

JUNIOR CAMP REGISTRATION

Due June 16, 2009 in DeKalb Extension Office

Office Use Only
Cabin _____
Group _____

Name _____ Age _____

Rural Address _____

(Town) (State) (Zip) (County)

4-H Club _____ Telephone _____

Parent/Guardian _____ Boy _____ Girl _____

Cabin Mate _____

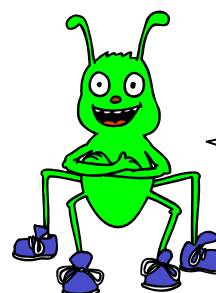
(Campers are assigned to cabins by age groups)

Registration Fee:

- ___ 4-H Member - \$116.00 _____
- ___ Challenge by Choice - \$20 _____
- ___ Can Lamp Skill Session - \$10 _____
- ___ Shooting Sports - \$15 each _____
- ___ Camp Picture - \$5 _____

Amount Enclosed: _____

Make Payable/Mail to: DeKalb County 4-H Council
 215 E. 9th, Ste. 300
 Auburn IN 46706



Register Today!

Camp Commitment

I understand that I, _____ (name of youth) will be expected to participate in all parts of the 4-H Junior Camp and follow the planned program. I understand that full time attendance is required unless an early release or late arrival is requested in writing at registration. No youth is allowed to return to camp once they have been released. I agree that I am not to have or use any form of tobacco, alcoholic beverages or other drugs, or firecrackers while at camp. I agree that I will not leave the camp grounds without the permission of the Camp Director. I will conduct myself with respect for others at all times and will cooperate with the camp staff. I understand the camp areas are restricted to boys in the boys cabin areas and girls in the girls cabin area. I will not deface or destroy any camp property. If I break any part of this agreement, I understand I will be sent home without refund of my fees and at my own expense.

_____ Photographic Permission: Camp Palmer, Ohio State University Extension and Purdue University Extension does NOT have my permission to use video or photography of my child for camp promotional purposes. (Please check , if applicable.)

Youth Signature _____ Parent Signature _____

⚠ Remember to include the completed Health History and Skill Session Forms

SKILL SESSION FORM

Name _____

Major Session: 2 hours each day

Please RANK your choices 1-5 (1 being your first choice 5 being your last)

- | | | |
|-------------------------------------------|---------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Crafts | |
| <input type="checkbox"/> Camparazzi | <input type="checkbox"/> Dance | <input type="checkbox"/> Outdoor Sports |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Go Green! | <input type="checkbox"/> Team Building |
| <input type="checkbox"/> Challenge Course | <input type="checkbox"/> Nature Study | <input type="checkbox"/> Water Sports |

Minor Skill Session: 1 hour one time

Please RANK your choices 1-5 for each day (1 being your first choice 5 being your last)

Saturday, June 28 Session I & II	Sunday, June 29 Session III & IV	Monday, June 30 Session V & VI
<input type="checkbox"/> Archery	<input type="checkbox"/> Bottle Rockets	<input type="checkbox"/> Archery
<input type="checkbox"/> Basketball	<input type="checkbox"/> Bugs Alive	<input type="checkbox"/> Boomerangs 101
<input type="checkbox"/> Canoeing	<input type="checkbox"/> Canoeing	<input type="checkbox"/> Can Lamps - \$10
<input type="checkbox"/> Dancing	<input type="checkbox"/> Hockey	<input type="checkbox"/> Dodgeball
<input type="checkbox"/> Fishing	<input type="checkbox"/> Ice Cream	<input type="checkbox"/> Friendship Bracelets
<input type="checkbox"/> Flying Squirrel	<input type="checkbox"/> Kickball	<input type="checkbox"/> Geocaching
<input type="checkbox"/> Mini Golf	<input type="checkbox"/> Mosaic Art	<input type="checkbox"/> Ice Candles
<input type="checkbox"/> Noodle Hockey	<input type="checkbox"/> Pamper Pole	<input type="checkbox"/> Noodle Hockey
<input type="checkbox"/> Photo Albums	<input type="checkbox"/> SS – Air Rifle \$15	<input type="checkbox"/> Outdoor Games
<input type="checkbox"/> SS – Shotgun \$15	<input type="checkbox"/> Solar Ovens	<input type="checkbox"/> Polish Crafts
<input type="checkbox"/> Swimming	<input type="checkbox"/> Swimming	<input type="checkbox"/> SS – Muzzle Loading \$15
<input type="checkbox"/> Team Building	<input type="checkbox"/> Tie Dye T-Shirt	<input type="checkbox"/> Swimming
<input type="checkbox"/> Tie Dye T-Shirt	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Tower of Power
<input type="checkbox"/> Ultimate Frisbee	<input type="checkbox"/> Zipline	<input type="checkbox"/> Volleyball

Note: If you have signed-up for Lamps as a 1st or 2nd choice, please enclose \$10.00 with this form.

