March 19, 2019

Dear 4-H Families,

It’s that time of year again! We invite our 4-H youth to be part of a great experience this summer at the 2019 session of Shelby County’s 4-H Camp Clifton, which will be held June 9-13, 2019. 4-H Camp presents youth with a fantastic opportunity to make new friends, enjoy time with existing friends, learn new skills, and, most importantly, be active and involved. Our 2019 4-H Camp Counselors have been working diligently to plan a variety of exciting and engaging activities for the campers.

4-H Camp Clifton is located about ten miles south of Springfield (1/2 mile west of the village of Clifton). The camp is located next to John Bryan State Park. For more information about the site, visit www.4hcampclifton.osu.edu.

4-H Camp is for youth completing 3rd grade through 7th grade. Camp will be held from June 9 (Sunday at 6:30 p.m.) through June 13 (Thursday at 10 a.m.) **Note check-in time change from previous years.** The cost of camp is $200. This fee includes a 4 night/5 day stay at Camp Clifton, a t-shirt and a digital camp photo. Those families registering siblings will receive a $10 discount for each child registered after one child is paid for in full. The maximum capacity for 4-H Camp is approximately 200 campers (not including counselors and adult staff).

Camp registrations will be taken on a first-come, first-serve basis and must include the entire contents of the registration packet. Campers will be officially registered once each of the following is received:

- **Shelby County 4-H Camp Registration Form**
- **Health History Form**: Under the section titled “Immunization Record” on the back page of the form, you must either list specific dates for each section applicable or provide the Extension Office with a copy of an immunization record from a school or health care provider. If your child is not current or up-to-date with immunization, please complete the Ohio 4-H Immunization Exemption Form (also included).
- **Permission to Participate Form**
- **Picture for identification purposes**: An updated photo of the camper may be attached to the Health History Form or emailed to gaerke.13@osu.edu.
- **Payment for camp fees** (cash, checks or money order payable to OSU Extension)

Additional registration packets can be picked up at the Extension Office, downloaded from our website (www.shelby.osu.edu), or requested by phone. Registrations can either be mailed or dropped off to the Extension Office (there is a dropbox next to the front door for afterhours deliveries). **Registration packets and payment for all fees MUST be received by our office no later than Friday, May 3, 2019. [Important Notice: HIGH ROPES & ZIP LINE, ROCK CLIMBING & ZIP LINE, and ARCHERY have limited space and will be assigned on a first-come, first-serve basis. Those interested in these workshops are encouraged to submit their registration packets WITH PAYMENT as soon as possible.]**

Campers will be assigned to cabins and workshops prior to camp and notified of these assignments via their 2018 camp confirmation packets. Camp confirmation packets, which will also include what and what not to bring to camp, camp rules and directions to camp, will be sent by mail approximately three weeks prior to the start of camp. If campers need to bring something specific for any of their workshops (e.g. two-liter bottle for rockets), a reminder will be included in their camp confirmation packet. Please make sure all contact information, including email and phone, is current. Further, if you would like to request that your child stay with a specific counselor, please email me directly at dietrich.145@osu.edu to discuss these accommodations. Other information regarding camp and registering campers is as follows:
Workshops
Campers have the option to participate in a variety of workshops throughout their camp stay. Workshops offered for 2019 can be viewed on the Shelby County 4-H Camp Registration Form. Campers should select their 1st, 2nd and 3rd preferences for each slot (A or B). Please note: Some workshops have an additional cost. Workshop descriptions are as follows:

