 1. Possession or use of fire crackers, gun powder, firearms, chemicals or other materials that can be used to create an explosive mixture.
- 2. Misuse of fire equipment or sounding a false fire alarm.
- 3. Having a guest of the opposite gender in your sleeping quarters.
- 4. Physical or verbal abuse of any person or conduct which threatens or endangers the health or safety of any person.
- 5. Theft of or malicious damage to property.
- 6. Possession, use, or distribution of alcohol, illegal drugs, tobacco and tobacco-like products, or other dangerous substances.
- 7. Inappropriate displays of affection towards another person(s).
- 8. Inappropriate clothing or lack of clothing during the event or activity.
- 9. Lewd, indecent, or obscene conduct.
- 10. Unauthorized entry, use or occupancy of any facility.
- 11. Any conduct which threatens or interferes with maintenance of appropriate order and discipline or invades the rights of others.

# When violations occur at out-of-county, district, area, and/or state and/or national 4-H events, the following procedures will be followed.

- (a) The parents/legal guardians will be contacted to arrange transportation home for the violator(s) and
- (b) The local extension educator will be notified.

I verify that I am a 4-H member, I have read and will abide by the rules and behavioral expectations, set by the Indiana 4-H program or I will forfeit my right to stay. Both signatures are required.

#### 4-H Member Signature

\_\_\_\_\_Date\_\_\_\_\_

#### Parent/Legal Guardian Signature

Date\_\_\_\_\_

### Northeast Indiana 4-H Camp – Epworth Forest, North Webster, IN

Event/Activity/Trip

County		Dorm and/or	Room Number
Name		Birt	hdate
Street Address	City	State	ZIP code
() Day Phone Number	Evening Phone Number	You	uth Cell Number (if applicable)
List any activities the participant s	hould avoid (i.e., swimming):		
Physical Record of Participant		Yes	No
Heart Condition			
Diabetes			
Ear Infections Bedwetting			
Allergy to any medication			- —
List Food allergy or dietary restrict	ions:		
List other allergies(dust, pollen, anir	mals):		
Date of last Tetanus Shot:			

#### Please list any current medication being taken on reverse side of this form.

Any other medical record information that would be beneficial during the program or in an emergency:

#### PARENTAL AUTHORIZATION

Pursuant to Indiana Code Paragraph 16-36-1-6 and subject to any limitations listed below, I request and authorize Purdue University Cooperative Extension Service employees and their authorized agents to arrange for all reasonably necessary medical care, including transportation and hospitalization, for my child while in attendance at and participating in 4-H Youth Development events and activities.

I also understand that, as a result of my child's participation in this program, it will be necessary for Purdue CES employees and other authorized personnel with the program to have access to relevant medical information pertaining to my child, and I authorize the use and disclosure of my child's medical information to promote a safe and healthy experience for my child.

Parent/Legal Guardian Signature	Date	Witness to Parent/Legal Guardian	Date
Parent/Guardian Telephone: ( )		WORK NUMBER	
·////////	HOME NUMBER		
Both abov	ve signatures requi	red for acceptance to participate	
		· · ·	oontoot
	se list the name a	nd phone number of a second party to	o contact:
n case we cannot reach you, pleas	se list the name a	nd phone number of a second party to	o contact:
I <b>n case we cannot reach you, pleas</b> Name	se list the name a	nd phone number of a second party to	

## ADDENDUM TO THE 4-H YOUTH HEALTH FORM

the-counter medication is to be administered b	are being taken by the student at the time of the event or if over- y an Extension staff member or other authorized personnel. The carried in their original containers.
County:	
4-H member's Name:	
Name of Medication:	
	d for:
Check all of the following that apply: Tylenol/Ibuprofen may be administered by Benadryl may be administered by 4-H You Medication is to be self administered by s Medication is to be administered by 4-H You	tudent
Dosage:	Refrigeration? Yes No
Special Instructions:	
Other information (if applicable):	
Date(s) to Administer: From	To
Prescribing Doctor's Name:	Phone: ( )
(prescription or "over-the-counter"). Adminis	for 4-H participants who require any medication tering of the medication is the responsibility of the el are available at the facility and you prefer the trained may request this prior to the event.
Event:	Date (s):
Signature of Parent/Legal Guardian	Date
Signature of Parent/Legal Guardian	Date