Thumb Area 4-H Camp Application
Youth Ages 9-14 as of 1/1/16
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 completely filled out **with ALL required signatures** and turned in with payment for registration. Please double check you have done everything listed below.

Registration DEADLINE is Wednesday June 1st.

☐ Personal Data/Registration Sheet **MUST HAVE PHOTO**
☐ Parent/Guardian Permission Form
☐ Michigan 4-H Youth Authorization and Acknowledgment Form **MUST be completed for all non-4-H members...NO EXCEPTIONS!**
☐ Check payable to: "Thumb Area 4-H Camp"
☐ Mail to: MSU Extension-Huron County
1142 S. Van Dyke, Suite 200
Bad Axe, MI 48413

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 Kari VerEllen (989) 551-9736 or
Cathy Goulet (313) 938-4331
Sanilac County = Office (810) 648-2515 - Colleen Wallace
Tuscola County = Office (989) 672-3870 or Heather Middleton (989) 670-7078

*Note these are staff’s cell phones and are NOT to be given out or used any other time but during the camp, thank you for helping to protect their privacy.*

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

TIME TO CHECK INTO CAMP  WEDNESDAY, July 6, 10:00 A.M.
CHECK OUT  FRIDAY, July 8, 1:30 P.M.
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!

WHAT NOT TO BRING:
- Valuable articles, such as cell phones, iPhones, radios, jewelry, money, etc.
THUMB AREA CAMP PERSONAL DATA/REGISTRATION SHEET

Child’s Name ________________________________________________
County _______________ Age (as of 1/1/16) _______ 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)

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 are able to be made at camp.

COST OF CAMP:
$130 for 4-H Members $_______
$145 for Non-4-H Members $_______

DEADLINE TO REGISTER: Wednesday, June 1, 2016

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CHANGES are able to be made at camp.
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. I understand that if I don’t check a box that my child WILL NOT be able to participate in the program. During the Technical Tree Climbing activity helmets will be provided; the kids wear safety harnesses and go up 25 feet into the trees under the supervision of trained personnel. Over 2,000 children get to climb our trees each year! 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:

☐ Technical Tree Climbing
☐ Kayaking
☐ Mud Hiking

______________________________________________________________
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:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>Time dispensed</th>
<th>Only as Needed</th>
<th>Reason for meds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetaminophen (Tylenol)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cough Suppressant</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ibuprofen (Motrin)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diphenhydramine (Benadryl)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antacid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hydrocortisone Cream</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Imodium (anti diarrhea)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antibiotic Cream</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decongestant</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calamine Lotion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

Check one: __________ It is okay to use these medications, except __________________________________________

______________________________________________________________
Signature of Parent/Guardian (required) .................................... Date ............................................
MUST be completed for all non-4-H members...NO EXCEPTIONS!

Michigan 4-H Youth Authorization and Acknowledgment Form

Participant Name: ________________________________

County of 4-H Participation: _____________________ Program Year: 20____ - 20____

Instructions. This two-page form is required for participation in Michigan State University Extension 4-H youth programs. Each section requires a separate authorization.

SECTION 1 - Required
Michigan 4-H Code of Conduct

Participation in Michigan 4-H programs is subject to the observance of the program rules. Any participant who knowingly violates this Code of Conduct is subject to discipline, up to and including removal from the activity he or she is participating in (at his or her own expense) or the entire county 4-H program. Determination of disciplinary action shall be done with input from the volunteers and staff overseeing the program or activity. Final decisions about discipline will be made by the MSU Extension staff. Michigan 4-H members will:

- Show respect for, and cooperate with, fellow members, volunteers and staff.
- Follow 4-H policies and procedures when participating in any 4-H sponsored event.
- Under no circumstances, commit or threaten violence toward any individual, group or the program.
- Under no circumstances, possess, sell or consume alcohol or possess, sell or use controlled substances at an MSU Extension 4-H youth activity or event.
- Under no circumstances, attend or participate in an MSU Extension 4-H youth activity or event under the influence of alcohol and/or controlled substances including tobacco, electronic cigarettes, etc.
- Under no circumstances, bring dangerous or unauthorized materials (such as explosives, weapons or similar items) to an MSU Extension 4-H youth activity or event.
- Abstain from harassment or bullying of another participant, volunteer or staff member (either in face to face interactions, through social media or other communication venues), particularly when the behavior is disrespectful as regards a person’s gender, race, age, sexual orientation, religion, national origin, disability or appearance.
- Not cheat or falsely represent efforts related to 4-H project activities.