- **High Ropes & Zip Line** ($15): Take on the Camp Clifton Ropes Course which is 30 feet up in the trees.
- **Rock Climbing & Zip Line** ($15): Scale the rock wall or take a ride on the zip line.
- **Archery**: Test your aim at the Shelby Co. Shooting Sports archery trailer.
- **Outdoor Cooking** ($2): Make and eat some yummy treats fireside.
- **Clifton vs. Wild Survival Trek**: Learn how to survive in the woods and visit the camp’s artesian well.
- **Tie Dye Mania & Friendship Bracelets**: Tie dye your favorite t-shirt then make a bracelet for a friend.
- **Line Dancing**: Join the fun and learn popular line and square dances.
- **River Rafting** ($16): Take a bus to the river and hop in a raft. Relax as you make your way down stream.
- **Woodworking** ($5): Learn how to build your very own wood craft.
- **Creeking/Seining**: Explore the aquatic life down in Clifton Gorge
- **Wet ‘n Wild Kick Ball**: Slip ‘n slide your way to the baby pool bases before you’re tagged out!
- **Recycled Crafts**: From trash to treasure, snip, glue, tie and tape recyclables together to make something new.
- **Lava Lamps & Record Crafts** ($2): Get your chemist on and make a lava lamp, then enjoy some crafts with records.
- **Fashion Design** ($5): Design, embellish and sew fashions from the decade of the day.
- **Food Art**: Not just your typical afternoon snack! Use fresh foods to make an artistic creation.
- **Hula Hut Throwdown**: Get active with this fun blacktop game that is a cross between dodgeball and capture the flag.
- **Sand Volleyball**: Enjoy sun, sand and friendly competition on the camp’s sand volleyball courts.
- **Backyard Games**: Giant Jenga, croquette, corn hole, yard darts, flag football, field Twister and more.
- **Pipe Cleaner Ninjas**: Design your own ninja figurine from pipe cleaners. Enjoy other pipe cleaner crafts along the way.
- **Decoupage Frenzy** ($2): Pick a pretty paper and mod podge away!
- **Pool Games**: Enjoy some bonus time in the water while playing some pool party games.
- **Shrinky Dinks** ($2): Turn your own artwork into a keychain, bracelet or necklace charm using Shrinky Dink paper.
- **Lego Robotics**: Learn basic coding and programming while navigating your bot through a challenge course.
- **Karaoke**: Sing your way to stardom. Duos and trios welcome!
- **Bottle Rockets** ($2): Make and launch a bottle rocket that you can take home and share with family and friends.

Camp Pictures (optional)
An all-camp photo will be captured on the first night of camp. Every camper will receive a digital copy of the photo via email. Those who wish may order a printed photo for $5.00 (added to registration fees). The photo will be sent home with campers who order them on the last day.

Early Release
If a camper must be picked up prior to the scheduled dismissal time (10 a.m. Thursday, June 13), a parent or guardian must fill out and submit the Shelby County 4-H Early Release Form (included).

Restricted Release
If a parent or guardian must restrict who can pick up a camper from the grounds, they must fill out and submit the Shelby County 4-H Camp Restricted Release Form (included). We also ask that you speak directly with Cassie Dietrich, Extension Educator and Camp Director, during check-in on Sunday.

Shelby County Scholarship Application
For those who may need financial assistance to attend camp, a scholarship is available. First priority will be given to Shelby County 4-H members (non-members can still apply). Those interested should come into the Extension Office and ask for the Shelby County 4-H Camp Scholarship Application. These applications will be due on the same day as registration packets: Friday, May 3, 2019.

We are excited to have many campers, new and returning, join us for the 2019 Shelby County 4-H Camp. If you have any questions or concerns, please stop in the office M-F, 8:30 a.m. to 4:30 p.m., or contact me via email.

Sincerely,
Cassie Dietrich
Camp Director and Extension Educator, 4-H Youth Development
dietrich.145@osu.edu

ALL REGISTRATION PACKETS AND FEES ARE DUE FRIDAY, MAY 3, 2019.
2019 SHELBY COUNTY 4-H CAMP REGISTRATION FORM

Date: June 9-13, 2019
Location: 4-H Camp Clifton in Yellow Springs, OH
Eligibility: Youth who have completed 3rd - 7th grade
Cost: $200 for 4 nights/5 days at Camp Clifton, t-shirt and digital camp photo ($10 discount for each child after the first full price registration)

Registration packets are due to the Extension Office (810 Fair Rd. Sidney, OH) no later than FRIDAY, MAY 3rd

Camper Name: ____________________________________________
Age on June 6, 2019: ________ Gender: ________ Adult t-shirt size: XS | SM | MD | L | XL | XXL
Grade Completed as of Summer 2019: ________________ School: ___________________________________________
Street Address: ____________________________________________________________
City: __________________________ Zip: ______________
Email: ________________________
Parent/Guardian Name 1: ____________________________ Phone: ______________
Parent/Guardian Name 2: ____________________________ Phone: ______________
Cabin Buddy Request (Limit one per camper): __________________________
First year attending 4-H Camp? YES | NO First year attending an overnight camp? YES | NO

(Please see next page for workshop selections)
Workshop Selection

Campers have the option to participate in various workshops throughout their camp stay. Campers should select their 1st, 2nd and 3rd preferences for each time slot. **Please note:** Some workshops have an additional cost.