Cost for Shooting Sports is \$15 each class to cover ammunition and instructors.

**** Please bring a white T-Shirt if you have signed-up for either of the Tie-dye sessions.**

★ Turn in with Camp Registration

SKILL SESSION DESCRIPTIONS

ARCHERY - A trained Camp Palmer Instructor will teach basic archery and safe use of bows and arrows.

CAMPARAZZI – Campers become the media while interviewing camp participants, taking pictures throughout camp and developing a camp-wide newspaper by the end of camp.

CANOEING - A trained Camp Palmer Staff instructors will teach basic paddling and rescue techniques.

CHALLENGE COURSE - Take team building to new heights. Participate in Tower of Power, Pamper Pole and Flying Squirrel to mold your team building skills.

CRAFTS - Participants will participate in a craft activity each day. Youth will be given the opportunity to explore their creative side.

Go Green! Use the ordinary to create extra-ordinary items.

DANCING - Camp Counselors will offer dancing mixed with song leading and small group game leadership.

NATURE STUDY - Camp Palmer staff will instruct campers in animal, plant studies and outdoor living skills.

OUTDOOR SPORTS - Outdoor Games and Sports will be explored as members increase their knowledge of rules and philosophy.

TEAM BUILDING - Outdoor activities where participants will work together as a team to accomplish a challenging goal.

WATER SPORTS - Numerous water sports will be explored and played. Youth should possess good swimming skills. A certified life guard will be on duty.

Basketball - rules will be reviewed and teams will be formed to include everyone in the game.

Bottle Rockets – explore rocketry through the use of 2-liter bottle rockets.

Boomerangs 101 – Learn about life down under in Australia and how to throw a boomerang with your mates.

Bugs Alive – Work with real cockroaches while learning about the bug world.

Dodgeball – learn rules and safe practices of this recently revived game.

Flying Squirrel - team initiative activity where participants are harnessed to fly through the woods.

Friendship Bracelets - campers will learn to braid bracelets and create their own friendship bracelets.

Fishing – a double session where campers will take advantage of Harrison Lake.

Geocaching - is a satellite-based navigation system, find your way around Camp Palmer with GPS.

Hockey - floor Hockey rules will be reviewed and teams will be formed to include everyone.

Ice Candles - participants will make candles to take home.

Ice Cream – Relax and enjoy homemade ice cream...after you have fun making it yourself.

Kickball - teams will be formed to include everyone.

Lamps - cost is \$10 and campers will make a lamps with a can base.

Mini Golf - campers will be able to use the Mini Golf Course to develop their skills.

Mosaic Art – Create a beautiful, but functional piece of mosaic art to take home with you.

Noodle Hockey – A soft twist on floor hockey.

Pamper Pole – team building activity for the fearless.

Photo Albums - Create a pocket-sized photo album to display your Camp Palmer memories.

Polish Crafts – Learn the skill of glass painting from our visiting 4-H Leaders from Poland.

Solar Ovens – Build your own Solar oven from a pizza box. Then try it out to heat up some snacks!

Shooting Sports – Work with a trained instructor to learn to use various types of guns with in a safe environment.

Swimming - youth are introduced to games conducted in the swimming pool.

Tie-Dye - bring a white pre-washed T-Shirt to dye in bright colors.

Towers of Power - participants will be using rock climbing skills to reach the top of the tower.

Ultimate Frisbee – A non-contact version of football, teams learn the rules and strategies to compete.

Volleyball - rules will be reviewed and teams formed to include everyone.

Zipline - youth are harnessed to a cable and slide down a gradual decent through the woods.

**4-H Camp Palmer Inc.
Challenge Through Choice Course**

Name: _____ Age: _____ Phone: _____

Address: _____

Statement of Understanding/Medical Information:

I am aware in signing this statement for participation in the programs at 4-H Camp Palmer Inc.; that certain activities are physically demanding. Therefore, physical fitness will increase your enjoyment and ability to participate in the activity. If for any reason you question your ability to participate in the activity, please consult with the instructors prior to participation. While it is impossible to foresee all possible dangers, some of the specific hazards which you might encounter while using the High Ropes Course and Initiatives Course include: slipping or falling on the trail, bumps, bruises, cuts, insect bites, poison ivy, sprained, fractures, or other injuries. Please note that most activities are conducted in the out-of-doors in all kinds of weather so proper dress (rain gear, warm clothing) is essential to avoid undue exposure to the elements. The instructors of the course will take every reasonable precaution to minimize exposure to known risks, however, as a participant you acknowledge that nature of the activity and the fact that not all the stresses and hazards connected with the activity can be foreseen. You have the personal responsibility to follow the established safety rules and procedures to the extent that you participate in such activities. If at any time you have questions about the activity, you have the responsibility to consult with your instructor. Sponsoring agencies have the responsibility of providing a progression of appropriate activities which lead to the experiences at The Challenge Through Choice Course at 4-H Camp Palmer, Inc.

