2018 Thumb Area 4-H Camp
Registration Form

July 6-8, 2018

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.

♦ For youth ages 9-14 as of January 1, 2018.
  ♦ Cost for Thumb Area 4-H Camp:
    ➢ $135 4-H youth
    ➢ $155 non-4-H youth
  ♦ Deadline to register is Friday, June 1, 2018.
  ♦ LATE REGISTRATIONS WILL NOT BE ACCEPTED!

♦ Adult male & female chaperones are needed, please contact your local MSU Extension Office to volunteer:
  Huron County (989) 269-9949
  St. Clair County (810) 989-6935
  Sanilac County (810) 648-2515
  Tuscola County (989) 672-3870

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, volunteer adults 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.

THANK YOU Sponsors of 2017 Thumb Area 4-H Camp

Agri-Valley Services, Inc.  Greater Huron County United Way  St. Clair County Farm Bureau
Bay Port State Bank  GreenStone Farm Credit Services  Sahm Crop Insurance
Caseville Small Animal Clinic  Huron County Farm Bureau  Scheurer Healthcare Network
Champagne Funeral Chapels, Inc.  Interfaith Council  Steiner Tractor Parts, Inc.
Dow AgroSciences, LLC  J.W. Hunt, OTC  Thumb Crop Insurance
Eilber Insurance Agency  McVey Insurance Agency, Inc.  Thumb Veterinary Services
Erer Farms & Snow Removal  Narayan Rehabilitation, Inc.  Tuscola County Farm Bureau
Gabriel B. Holdwick, DDS  Ordus-Ford-Lincoln, Inc.  West Side Sand Products

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Thumb Area 4-H Camp Application
Youth Ages 9-14 as of 1/1/18

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.

☐ In Case of Emergency Info
☐ Personal Data/Registration Sheet MUST HAVE PHOTO
☐ Parent/Guardian Permission Form
☐ Michigan 4-H Youth Authorization and Acknowledgment Form MUST be completed ENTIRELY for all campers...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
☐ Registration DEADLINE is Friday, June 1, 2018 (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

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 FRIDAY, July 6, at 10:00 A.M.
CHECK OUT SUNDAY, July 8, at 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!

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 __________________ Age (as of 1/1/18) _______ 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 will be made at camp.

COST: $135 for Current 4-H Members $______
       $155 for Non-4-H Members  $______

REGISTRATION DEADLINE: Friday, June 1, 2018 (LATE REGISTRATIONS WILL NOT BE ACCEPTED)
MAIL APPLICATION TO: MSU Extension-Huron County, 1142 S. Van Dyke, Suite 200, Bad Axe, MI 48413
CHECKS PAYABLE TO: Thumb Area 4-H Camp

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. 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:

- [ ] Kayaking
- [ ] Technical Tree Climbing
- [ ] Mud Hiking
- [ ] Horseback Riding

______________________________________________
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>
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<td></td>
<td></td>
</tr>
<tr>
<td>Ibuprofen (Motrin)</td>
<td></td>
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</tr>
<tr>
<td>Diphenhydramine (Benadryl)</td>
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<td></td>
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</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>
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</tr>
<tr>
<td>Antibiotic Cream</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Decongestant</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Calamine Lotion</td>
<td></td>
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</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

______ 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 ENTIRELY for all campers...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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