**Limited space available. Workshop is first come, first serve with PAID registration.**

### Monday, June 10

**AFTERNOON Workshops**

<table>
<thead>
<tr>
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<td>Fashion Design: Trends of the 90's ($5)</td>
<td>Food Art ($2)</td>
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<td>Sand Volleyball</td>
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<td>River Rafting – Double Session ($16)**</td>
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### Tuesday, June 11

**MORNING Workshops**

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### Tuesday, June 11

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### Wednesday, June 12

**MORNING Workshops**

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<td>Woodworking ($5)</td>
<td>Bottle Rockets ($2)</td>
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</table>

*(Please see next page for camp fee calculator)*
CAMP FEES

Please use the following table to help calculate the total registration fee due. Payment plans can be set-up for those who cannot pay in full when they submit registration. All fees must be paid in full by June 1 in order for the youth to attend camp. Camp scholarships are also available to those who qualify.

<table>
<thead>
<tr>
<th>BASE FEE</th>
<th>+ $200</th>
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<tbody>
<tr>
<td>WORKSHOP FEES (total for all first preference workshops)</td>
<td>+ __________</td>
</tr>
<tr>
<td>PRINTED CAMP PHOTO (optional; $5.00 each)</td>
<td>+ __________</td>
</tr>
<tr>
<td>FAMILY DISCOUNT (-$10 per child AFTER the first child)</td>
<td>- __________</td>
</tr>
<tr>
<td>TOTAL FEE</td>
<td>= $ __________</td>
</tr>
</tbody>
</table>

Office Use Only:    $_________ CASH / $_________ CHECK / #_________ / Date: __________________
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: ______________________________________________________________________
(Last) (First) (Middle)
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: ____________________________
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:

- 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 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 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
Ohio 4-H Camps

Immunization Exemption Form

I, the parent or guardian of ___________________________________, state that my child would like to participate in the 4-H Camp, ______________________________, and has not received the following immunizations:

(    ) Diphtheria / Tetanus / Pertussis     (    ) Hepatitis B
(    ) Polio                            (    ) Haemophilus Influenza Type B
(    ) Measles/Mumps/Rubella            (    ) Varicella (Chicken Pox)

My child has not received the immunizations above because: ________________________________
_________________________________________________________________________________

By signing below, I acknowledge that during the course of an outbreak of any of the aforementioned diseases that my child may be subject to exclusion from camp for the duration of the outbreak for health and safety reasons at the sole discretion of OSU Extension.

Parent/Guardian Printed Name: ____________________________________________
Parent / Guardian Signature: ______________________________________________
Date: _________________________________________________________________

Ohio4h.org

CFAES provides research and related educational programs to clientele on a nondiscriminatory basis. For more information: go.osu.edu/cfaesdiversity. Updated 2/25/15
I give permission for my child/charge, ____________________________________________, to participate in activities at 4-H Camp Clifton, Inc.

(Child’s/Charge’s Name)

Activities involved in camp will include living in a cabin; sharing gender specific bathroom facilities with other campers; sleeping in bunk beds; special activities including canoeing, rock climbing, high ropes, shooting sports and/or archery; swimming; nature hikes; playing field and court sports such as volleyball, basketball, soccer, softball, relay races, fishing, and other recreational games; team challenge course, campfire activities; workshop activities including arts & crafts, nature and others (see camp registration form for complete listing of workshops), and dances. Attending the camp may lead to contact with individuals who are experienced and inexperienced in the above activities. I also understand that participation in this activity is strictly voluntary and is not a requirement for 4-H membership.