I recognize that there is a significant element of risk in any adventure, sport or activity associated with the outdoors. Knowing the inherent risks, dangers and rigors involved in the activities, I certify that my family and I, including any minor children, are fully capable of participating in the activities.

I assure full responsibility for my family and myself, including any minor children, for bodily injury, death loss of personal property, and expense thereof, as a result of my family member(s) participating in the Challenge Through Choice Course.

Signature _____ Date _____
(Parent or legal guardian must sign for all persons under 18 years of age.)

NOTE: All participants should wear long pants (no shorts) and tennis shoes on the ropes course, and the Initiatives Courses.

Emergency Medical Information:

Allergies to foods, drugs, insect bites, dust. Please identify them and the nature of your reaction _____

Physical disabilities or conditions which might limit your participation. Please identify them _____

If you are presently taking medication, please identify the medications _____

In case of an emergency contact: _____

Relationship _____ Home Phone _____ Work Phone _____

Informed Consent
4-H Camp Palmer Shooting Sports Program

I understand that my child/charge, _____, will be participating in the 4-H Shooting Sports Program at 4-H Camp Palmer. Related activities while participating in the Shooting Sports Program may include, but is not limited to firearms safety and shooting firearms. Involvement in this activity may lead to contact with individuals who have experience in shooting sports and individuals who are inexperienced with shooting sports activities. I also understand that participation in this activity is strictly voluntary and is not a requirement for 4-H membership.

I am aware and have discussed with my child/charge that:

1. All participants will be required to follow instructions of certified shooting sports instructors and other adult and teen counselors while at camp ;
2. Participants are not to bring firearms, archery equipment, and ammunition as they will all be provided;
3. Other participants may act in negligent manner which otherwise may result in harm to my child;
4. Hiking may give rise to risk of injury arising from the surface or subsurface of the ground on which the hiking occurs;
5. Participation in sporting/recreational events may give rise to injury as a result of collisions with another individual or sudden falls;
6. Handling and discharging firearms or archery equipment may lead to injury, death, or loss to participants.

I recognize that the above outlined activities and potential resulting risks may cause injury, death, or loss to participants or other persons in the immediate vicinity.

I have discussed with my child/charge the importance of following directions and safety procedures, which will be outlined by 4-H volunteers prior to activities.

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

Participant Name

Participant Signature Date

Parent/Guardian Name

Parent/Guardian Signature Date

Special Treatment:

_____ My child has no known medical or food allergies or other reactions to the following listed below (please check if applicable).

Allergies: Indicate if participant is allergic to:

Foods (specify): _____

Medication – (Prescription of non-prescription drugs, specify): _____

Serious Ivy, Oak, Sumac Poisoning: _____ Bee or Insect Stings: _____

Prescribed Treatment: _____

List all present Medical and Allergic conditions (contact lenses, braces, diabetes, etc.) which camp nurse should be aware of or which require medication, treatment, or special restrictions or considerations in participation.

Condition _____ Treatment _____

Condition _____ Treatment _____

Specify any restrictions in activities: _____

Immunizations:

_____ To my best knowledge, my child has up-to-date immunizations, which may include, but not limited to:

Diphtheria / Pertussis (Whooping cough) / Polio / Measles / Rubella / Mumps / Tuberculosis / Hemophilus influenza (HIB).

Others, please specify _____ (Please place a check, if applicable.)

_____ My child has received the most recent **Tetanus Booster**. Date of last Booster _____
(Please place a check, if applicable.)

Information regarding custody of child:

If there are any special circumstances regarding any individual(s) who should not be in contact with and /or have custody of this child, and/or any one that you wish to not pick up your child from camp. Please explain on the lines provided below **and discuss the matter with the Camp Director upon registration at camp.**

Medical Authorization:

As parent/guardian of minor child (or person age 19 or over for self,) I give my permission for _____
_____ (participant) to attend Camp Palmer and participate in the programs and activities, (including the Challenge By Choice course, if given permission for by a parent or guardian), with the exception of those restricted activities listed above. I understand that participants will be supervised. I understand the staff, Camp Palmer, Ohio State University Extension, Purdue University Extension and other camp sponsored agencies are not responsible in the event of accidental injury or illness, nor for the compounded injury or illness to the participant's present medical condition. I further understand that in case of serious injury or illness, I will be notified. If I cannot be contacted (or in the case of person age 19 or over, if I am unable to give my consent at the time,) I give my permission to transport my child by appropriate means and to the attending physician to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for the participant as named above.

