



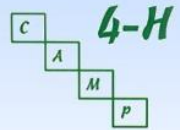
2022 Thumb Area 4-H Camp Registration Form



July 6-8, 2022



**Registrations due
June 1, 2022**



At beautiful Camp Cavell, 55 acres located
25 miles north of Port Huron

3335 Lakeshore Rd., Lexington MI, on Lake Huron see campcavell.org

Our goal is to help youth experience nature in an exciting and memorable way, while developing their independence, confidence and friendships.

Program: Offers an opportunity for 4-H'ers to share experiences in camping with activities including Great Lakes ecology, kayaking, mud hiking, swimming, archery, teambuilding, skits, games and crafts, and much more. Camp Cavell is located on beautiful Lake Huron, with 55 acres of wooded and open land, two streams, lots of trails, and a pond to explore! Located just 25 miles north of Port Huron, visit campcavell.org for more information about the location.



- **Youth must be ages 9-14** as of January 1, 2022.
- Cost is \$135 for youth currently enrolled in 4HOnline.
- Not enrolled? Enroll for FREE at <https://v2.4honline.com>.
- Select Huron County and Thumb Area 4-H Camp Club.
- Need assistance, please contact your local MSU Extension Office.
- **Deadline to register is Wednesday, June 1, 2022.**
- **LATE REGISTRATIONS WILL NOT BE ACCEPTED.**

Discover Yourself
in 4-H
at
Camp!

➤ Adult male & female chaperones are also needed, please contact your county MSU Extension Office and find out how to volunteer:

Huron County (989) 269-9949
 St. Clair County (810) 989-6935
 Sanilac County (810) 648-2515
 Tuscola County (989) 672-3870



MICHIGAN STATE
UNIVERSITY

Extension



In cooperation with, Huron, St. Clair, Sanilac and
Tuscola County MSU Extension 4-H Programs



Camp Cavell, is known for its friendly staff, beautiful facilities, good food, down home hospitality, and delicious chocolate chip cookies! Its rustic lodge built in 1929 overlooks the beach. These natural advantages are augmented by competent, trained staff: camp director, MSU Extension 4-H staff, volunteer adults and teen counselors. A nurse is on the grounds at all times to help ensure the health and safety of every camper. Well-balanced menus are provided for the campers.



THANK YOU Sponsors of 2019/2020 Thumb Area 4-H Camp

- | | | |
|--|---|---------------------------------|
| Agri-Valley Communications, dba Pigeon Telephone, Thumb Cellular, Agri Valley Services & AVS Tech Team | Case Surveying | Caseville Small Animal Clinic |
| Bay Port State Bank | Corteva AgriSciences | Country Fun 4-H Club |
| Cass City Oil & Gas, Company | Eilber Insurance Agency | Errer Farms & Snow Removal |
| East Huron TV & Appliance | Greater Huron County United Way | GreenStone Farm Credit Services |
| Gabriel B. Holdwick, DDS | Huron County Farm Bureau | Huron's Finest |
| Hills & Dales General Hospital | J.W. Hunt, OTC | Len's Pool & Spa, Inc. |
| Interfaith Council | McLaren Thumb Region | McVey Insurance Agency |
| M3 Wireless, Inc. | Sahr Crop Insurance | Scheurer Healthcare Network |
| Ordus-Ford, Inc. | Thumb Anesthesia | Thumb Crop Insurance |
| Team One Credit Union | Tuscola County Farm Bureau | Walmart |
| Thumb Energy Services | Yale Orthodontics, dba Bad Axe Orthodontics | Yoder Financial Services |
| Westside Sand Products, Inc. | | |

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Thumb Area 4-H Camp Registration Form

Youth Ages 9-14 as of 1/1/2022

REGISTRATION PACKET



RECEIPT BOX - FOR INTERNAL USE ONLY:

_____	Date payment received	_____	Check number or CASH
_____	Receipt number issued	_____	T shirt size

REQUIRED FORMS CHECKLIST:

These forms are to be filled out **with ALL required signatures** and turned in with payment for registration. Please double check you have done everything listed below.

- In Case of Emergency Info
- Personal Data/Registration Sheet **PHOTO REQUIRED**
- Parent/Guardian Permission Form
- Youth must be currently enrolled in 4HOnline. Not enrolled? Join for FREE at <https://v2.4honline.com> select Huron County and Thumb Area 4-H Camp Club**
- Check payable to: **"Thumb Area 4-H Camp"**
- Mail to: **MSU Extension-Huron County
1142 S. Van Dyke
Bad Axe, MI 48413**
- Registration DEADLINE is Wednesday, JUNE 1, 2022 (Late registrations WILL NOT be accepted!)**

RETURN THIS TOP PORTION WITH APPLICATION & PAYMENT



TEAR OFF & KEEP THIS SECTION FOR YOUR INFORMATION

In case of an emergency requiring you to contact your child during the event, contact:

St. Clair County = Office (810) 989-6935 or Lori Warchuck (810) 990-9230

Huron County = Office (989) 269-9949 or Patti Errer (989) 550-2971

Sanilac County = Office (810) 648-2515 – Colleen Wallace

Tuscola County = Office (989) 672-3870 – Katie Cooper

Please Note - some of these are staff's cell phones and are NOT to be given out or used any other time EXCEPT during Thumb Area 4-H Camp! Thank you for protecting their privacy.

