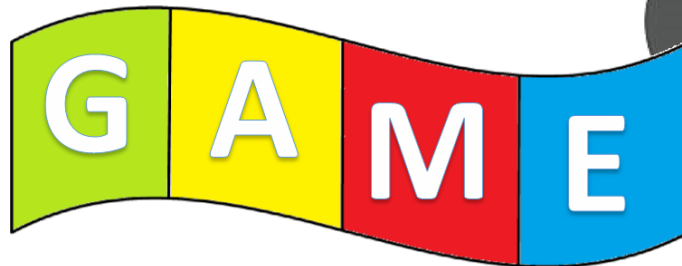


4-H Camp is a



CHANGER!

**Friday, June 21 through Tuesday, June 25
Kelleys Island, Ohio**

Join us at Sandusky County 4-H Camp, as we build new friendships and experiences during a fun filled adventure on Kelleys Island!!

Campers spend four nights and five days participating in exciting camp activities, including cabin challenges, group games, campfires, evening dances, swimming and a variety of sessions they get to choose.

Who Can Attend Camp?

- Campers must be currently in or just finishing 3rd through 7th grade.
- Campers must be at least 8 years of age and no older than 13 years of age by January 1, 2019.
- Cloverbud members are not eligible for this camp, regardless of their age.
- 4-H members are welcome to invite friends to register for camp even if they are not enrolled in 4-H.

How to Register:

- See the enclosed registration information:
- Complete both sides of the Registration Form.
- Complete the Ohio 4-H Health Statement.
- Choose sessions from the detailed descriptions on reverse side.
- Call the Extension Office at 419-334-6340 with questions or concerns.

Full-time camp attendance is expected, except in case of emergencies.

We realize this may mean difficult decisions for our busy members. Occasionally arrangements can be made ahead of time for early release if needed for family schedules. (Early release is permanent. Campers may not leave & return except in cases of emergency).

Registrations are due May 30 or until camp is filled, whichever comes first. Late Registrations will be taken until camp fills for an additional fee of \$15.

We thank the United Way of Sandusky County for their support of this program



THE OHIO STATE UNIVERSITY

COLLEGE OF FOOD, AGRICULTURAL,
AND ENVIRONMENTAL SCIENCES



Outdoor Fun

Kelleys Pep Island Tour – Take a walk to see the many sites of Kelley’s Island, including the famous Glacial Grooves.

**Double Session - must register for both*

Quarry Fishing – Cast your lines and enjoy some time at one of the most scenic parts of the island.

Corcl – Have an adventure in the lake on your own miniature Kayak! Crocls are new to camp!

Nature & Wildlife – Explore the nature center’s collection of wildlife and learn about the great outdoors.

Snorkeling – Explore the quarry with your friends while learning to snorkel.



Creative Arts

No Sew Pillows - Make a fleece pillow to reflect your style and take home a soft keepsake from camp.

Leather Craft – This session is back due to popular demand! Create a one-of-a-kind item using handtools and stamps.

Tie Dye - Bring your own t-shirt, bandana or tank top and make a one-of-a-kind camp souvenir. For best results, wash your item first using a small amount of detergent and no fabric softener.



Games & Sports

Archery - Bullseye! Learn how to shoot a bow and arrow.

**Taught by certified 4-H Shooting Sports Instructors.*



Air Rifle - Ready, Aim, Fire! Learn how to shoot an air rifle and practice your marksmanship skills.

**Taught by certified 4-H Shooting Sports Instructors.*

Basketball – Shoot some hoops and play some short games with your friends.

GaGa Ball - Join your friends for this fast paced version of dodge ball.

Sessions are selected based on primarily on your choices (see registration form), however a diverse group of sessions will be selected for each camper to ensure a great experience. Please be sure to select from each category

Other

Bottle Rockets – Work with a group and watch your homemade rocket soar into the sky. What makes them go and why do some fly higher than others?

Dancing – Learn some basic dance steps, classic and modern line dances, and even a square dance or two at this fun-filled session!

Kitchen Challenge - Design and create a custom melt at the 2nd Annual Camp Kitchen Challenge!

Cupcake Wars - Enjoy a fun competition with your friends while learning to use a pastry bag and some other basic decorating tools to dress up your cupcakes.



Older Camper Special Sessions

***These sessions are specifically planned for our older campers. Note requirements for each.*

Counselor 101– So you want to be a counselor? Come find out about what it takes to be a counselor in the future. **Last year campers age 12 and/or in 7th grade who are interested in being a camp counselor.*

Kayak – Tour the lake along the North Island in your own kayak! **Age 11 and older*

Bicycle Tour – Enjoy some bicycle fun and venture off camp while seeing Kelleys Island. Please note that this is a *physical* session and campers should be able to ride for 90 minutes with only a short break. Participants must also bring their own well-fitting bicycle helmet.

