



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 (\$2):** Not just your typical afternoon snack! Use fresh foods to make an artistic creation.
- **Hula Hut Throwdown:** Get active with this fun blackout 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,

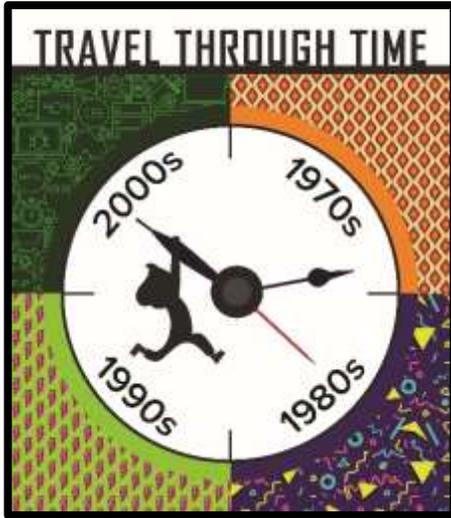
Cassie Dietrich

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			
Mark your 1 st , 2 nd and 3 rd preference for each slot.			
Workshop A		Workshop B	
High Ropes & Zip Line (\$15)**	___	Rock Climbing & Zip Line (\$10)**	___
Outdoor Cooking (\$2)	___	Outdoor Cooking (\$2)	___
Wet 'n Wild Kick Ball	___	Wet 'n Wild Kick Ball	___
Recycled Crafts: From Trash To Treasures	___	Lava Lamps & Record Crafts (\$2)	___
Fashion Design: Trends of the 90's (\$5)	___	Food Art (\$2)	___
Hula Hut Throwdown	___	Sand Volleyball	___
River Rafting – Double Session (\$16)**		___	

Tuesday, June 11 MORNING Workshops			
Mark your 1 st , 2 nd and 3 rd preference for each slot.			
Workshop A		Workshop B	
High Ropes & Zip Line (\$15)**	___	Rock Climbing & Zip Line (\$10)**	___
Archery**	___	Archery**	___
Backyard Games	___	Pipe Cleaner Ninjas	___
Food Art (\$2)	___	Decoupage Frenzy (\$2)	___
<i>Clifton vs. Wild Survival Trek</i>	___	Pool Games	___
Line Dancing	___	Creeking/Seining	___
Tie Dye Mania & Friendship Bracelets	___	Woodworking (\$5)	___

Tuesday, June 11 AFTERNOON Workshops			
Mark your 1 st , 2 nd and 3 rd preference for each slot.			
Workshop A		Workshop B	
High Ropes & Zip Line (\$15)**	___	Rock Climbing & Zip Line (\$10)**	___
Archery**	___	Archery**	___
Outdoor Cooking (\$2)	___	Outdoor Cooking (\$2)	___
Wet 'n Wild Kick Ball	___	Wet 'n Wild Kick Ball	___
Fashion Design: Trends of the 80's (\$5)	___	Shrinky Dinks (\$2)	___
Sand Volleyball	___	Lego Robotics	___
River Rafting – Double Session (\$16)**		___	

Wednesday, June 12 MORNING Workshops			
Mark your 1 st , 2 nd and 3 rd preference for each slot.			
Workshop A		Workshop B	
High Ropes & Zip Line (\$15)**	___	Rock Climbing & Zip Line (\$10)**	___
Backyard Games	___	Pool Games	___
Line Dancing	___	Karaoke	___
Lava Lamps & Record Crafts (\$2)	___	Creeking/Seining	___
<i>Clifton vs. Wild Survival Trek</i>	___	Food Art (\$2)	___
Tie Dye Mania & Friendship Bracelets	___	Fashion Design: Trends of the 70's (\$5)	___
Woodworking (\$5)	___	Bottle Rockets (\$2)	___

(Please see next page for camp fee calculator)



THE OHIO STATE UNIVERSITY

COLLEGE OF FOOD, AGRICULTURAL,
AND ENVIRONMENTAL SCIENCES



shelby.osu.edu

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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.

FEES CALCULATOR	
BASE FEE	+ \$200
WORKSHOP FEES (total for all first preference workshops)	+ _____
PRINTED CAMP PHOTO (optional; \$5.00 each)	+ _____
FAMILY DISCOUNT (-\$10 per child <u>AFTER</u> the first child)	- _____
TOTAL FEE	= \$ _____

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.

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: _____	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:

<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.

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:

<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 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:

- | | |
|---|---|
| <input type="checkbox"/> Diphtheria / Tetanus / Pertussis | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Haemophilus Influenza Type B |
| <input type="checkbox"/> Measles/Mumps/Rubella | <input type="checkbox"/> 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: _____



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)