Camp Cavell
3335 Lakeshore Road
Lexington, MI 48450
(810) 359-2267

CHECK INTO CAMP WEDNESDAY, JULY 6, between 10:00 - 10:30 A.M.

CHECK OUT FRIDAY, JULY 8, at 11:00 A.M.

IN CASE OF EMERGENCY

4-H Camper's Name _____

Parent Name(s) _____

Address _____

Dad's Number _____ Mom's Number _____

Name of Person to Notify If Parent is not available:

Address _____

Contact Number _____

A confirmation letter, along with your receipt, will be mailed out at least three weeks prior to Thumb Area 4-H Camp to all registered participants; this is to ensure that you receive it in a timely manner.

WHAT TO BRING:

1. Sleeping bags or blankets & sheets, and a pillow;
2. Toiletries;
3. Swimsuit, towel **AND** water shoes or old tennis shoes;
4. Sunscreen **LOTION** (not aerosol spray);
5. Insect repellent (not aerosol spray);
6. Flashlight (**NO laser lights**);
7. Tennis shoes (**NO SANDALS OR FLIP FLOPS**);
8. **MUST** have old clothes & shoes to get muddy in for the Mud Hike;
9. Jacket/sweatshirt; and
10. **PLEASE label your belongings!**

DO NOT TO BRING:

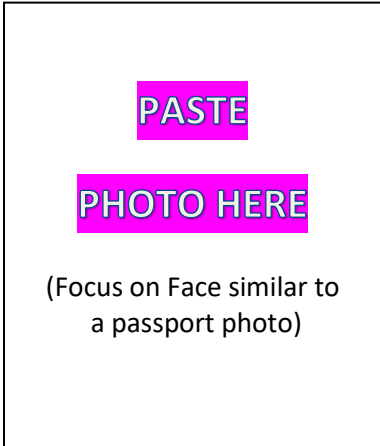
- Valuable articles, such as **cell phones, iPhones, radios, jewelry, money, etc.**
- **If you bring a cell/iphone to 4-H Camp and you are found with it, it will be confiscated and returned to your parents at the end of 4-H Camp.**



THUMB AREA CAMP PERSONAL DATA/REGISTRATION SHEET



Child's Name _____
 County _____ 4-H Age (as of 1/1/22) _____ Current Age _____
 Gender _____ Height _____ Weight _____
 Parent Email _____



T-SHIRT SIZE: Please circle which ADULT size your child will use
 Small Medium Large X-Large XX Large
 XXX large (\$5 fee extra – please add the extra fee to your registration fee)

CABIN BUDDY: If you wish to request **ONE** cabin buddy please provide name here: _____

This same person will need to request it on their form too. **NO CHANGES** will be made at camp.

COST: \$135 for Current 4-H Members \$_____

CHECKS PAYABLE TO: **Thumb Area 4-H Camp**

REGISTRATION DEADLINE: Wednesday, June 1, 2022 (LATE REGISTRATIONS WILL NOT BE ACCEPTED)

MAIL APPLICATION AND PAYMENT TO: MSU Extension-Huron County, 1142 S. Van Dyke Bad Axe, MI 48413

DIET:

Is your child on a special diet? If so please explain _____
 To make arrangements with the kitchen contact the camp at least two weeks prior to camp. Attach a detailed list of allowed and prohibited foods for the nurse and staff.

CONFIDENTIAL INFORMATION:

Please provide information which might be helpful to the staff in providing the most positive camp experience possible such as recent changes in family relationships, learning/behavior issues, issues that are positively or negatively affecting your child at this time. This information will be kept confidential.

Is your child having difficulty with any of the following conditions? Asthma, convulsions, skin rash, constipation, sleep walking, bed wetting or other _____

RELEASE INFORMATION:

My child may be released from camp to the following persons (include relationship) in addition to myself:

My child MAY NOT be released from camp to the following persons (include relationship)

PARENT/GUARDIAN PERMISSION FORM

1) OVERNIGHT HOUSING

I understand that my child (name) _____ will be attending Thumb Area 4-H Camp in Lexington MI, and that he or she may be sharing lodging with an unrelated adult (21 or older) who has been through the Michigan State University Extension Child Well-Being Volunteer Selection Process and with at least one other youth. By signing this form I give my permission for my child to attend this event under these lodging conditions. I also understand the Michigan 4-H Code of Conduct expectations for adults and youth attending this event.