I am aware and have discussed with my child/charge that:

1. Participants are expected to fully participate in 4-H Camp general activities, self-selected optional activities and follow instructions of camp staff, counselors and volunteers unless activity participation is limited on the camper’s health history form by parents/legal guardians.
2. Being in and around water, woods and participation in camp activities may cause clothing to become wet, dirty and beyond cleaning and/or repair;
3. While in a canoe, my child may be involved in a collision with another canoe, person, or object in water;
4. Hiking on the campgrounds, in the Little Miami River Gorge and/or in John Bryan State Park may give rise to risk of injury arising from the surface or subsurface of the ground on which the hiking occurs;
5. Participation in sporting/recreational events/team challenge course/laser tag/water park/biking may give rise to injury as a result of collisions with another individual or equipment used for the activity and/or sudden falls;
6. Handling and discharging firearms or archery equipment may lead to injury or loss to participants;
7. Participation in a high ropes course and/or night zipping may give rise to injury as a result of sudden falls, and/or improper use of safety equipment.
8. Attending camp, sleeping in cabins, and/or outposting in tents may give rise to being bitten by insects, exposure to poisonous plants, burns from cooking over a camp fire, and/or exposure to the natural elements.
9. Swimming may lead to injury caused by slippery surfaces, contact with other swimmers, objects in the water and/or drowning.
10. Rock climbing may give rise to risk of injury arising from the surface of the rock formations on which the climbing occurs;
11. Riding in a motor vehicle (including buses, vans or cars) may result in personal injuries or death from wrecks, collisions, or acts by other drivers or objects.
12. Other participants may act in a negligent manner which otherwise may result in harm to my child.

I have discussed with my child/charge the importance of following directions and safety procedures, which will be outlined by camp staff, counselors and other instructors/volunteers prior to the activities. I have also advised my child/charge of the appropriate clothing to wear of workshops), and dances. Attending the camp may lead to contact with individuals who are experienced and inexperienced in the above activities. I also understand that participation in this activity is strictly voluntary and is not a requirement for 4-H membership.

My child will be participating in the following special activities: (check all that apply)

- Rock Climbing
- High Ropes & Zip Line
- Archery
- *Canoeing (River’s Edge)
- Creaking & Seining

I grant permission for my child/charge to participate in general 4-H camp activities & all selected special activities, despite the possible risks. I recognize that by participating in this program, as with any physical activity, my child/charge may risk personal injury. I hereby attest & verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this camping experience & that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

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**CELL PHONE POLICY AGREEMENT: OHIO 4-H & CAMP CLIFTON**

Campers & Counselors are not allowed to bring cell phones or any other electronic devices to 4-H Camp Clifton. If a cell phone is brought with a camper it will be held by the Camp Director until the end of camp.

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 & other electronic devices 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.

**SIGNATURES**

Parent/Guardian and Camper: *Understand that I am not to bring a cell phone to camp and I will abide by Camp Clifton policies.*

Signed: ____________________________ Date: ____________________________

(Parent/Guardian)

Signed: ____________________________ Date: ____________________________

(Camper)
4-H Member Restricted Release/Optional Early Release

Complete this form to confirm arrangements and/or authorize another person to pick up a 4-H youth member. Supervision at 4-H Events where 4-H Professionals and Authorized Volunteers take responsibility for 4-H youth members in the absence of the parents/guardian is of highest importance. Full time participation is required at 4-H events unless prior permission is granted by the County 4-H Professional.

I, ________________________, hereby authorize only the person(s) listed below to pick up
(name parent/guardian)

_________________________ from __________________________.
(4-H youth member name) (name of event)

Name of person(s) authorized to pick up my child:
1. ________________________________ Phone _______________________
2. ________________________________ Phone _______________________ 

If the youth is granted permission to leave the event early, complete these details:
☐ Pick up time/date/time __________________________
☐ Return date/time __________________________________
☐ Will not return to event

If a change is needed to this authorization, I understand that I must call:
_________________________________________ at _______________________________
(name of 4-H Professional/Volunteer in charge of event) (phone)

__________ ____________________________
Signed (parent or guardian) (date)

Before release of the youth member the person(s) listed above must be identified by the youth member to the 4-H Professional/Volunteer in charge and sign below.

Signature of person picking up member __________________________

__________________________
(date/time)