



Northeast Indiana 4-H Camp Group

4-H Camp Registration

Due May 1, 2020

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

4-H Camp Dates: Wednesday, June 3 through Friday, June 5
Location: Epworth Forest Conference Center
8531 E Epworth Forest Road, North Webster, IN 46556
Eligible Campers: 4-H'ers in grades 3-6
Cost: \$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 _____ State _____ Zip _____ County _____

Parent/Guardian _____

Telephone _____ Parent Email _____

Cabin Mate Requests: _____

*Please understand while we try to honor all requests, we cannot promise all arrangements will work.

*Due to developmental differences in youth, we assign campers to cabins by grade. When requesting cabin mate, please understand this.

*No cabin assignment changes will be made at check-in.

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 _____

HEALTH FORM – (Youth)

This Health Form is two sides. Please complete both sides.

**Attach current photo here.
Photo will not be returned.**

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

Event/Activity/Trip

County _____

Dorm and/or Room Number _____

Name _____

Birthdate _____

Street Address _____ City _____ State _____ ZIP code _____

(_____) _____
Day Phone Number _____ Evening Phone Number _____ Youth Cell Number (if applicable) _____

List any activities the participant should avoid (i.e., swimming): _____

<u>Physical Record of Participant</u>	<u>Yes</u>	<u>No</u>
Heart Condition	_____	_____
Diabetes	_____	_____
Ear Infections	_____	_____
Bedwetting	_____	_____
Allergy to any medication	_____	_____

List medicines allergic to: _____

List Food allergy or dietary restrictions: _____

List other allergies(dust, pollen, animals): _____

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: (_____) _____	_____	(_____) _____	_____
	HOME NUMBER	WORK NUMBER	

Both above signatures required for acceptance to participate

In case we cannot reach you, please list the name and phone number of a second party to contact:

Name _____

Address _____

Telephone: (_____) _____ Cell Phone: (_____) _____

Please complete the addendum on reverse side

ADDENDUM TO THE 4-H YOUTH HEALTH FORM

Complete this form if **prescription medications** are being taken by the student at the time of the event or if **over-the-counter medication** is to be administered by an Extension staff member or other authorized personnel.
Medications must be carried in their original containers.

County: _____

4-H member's Name: _____

Name of Medication: _____

What Illness/Condition is this medication intended for: _____

Check all of the following that apply:

_____ Tylenol/Ibuprofen may be administered by 4-H Youth Development event personnel

_____ Benadryl may be administered by 4-H Youth Development event personnel

_____ Medication is to be self administered by student

_____ Medication is to be administered by 4-H Youth Development event personnel

Dosage: _____ Refrigeration? Yes _____ No _____

Special Instructions: _____

Other information (if applicable): _____

Date(s) to Administer: From _____ To _____

Prescribing Doctor's Name: _____ Phone: () _____

Note: This form is to be used as a reference for 4-H participants who require any medication (prescription or "over-the-counter"). Administering of the medication is the responsibility of the participant. If health facilities and/or personnel are available at the facility and you prefer the trained personnel to administer the medication, you may request this prior to the event.

Event: _____ Date (s): _____

Signature of Parent/Legal Guardian Date

Signature of Parent/Legal Guardian Date