I have read and I understand the Michigan 4-H Youth Code of Conduct. I agree to abide by the rules stated above. I understand I may be removed as a participant from the activity or program, if I fail to follow these rules.

Participant Signature: ___________________________ Date: ________________

Parent/Guardian Signature: _________________________ Date: ________________

Parent/Guardian must sign if participant is under 18.

SECTION 2 - Required
Evaluation Acknowledgement

As a participant in the Michigan State University Extension/ 4-H program, your child may be asked to help with the evaluation of the program. Your child may be asked to complete a short survey about what he/she learned or did as a result of the program. Surveys could be given before the program begins and/or after the program has ended. Surveys typically take no more than 10 minutes to complete. All surveys are confidential. Youth are not required to participate in a survey. If you or your child does not wish to participate, it will not affect involvement in any programs of Michigan State University. If you do not want your child to participate in program evaluations or have questions about the evaluation, contact your local 4-H coordinator at the MSU Extension Office. By signing below I acknowledge that my child may be asked to participate in a short program evaluation. I understand that program evaluations are completely voluntary.

Parent/Guardian Signature: _________________________ Date: ________________

Participant must sign if over 18.

Michigan State University Extension

MSU is an affirmative-action, equal-opportunity employer. Michigan State University Extension programs and materials are open to all without regard to race, color, national origin, gender, gender identity, religion, age, height, weight, disability, political beliefs, sexual orientation, marital status, family status or veteran status.
**Michigan 4-H Youth Authorization and Acknowledgment Form**

**Participant Name:**

**County of 4-H Participation:** ____________________________ **Program Year:** 20____ - 20____

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**SECTION 3**

**Media Release**

I authorize Michigan State University Extension/4-H to record my image and/or voice for use by Michigan State University Extension or its assignees in research, education, and promotional programs. I understand and agree that these audio, video, film, and/or print images may be edited, duplicated, distributed, reproduced, broadcasted, and/or reformatted in any form and manner without payment of fees in perpetuity.

**Parent/Guardian Signature:** ____________________________ **Date:** ____________

Participant must sign if over 18.

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**SECTION 4**

**Medical Information**

**Participant’s full legal name:** ____________________________ **Phone:** ____________________________

**Birth date:** ____________

**Parent phone home:** (______) ____________________________ **Parent phone work:** (______) ____________________________

**Parent phone cell:** (______) ____________________________

**Mailing address:** ____________________________

**Primary care physician’s name:** ____________________________ **Physician’s phone:** (______) ____________________________

**Physician’s address:** ____________________________

**INFORMATION NEEDED ABOUT PARTICIPANT (Required):**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>If yes, please list/explain below. Attach additional sheets if needed.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Does the participant have any chronic health problem or illness?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Does he or she have any acute illness now?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Has the participant been treated recently for some medical problem?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Is the participant taking any medications for treatment of a medical problem?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Does the participant have any allergies to medication or local anesthetics?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Does he or she have any allergies?</td>
</tr>
</tbody>
</table>

Please disclose any other disabilities or special needs your child has, that could affect their ability to have a positive experience.

**Date of child’s last tetanus shot:** ____________________________

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**HEALTH INSURANCE INFORMATION (Strongly Encouraged):**

**Policy holder’s name and relationship to participant:** ____________________________

**Policy holder’s address:** ____________________________

Please attach a photocopy of both sides of your insurance card (preferred) OR complete the information requested here:

**Insurance company phone number:** (______) ____________________________

All policy numbers (please identify):

**If you have HMO insurance, please list emergency treatment authorization phone number:** (______) ____________________________

**Employer’s name and address:** ____________________________

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**SECTION 5: Required**

**Official Medical Treatment Authorization**

I recognize that while attending this program, medical treatment on an emergency basis may be necessary for my child, and I further recognize that volunteers or staff overseeing the program may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the circumstances and to assume the expenses of such care. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

**Parent/Guardian Signature:** ____________________________ **Date:** ____________

Participant must sign if over 18.

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