

COOPERATE

LEARN

BUILD TEAM SKILLS





Delta County 4-H

presents

4-H Survivor 2016

OUTDOOR SKILLS CAMP

**Noon Friday, July 15th to noon Sunday, July 17th**

**Twin Springs Group Sites Campground**

Participants in Delta County 4-H Outdoor Skills Survivor Camp are randomly divided into teams. They will camp as a team. Each team will receive training in multiple outdoor skills and activities. Team building and training will take place on the first day of camp. The 2nd day of camp will entail group challenges and team building activities. The purpose of the camp is to gain outdoor living skills, build self esteem, make new friends, and have a great time.

After registration, participants will receive directions to the campground and a checklist of items needed for the camp.

**MUST BE RETURNED ON OR BEFORE JULY 11, 2016**

## Register early as space is limited

COMPETE

ENDURE

**Ages 10 – 17**

**Delta County Rate**

**$35.00 per youth**

**Family Rate: $35.00 per person for the first two members**

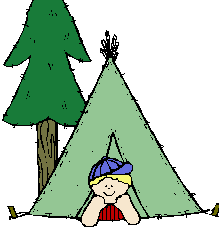
**$10.00 for each additional family member**

**Non 4-H Member Fee – Additional $10 per person**

**Make Checks payable to Delta county 4-H council**

**NO REFUNDS**

4-H Survivor 2016



OUTDOOR SKILLS CAMP

DELTA COUNTY PARTICIPANT INFORMATION:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_ Sex F \_\_\_ M \_\_\_ T-Shirt Size (adult sizes) \_\_\_\_

I have the following skills

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current 4-H Member? Yes \_\_\_\_ No \_\_\_\_\_ Name of 4-H Club \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_ Are you of Hispanic Ethnicity? Yes \_\_\_ No\_\_\_

Race: \_\_\_White \_\_\_\_ Asian \_\_\_\_ African American \_\_\_\_ Native American \_\_\_\_Other (specify\_\_\_\_\_)

Residence: \_\_\_\_\_Farm \_\_\_\_\_ Rural \_\_\_\_\_\_ Town

PARENT/GUARDIAN INFORMATION:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_ Zip:\_\_\_\_\_\_

We waive any claim for liability and hereby release Michigan State University Extension from any claim or demand for injury to persons or property which may occur during Outdoor Living Skills Camp.

Pertinent information about our child/children such as medications, allergies, (including food restrictions) or special accommodations needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

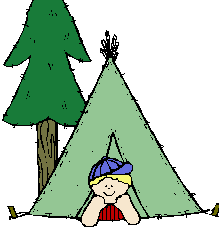
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date



**PLEASE COMPLETE THE BACK OF THIS FORM ON OR BEFORE JULY 11, 2016**

**And return it to MSU Extension 2840 College Ave, Escanaba MI 49829**



**Ages 10 – 17**

**$35.00 per youth**

**Family Rate: $35.00 per person for the first two members**

**$10.00 per each additional family member**

**Non 4-H Member Fee – Additional $10 per person**

**Make Checks payable to delta county 4-h council**

**nO rEFUNDS**

**FIRST TIME CAMPER CLAUSE**

Participants must be capable of spending the night away from home/parents in an outside environment.

**Delta County 4-H Outdoor Skills Survivor Camp**

**Michigan 4-H Code of Conduct for 4-H Activities:** Positive behavior is a key expectation for youth and adults participating in 4-H activities – behavior that reflects trustworthiness, respect, responsibility, fairness, caring and citizenship. Participants are expected to follow all workshop and event guidelines. Theft, vandalism, the use of illegal drugs and alcohol, inappropriate or threatening behavior that violates the rights of others, and other such offenses are strictly prohibited, and anyone involved with these offenses will immediately be sent home at his or her own expense. If it is determined by 4-H staff or persons in charge of the activity that the offense warrants it, the offender will be turned over to the proper authorities.Participation in Michigan 4H 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). Determination of disciplinary action shall be done with input from the volunteers and staff overseeing the

program or activity. Final decisions aboutdiscipline 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 or 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)

4-H Youth Programs Permission/Health Authorization

I wish for my child to participate in this activity. I acknowledge that my child is in good health and good physical condition. I understand that there are risks inherent in any physical activity. I assume the risks and accept the consequences involved in my child’s participation in this event. I understand that if he/she is injured, I am responsible for my health care costs and I agree to release Michigan State University, its Board of Trustees, officers, agents, employees, volunteers, or students from any and all claims for injury or illness resulting from my child’s participation in this event.

My son/daughter will be involved with the Delta County 4-H Youth Program. By completing this form, I will give an appropriate medical facility permission to treat him/her for minor injuries or medical problems should this need arise. In the event of a serious injury or illness, I will be contacted: treatment will proceed before contacting me ONLY if the situation is urgent and does not permit delay. If there is any question in the mind of the parent about the health of this participant, a complete health examination should be secured from a physician.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name County

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature Date

**Delta County 4-H Outdoor Skills Survivor Camp**

### Insurance Information

Policy Holder’s Name and relationship to patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Official Authorization

**Please Print**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, mother and/or father residing at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(parent name) (address)

do hereby authorize the 4-H Youth Program of Delta County, Michigan, to seek any medical and/or surgical

treatment necessary for the care of my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(child’s name)

The above designated organization is hereby authorized to pursue necessary medical attention to provide treatment for said child, for which we shall be fully responsible. We also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payments directly to the medical facility.

**Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4-H Overnight Housing Parent/Guardian Permission Form**

I understand that my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, will be attending 4-H Outdoor Skills Survivor Camp, July 15-17, 2016 at Twin Springs Campground and that he or she may be sharing lodging with an unrelated adult chaperone (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 Date

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 orientations, marital status, family status or veteran status.