Signature of Parent/Guardian (required)

Date

2) CAMP CAVELL HIGH ADVENTURE ACTIVITIES PERMISSION SECTION

Name of Child _____ has my permission to participate in the following high adventure activities, should any one of the activities be part of Thumb Area 4-H Camp. I understand that if I don't check a box that my child WILL NOT be able to participate in the program. During kayaking your camper will be placed with an adult depending on size, comfort level, and ability. They are accompanied in the water at all times by 2 lifeguards. At no time will your child be in the kayak or be in the water alone. If you have any questions/concerns, please contact the office.

My child has my permission to participate in the following High Adventure Activities:

Kayaking

Mud Hiking

Tree Climbing

Signature of Parent/Guardian (required)

Date

3) OTHER MEDICAL RELATED NOTES

All medications (prescription and over the counter) must be given to the camp nurse at check in for dispensing at the designated times. All medications (exception-talk to the nurse regarding inhalers & EPI pens) must be sent in their original containers and labeled for this camper. Because of the number of meds dispensed, we are only able to give them at meals and bedtime unless it is critical they be at another time (such as Ritalin, anti-seizure, etc.) Campers are responsible for reporting to the nurse for meds at the appropriate times. Here is a schedule of meds:

<u>Medication</u>	<u>Dose</u>	<u>Time dispensed</u>	<u>Only as Needed</u>	<u>Reason for meds</u>

The camp nurse stocks the following medications, please do not send additional amounts

Acetaminophen (Tylenol)

Cough Suppressant

Ibuprofen (Motrin)

Diphenhydramine (Benadryl)

Antacid

Hydrocortisone Cream

Imodium (anti diarrhea)

Antibiotic Cream

Decongestant

Calamine Lotion

Check one: _____ It is okay to give my child these meds if indicated per standard camp treatments.

_____ It is okay to use these medications, except _____.

Signature of Parent/Guardian (required)

Date

MSU EXTENSION OVERNIGHT EVENT PARTICIPANT BEST PRACTICES

Michigan State University (MSU) Extension and Michigan 4-H are committed to the safety and health of all youth and adults during the ongoing COVID-19 pandemic. As a result, the following COVID-19 practices are recommended for overnight MSU Extension events in 2022. New directives or guidelines mandated or given by federal, state, and/or local governments, MSU and hosting organizations may impact these guidelines prior to or during the event.

All individuals, including youth, volunteers, or other supportive roles staying overnight at an MSU Extension event in 2022 should read and review these best practices.

If after reviewing the practices below, a participant is not comfortable, they should reconsider their participation in the event.

RECOMMENDED BEST PRACTICES

Recommended best practices as of April 6, 2022.

Participants in an MSU Extension overnight event in 2022 should:

- Wash their hands multiple times throughout the day, as recommended by the Centers for Disease Control and Prevention. Participants should also use hand sanitizer frequently, either that provided at the event or by bringing their own supply.
- Bring a reusable water bottle from home, labeled with their name for use at the event.
- Self-monitor for symptoms five days prior to the start of the event. If they exhibit any of the following new symptoms during that time, the participant will NOT attend the event and should contact the event coordinator to let them know. Symptoms to monitor for include:
 - Temperature of 100.4 degrees Fahrenheit or higher.
 - Sore throat.
 - Cough (for participants with chronic cough due to allergies or asthma, a change in their cough from baseline).
 - Difficulty breathing (for participants with asthma, a change from their baseline breathing).
 - Diarrhea or vomiting.
 - New onset of severe headache, especially with a fever.
 - Exposure to an individual with a confirmed case of COVID-19.
- Let the event coordinator know immediately if they begin exhibiting any of the following COVID-19 symptoms while at the event (not explained by known or diagnosed medical conditions):
 - ONE of the following:
 - Fever of 100.4 degrees or above
 - Shortness of breath
 - Uncontrolled cough
 - OR TWO of the following:
 - Diarrhea
 - Loss of taste or smell
 - Muscle aches without another explanation
 - Severe headache
 - Sore throat
 - Vomiting
 - Chills
- Understand that if they begin exhibiting symptoms while attending the event, they will be removed from group activities and should immediately begin making arrangements to return home. The participant understands that all related costs will be at their own expense.
- Acknowledge that MSU Extension programs are voluntary events and that the best practices listed here have been established to provide a safe environment for youth and adults attending the event. Despite best efforts, there remains some risk for potential COVID-19 exposure while attending the event.