**Age 11 and older*



2019 SANDUSKY COUNTY 4-H CAMP REGISTRATION FORM

Friday, June 21 - Tuesday, June 25, 2019



Please be sure to complete **both** sides of the registration form and return it with your camp fee.

Due: May 30 or until camp is full.

Camp often fills before this date.

Late registrations will be charged \$15 late fee and may not receive a camp t-shirt if that order has already been placed.

We look forward to seeing you at camp!

Name: _____
(Last) (First)

Gender: Male Female

2018-2019 School Year Grade: _____ 4-H Age: (as of 1/1/2019) _____
(The grade they will have completed before camp)

Parent's/Guardian's Name: _____
(Last) (First)

Complete Address: _____

Parent / Family Phone Number: _____
Parent / Family Email: _____



T-Shirt Size (circle): All campers receive a camp t-shirt.

Youth – Small, Med, Lrg

Adult – Small, Med, Lrg, XL

Are you in 4-H? Yes No If yes, Club Name: _____

Cabin Friend: _____ Age of Friend: _____

Only 1 please.

Cabin friend needs to be close in age. (no more than one year difference)

We cannot guarantee they will be in your cabin, but every attempt will be made.

Payment Schedule:

\$160 - Sandusky County 4-H Member Price

\$140 - Discounted Price (Sandusky County 4-H members only)

2nd or 3rd camper in family attending this year

Counselors do not count as a camper, first child pays full-price

\$185 - Non 4-H Club Member, and Out-of-County Member Price

\$25 – Deposit required for scholarship applicants

(ask Extension Office for scholarship application if interested, due May 30)

Please make checks payable to "Ohio State University Extension"

Parent's/Guardian's Signature: _____

OVER



Name: _____, _____
Last First

4-H Camp Sessions

You have the opportunity to choose the sessions you'd like to attend at camp. For **each** session listed below, please rank **1st**, **2nd**, and **3rd** choices. *If you only select one option in a session (instead of 1,2,3), that does not mean you will automatically get it. Instead, a session will be selected for you if your first choice is unavailable.* Please note that **every camper** must participate in at least one outdoor fun session, and that campers will not be registered for the any session more than once.

Session 1

- _____ Air Rifle
- _____ Archery
- _____ Corcl
- _____ Dancing
- _____ Kayak *Ages 11 & older
- _____ Kitchen Challenge
- _____ Quarry Fishing
- _____ Leather
- _____ GaGa Ball

Session 2

- _____ Air Rifle
- _____ Archery
- _____ Corcl
- _____ GaGa Ball
- _____ Kayak *Ages 11 & older
- _____ Kitchen Challenge
- _____ Nature & Wildlife
- _____ Quarry Fishing
- _____ Leather

Session 3

- _____ Air Rifle
- _____ Archery
- _____ Corcl
- _____ Cupcake Challenge
- _____ GaGa Ball
- _____ Tie Dye
- _____ Quarry Fishing
- _____ Snorkel
- _____ Bicycle Tour
- * Ages 11 and older
- *Double Session (3 & 4)

Session 4

- _____ Air Rifle
- _____ Archery
- _____ Corcl
- _____ Cupcake Challenge
- _____ Tie Dye
- _____ Nature & Wildlife
- _____ Quarry Fishing
- _____ Snorkel
- _____ Bicycle Tour
- * Ages 11 and older
- *Double Session (3 & 4)

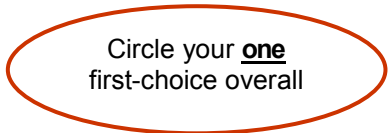
Session 5

- _____ Basketball
- _____ Bottle Rockets
- _____ Corcl
- _____ Kayak *Ages 11 & older
- _____ No Sew Pillow
- _____ Nature & Wildlife
- _____ Quarry Fishing
- _____ Snorkel
- _____ Island Tour Hike
- *Double Session (5 & 6)

Session 6

- _____ Bottle Rockets
- _____ Corcl
- _____ No Sew Pillow
- _____ GaGa Ball
- _____ Nature & Wildlife
- _____ Quarry Fishing
- _____ Snorkel
- _____ Counselor 101
- *Age 12 / 7th grade
- _____ Island Tour Hike
- *Double Session (5 & 6)

Do you see one session you REALLY like?
Circle it so we can try our best to get you into that session.



Health forms have been included in this packet and should be returned with your registration. A camp newsletter with additional information will be sent to you after we receive your registration.

Registration is due **May 30** or when camp is filled (whichever comes first). Registrations after this date will be charged a \$15 late fee and may not receive a camp shirt. If you have any questions, please call the Extension Office at 419-334-6340.

Our Office is open **Monday through Thursday from 8:00am-4:30pm.**

Please return to:
OSU Extension Office, Sandusky County
2000 Countryside Drive, Suite D
Fremont, OH 43420



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: _____

