Thumb Area 4-H Camp

July 6-8, 2017

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.

- Registration forms available at your local MSUE Office.
  - For youth ages 9-14 as of January 1, 2017.
    - Cost for Thumb Area 4-H Camp:
      - $135 4-H youth
      - $145 non-4-H youth

*(Check with your county MSUE Office for possible scholarship opportunities.)*

- Deadline to register is Thursday, June 1, 2017.
- LATE REGISTRATIONS WILL NOT BE ACCEPTED!

- Adult male & female chaperones are needed, please contact your county 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.

4-H Camp Teen Counselors (lto r): Ryan Zawadsky (Sanilac), Ryan Rich (Sanilac), Macy Knoblock (Huron) and Gabriella Romero (St. Clair) are 2016 State 4-H Group Award winners for Thumb Area 4-H Camp.

THANK YOU sponsors of 2017 Thumb Area 4-H Camp

Caseville Small Animal Clinic  McVey Insurance Agency, Inc.  Tuscola County 4-H Council
Champagne Funeral Chapels, Inc.  St. Clair County 4-H Council  Tuscola County Farm Bureau
Eilber Insurance Agency  Sanilac County 4-H Council  West Side Sand Projects
Gabriel B. Holdwick, DDS  Scheurer Healthcare Network  Thumb Crop Insurance
Huron County 4-H Council  Steiner Tractor Parts, Inc.
Interfaith Council

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Thumb Area 4-H Camp Application
Youth Ages 9-14 as of 1/1/17
REGISTRATION PACKET

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 Thursday, June 1, 2017 (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 Kari VerEllen (989) 551-9736
    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 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 THURSDAY, July 6, at 10:00 A.M.

CHECK OUT SATURDAY, 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.
THUMB AREA CAMP PERSONAL DATA/REGISTRATION SHEET

Child’s Name ____________________________________________
County ___________________ Age (as of 1/1/17) _______ 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 $_______
       $145 for Non-4-H Members $_______

REGISTRATION DEADLINE: Wednesday, June 1, 2017 (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)

____________________________________________________________________________________

PASTE
PHOTO HERE
(Focus on Face similar to a passport photo)
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
☐ 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</th>
<th>Only as Needed</th>
<th>Reason for meds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetaminophen (Tylenol)</td>
<td>Cough</td>
<td>Ibuprofen</td>
<td></td>
<td>Diphenhydramine (Benadryl)</td>
</tr>
<tr>
<td>Antacid</td>
<td>Suppressant</td>
<td>(Motrin)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antibiotic Cream</td>
<td>Hydrocortisone</td>
<td>Cream</td>
<td>Imodium (anti diarrhea)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Decongestant</td>
<td></td>
<td>Calamine Lotion</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

___ It is okay to use these medications, except ____________________________________________

______________________________________________________________
Signature of Parent/Guardian (required)                      Date
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____

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):**

<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:

__________________________

**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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