Parent Signature _____ Date _____

Late Arrival/Early Release Information:

If the camper will be arriving late or leaving early, it is necessary that the Camp Director be aware of your plans. Please place a check, if applicable and provide pertinent information below.

_____ Arriving Late _____

_____ Leaving Early _____

Behavioral Criteria for 4-H Events and Activities:
(Recommend distributing with health forms for trips/activities.)

To 4-H members, volunteers, parents and the public: When attending, participating or acting on behalf of the 4-H program, all persons are expected to conduct themselves in accordance with accepted standards of social behavior, to respect rights of others, and to refrain from any conduct which may be injurious to the 4-H program. **The following actions constitute misconduct for which persons may be subject to disciplinary penalties and/or dismissal from the program:**

- (a) Dishonesty in connection with any 4-H activity by cheating or knowingly furnishing false information.
- (b) Alteration or unauthorized use of 4-H records.
- (c) Obstruction or disruption of any 4-H activity or aiding and encouraging other persons to engage in such conduct.
- (d) Failure to comply or aiding or encouraging other persons not to comply with specific terms and conditions of a given project, contest, or activity.
- (e) Failure to comply with directions of 4-H officials acting in the proper performance of their duties.
- (f) Inhumane treatment of 4-H animal projects.

There are many opportunities for 4-H members, volunteers, parents and the public to participate in 4-H events and activities. When involved in such experiences, members, volunteers, parents and the public are expected to follow all rules and regulations as outlined by those responsible for the specific program or activity. In all such 4-H activities, the following constitute a violation of behavioral expectations:

- 1. Possession or use of fire crackers, gun powder, firearms, chemicals or other materials that can be used to create an explosive mixture.
- 2. Misuse of fire equipment or sounding a false fire alarm.
- 3. Having a guest of the opposite sex in your sleeping quarters.
- 4. Physical or verbal abuse of any person or conduct which threatens or endangers the health or safety of any person.
- 5. Theft of or malicious damage to property.
- 6. Possession, use, or distribution of alcohol, illegal drugs, tobacco and tobacco-like products, or other dangerous substances.
- 7. Lewd, indecent, or obscene conduct.
- 8. Unauthorized entry, use or occupancy of any facility.
- 9. Any conduct which threatens or interferes with maintenance of appropriate order and discipline or invades the rights of others.

When violations occur at out-of-county, district, area, and/or state and/or national 4-H events, the following procedures will be followed.

- (a) The parents/legal guardians will be contacted to arrange transportation home for the violator(s) and
- (b) The local extension educator will be notified.

I verify that I am a 4-H member, I have read and will abide by the rules and behavioral expectations, set by the Indiana 4-H program or I will forfeit my right to stay. Both signatures are required.

4-H member signature _____ Date _____

Parent/legal guardian signature _____ Date _____

(Attach 4-H member's recent photo to back of this form).

PARENTAL AUTHORIZATION

Pursuant to Indiana Code Paragraph 16-36-1-6 and subject to any limitations listed below, I request and authorize Purdue University Cooperative Extension Service employees and their authorized agents to arrange for all reasonably necessary medical care, including transportation and hospitalization, for my child while in attendance at and participating in 4-H Youth Development events and activities.

I also understand that, as a result of my child's participation in this program, it will be necessary for Purdue CES employees and other authorized personnel with the program to have access to relevant medical information pertaining to my child, and I authorize the use and disclosure of my child's medical information to promote a safe and healthy experience for my child.

Parent/Legal Guardian Signature	Date	Witness to Parent/Legal Guardian	Date
Parent/Guardian Telephone: (____) _____		(____) _____	
Home		Work	

Both above signatures required for acceptance to participate

In case we cannot reach you, please list the name and phone number of a second party to contact:

Name _____

Address _____

Telephone: (____) _____ (____) _____

Home Work

★ Turn in with Camp Registration

Medication Dispensing Request Form

★ Turn in at Camp with medication

Camper's Name: _____ Date: _____

To be completed by the physician:

I request that the camper be given the following medication while at 4-H Camp Palmer.

Name of medications: _____

Dosage requirements are as follows:

List possible reactions which should be reported to the physician:

List special storage and/or sterile requirements:

Date medication will no longer be needed: _____ Date _____

Name of physician _____

Address _____ Phone _____

Physician's Signature _____

To be completed by the parent or guardian:

We the parents/guardians of _____ authorize 4-H Camp Palmer personnel to administer the medication listed above.

We are to deliver the medication to 4-H Camp Palmer and to notify 4-H Camp Palmer if there is a change in physicians and to notify 4-H Camp Palmer if the medication is changed or the dosage is changed or eliminated.

Parent/Guardian Signature _____

To be completed by 4-H Camp Palmer:

The following person/persons are authorized to dispense the medication described on this form.

1. _____

2. _____

3. _____

Camp Director's Signature _____

Date: _____

★ Turn in at Camp with medication