



Geauga 4-H Cloverbud Camp 2022

DATES:

July 14 & 15

Times:

Drop off: 7:30 - 8:00am

Pick up: 5:00 - 5:30pm

Location:

Camp Burton
14285 Butternut Rd.
Burton, OH 44021

Cost:

\$10 per camper

Payable to: OSU Extension

Reduced cost thanks to the generous donations to the Tractor Supply Paper Clover Campaign.

Registration Details:

Registration packet must be submitted to the Geauga Extension Office by June 24th.

Contact OSU Geauga with any questions. 440-834-4656

What does 4-H Camp Offer?

Campers will stay busy with a variety of programs and activities such as swimming, nature challenges, rock climbing, shooting sports, and crafts. All camp activities are supervised by trained camp counselors, OSU screen 4-H volunteers, and certified camp staff. Campers will develop responsibility and self-esteem while making new friends and of course having fun. Campers will receive two snacks throughout the day and lunch.

Campers who register by June 24th will receive a 4-H Cloverbud Camp t-shirt.

Registration is limited to 20 campers. Camper spots are secured on a first come basis. All paperwork must be received to secure a spot.



THE OHIO STATE UNIVERSITY

EXTENSION



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Geauga County 4-H Cloverbud Camp

2022 Registration

July 14 & 15



One registration form per camper

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

4-H Club: _____ Shirt Size (Youth) _____

Would you like to share something about this camper before camp that would help provide him/her with a positive camp experience?: _____

Required for Registration

- Registration Form (this form)
- Permission to Participate
- Ohio 4-H Health Form
- COVID-19 Acknowledgment Form
- Restricted Release (if applicable)
- \$10 fee per camper

Checks payable to: OSU Extension

Please submit all appropriate items to hold your spot. Participation will be on a first come first serve basis. While forms can be mailed, it is recommended to drop of materials at the office to ensure your camper's spot. We cannot guarantee registration on any mailings. Campers who register by June 24th will receive a Cloverbud Camp T-Shirt.

OSUE Geauga County
Attn: Cloverbud Camp
P.O. Box 387
14269 Claridon Troy Rd.
Burton, OH 44021

Registration Due at the Extension Office: Friday, June 24th. Late registrations may be accepted if spots available. Late registrations will not receive a t-shirt.

Permission to Participate & Informed Consent

Geauga County 4-H Cloverbud Day Camp

This form must be submitted prior to the event. Be sure to complete the entire form and sign accordingly.

I understand that my child, _____, will be participating in the **Cloverbud Day Camp on July 14 & July 15 at Camp Burton** and I grant permission for him/her to participate in this program and associated activities with the exemption of any restricted activities that I have listed below. I understand that my child will be participating in this event with other 4-H members, volunteers, and the potentially the general public.

Activities may include, but not be limited to swimming, indoor/outdoor recreation games, arts & crafts, hiking in the woods, rock wall climbing, low ropes challenge course, etc.

I understand that participation is strictly voluntary and is not a requirement for membership in the Geauga County 4-H Program or any Geauga County 4-H Club.

I have read, understand, and have discussed with my child that:

- a. Participants are expected to follow instructions of counselors, adult staff and camp staff throughout the duration of camp and remain part of the entire group, unless given specific instructions otherwise;
- b. Participants are expected to fully participate in activities outlined by the adults/person in charge of events and activities, unless parent/guardian has made prior arrangements in writing to the Extension Office 48 hours prior to camp;
- c. Participants are expected to respect each other, equipment/materials that are made available to them, and personnel in charge of the event;
- d. Participants are expected abide by the 4-H Code of Conduct and rules set by Camp Burton.
- e. Exposure to wild animals, food, dust, dirt, loud noises, etc. may occur;

I have discussed with my child the importance of following directions and safety procedures that will be outlined by the adults in charge of the activity.

I understand that my child is not required to participate in this activity, but grant permission for him/her to do so, despite the possible risks. I recognize that by participating in this activity my child may risk personal injury. I hereby attest and verify that I have been advised of potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

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: _____

Parent/Guardian Signature: _____ 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.

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: _____	Other Cell Phone: _____
Other Contact: _____	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: <input type="checkbox"/> 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. <input type="checkbox"/> 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"/> Antiseptics	<input type="checkbox"/> Diarrhea Medication (ex: Imodium)	<input type="checkbox"/> Poison Ivy Medicine (ex: Calamine Lotion)
<input type="checkbox"/> Aloe Lotion	<input type="checkbox"/> Antibiotic Ointment (ex: Neosporin)	<input type="checkbox"/> Ibuprofen (ex: Advil, Motrin)	<input type="checkbox"/> Sore Throat Medicine
<input type="checkbox"/> Antacids (ex: Maalox, Tums)	<input type="checkbox"/> Cough Syrup/Drops	<input type="checkbox"/> Insect Repellent	<input type="checkbox"/> Sun Screen
<input type="checkbox"/> Antihistamine (ex: Benadryl, Claritin)	<input type="checkbox"/> Decongestant (ex: Sudafed)	<input type="checkbox"/> Laxative (ex: Milk of Magnesia)	<input type="checkbox"/> Swimmer's Ear Medicine

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 Camp COVID-19 Acknowledgement

I will not send my child to camp if they, or any member in their household, have tested positive for COVID-19 or in the past 14 days have experienced any of the following COVID-19 symptoms:

- Congestion or runny nose
- Cough
- Diarrhea
- Fatigue
- Fever or chills
- Headache
- Muscle or body aches
- Nausea or vomiting
- New loss of smell or taste
- Sore throat
- Shortness of breath or difficulty breathing

I understand that camp participation is voluntary. I acknowledge the contagious nature of COVID-19 (and its variants) and voluntarily assume the risk that my child(ren) and I may be exposed to, or infected by, COVID-19 (or its variants) by attending the 4-H Camp, and that such exposure or infection may result in personal injury, illness, permanent disability and/or death. I understand that the risk of becoming exposed to, or infected by, COVID-19 (or its variants) may result from the actions, omissions, or negligence of my child(ren), myself and others, including, but not limited to, The Ohio State University, OSU Extension, 4-H camp site, and the employees, agents, representatives, volunteers and program participants and their families.

I further understand that dangers may be increased if I or my child(ren) have previously had COVID-19. Because COVID-19 is a developing disease, I understand that all of the current and future risks associated with COVID-19 are not known at this time and it is not possible to fully list every risk associated with contracting the virus. However, I am aware that COVID-19 complications while engaging in physical activity without appropriate medical clearance may lead to further injury or illness, including, but not limited to: dizziness; respiratory issues and lung damage; cardiac issues, including myocarditis (heart muscle inflammation); blood clots; general inflammation; and muscle inflammation/breakdown. I am choosing to send them to camp despite the potential risks.

As recommended by the American Academy of Pediatrics, I understand my pediatrician can advise me on whether it is safe for my child to attend camp based on his or her medical history.

I understand my child must follow all COVID-19 guidance (e.g., wearing masks, distancing, etc.). Failure to do so may result in my child being sent home from camp.

I also understand I will be required to immediately pick up my child if they experience any symptoms listed above while at camp or are exposed to COVID-19. I understand I will receive a full refund of any fees paid before the start of camp. Refunds will be prorated for the days not attended if participants need to depart due to COVID-19 symptoms.

Parent/Guardian Printed Name

Parent/Guardian Signature

Child Printed Name

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)

