



Thumb Area 4-H Camp Registration Form



July 6-8, 2016

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



Registrations due
Wednesday, June 1,
2016

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, tree climbing, mud hiking, swimming, archery, teambuilding, skits, petting zoo, games and crafts. 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.

♦ **For youth ages 9-14 as of January 1, 2016.**

♦ Cost for Thumb Area 4-H Camp:

* \$130 4-H youth

* \$145 non-4-H youth

♦ **Deadline to register is Wednesday, June 1, 2016.**

♦ Adult male & female chaperones are needed,
please contact your county MSU Extension
Office:

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: nurse, cook, camp director, MSUE 4-H staff, and volunteer adult and teen counselors. The camp is fully licensed by the Department of Human Services. A nurse is on the grounds at all times to help ensure the health and safety of every camper. The cook provides well-balanced menus for the campers.



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THANK YOU sponsors of Thumb Area 4-H Camp

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Greater Huron County United Way

GreenStone Farm Credit Services

Huron County Farm Bureau

Interfaith Council

J.W. Hunt OTC Trucking

Northstar Bank

St. Clair County 4-H Council

Tuscola County Farm Bureau

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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.**

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. 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:

<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



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.

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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____

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.

SECTION 4

Medical Information

Participant's full legal name: _____
Birth date: _____ Phone: _____
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):

Yes No If yes, please list/explain below. Attach additional sheets if needed.

- Does the participant have any chronic health problem or illness?

- Does he or she have any acute illness now?

- Has the participant been treated recently for some medical problem?

- Is the participant taking any medications for treatment of a medical problem?

- Does the participant have any allergies to medication or local anesthetics?

- Does he or she have any allergies?

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: _____

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: _____

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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