

Dear 4-H'er and Parents,

It's time to begin thinking about 4-H camp again! Camp is an exciting event for 4-H'ers to meet other kids from Seneca County and Ohio. They will enjoy various types of recreation such as outdoor games, dancing and swimming, and participate in many other learning and social experiences.

This year camp will be held Tuesday, June 13-Friday, June 16, 2023 at Kelleys Island 4-H Camp for 4-H'ers, ages 8 and in third grade-14 by the first day of camp. Youth who are 14 as of January 1, 2023 are not eligible to attend camp.

We need to have all campers registered by May 22, 2023. Registration will be on a first-come, first-serve basis. Camp fees: \$ 185.00 per 4-H member and non-4-H members are \$195.00. First priority will be given to 4-H members. Fees include lodging, ferry fees, all meals, supplies, unit costs and a camp t-shirt.

Please return the completed registration form with the camp fee (make checks payable to "OSU EXTENSION") to the Extension office. If you are unable to pay the full camp fee when registering, a \$90.00 payment will hold a place on the camper list with the balance due by May 22, 2023.

If for some reason you are unable to attend, the \$90.00 deposit will become a non-refundable fee after May 22, 2023.

Additional details about the camp will be mailed to those who turn in registration forms and the additional mandatory forms listed below.

If you have any questions, please call us at 419-447-9722.

Camp R	Registration Checklist:
	Registration and Payment (Included in this document)
	Camp Commitment Agreement, Camper Permission, Cell Phone Policy, Informed Consent, Searching Belongings, Covid-19 Acknowledgement (Included in this document)
	Health Form with picture of camper (Separate document)





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## SENECA COUNTY 4-H CAMP REGISTRATION - DUE by May 22, 2023 CAMP – Tuesday June 13- Friday June 16 2023

Please complete and return	n by May 22 to:	314	J Extension, Seneca C O S. SR 100, Suite E in OH 44883	ounty
Camper's Name				
Gender		AGE 1 <sup>st</sup> day	of camp?	
Address				
AddressStreet or Ro	ad Number/Name	or	Post Office Box Num	ıber
Town	Zip Code		Telephone #	Cell
4-H Club				
Cabin Mate (May request to room with This does NOT guarantee t	n ONE other camper- Pl	ease ensure	that age difference i	
Have you previously attend	led 4-H Camp?	Yes	No	
T-shirt size				
	\$185.00		r check #	
Or	\$195.00 (non 4-H'er)	am	t. pd. \$	
		date receiv	ved	

### ALL SECTIONS MUST BE COMPLETED & TURNED IN WITH REGISTRATION

# **Camp Commitment Agreement**

I understand that I,	(youth's name) will be expected to
participate in the planned activities and events and	d follow all camp rules and policies. I agree that I am not to
have or use any form of tobacco, alcoholic beverag	ges or other drugs, or firecrackers while at camp. I agree to
follow all camp rules. I agree that I will not leave th	ne campgrounds without the permission of the Camp
	ers at all times and will cooperate with the camp staff. I
	boys' cabin area and girls in the girls' cabin area. I will not
	y part of this agreement, I understand I will be sent home
without any refund of my fee and at my own expe	ense.
I also understand my family is responsible for trans	sportation arrangement to and from camp.
Parent/Guardian Signature	Camper Signature
**********	*******
Camper	Permission Form
I do hereby grant permission for	(youth's name) to
participate inall camp activities, including but not licamp planned sessions, and Kelleys Island travel.	imited to: Swimming, hiking, recreation time, all
I have noted below any EXCEPTIONS to the above below):	activities (if none, leave blank and sign
,	
Devent / Consider Cinnet and	
Parent/ Guardian Signature	

\*

### **Cell Phone Policy Agreement**

- Campers are not allowed to bring cell phones or any other electronic devices to camp.
- If a cell phone or any other electronic device is brought to camp, it will be collected by a
  counselor at the first cabin meeting and turned into the camp director until the end of camp. If a
  camper is caught with a cell phone or any other electronic device after that time, it is grounds for
  immediate dismissal.
- Counselors will turn in their cell phones and any other electronic devices to the camp director at the
  beginning of camp. If a counselor is caught with a cell phone or any other electronic device after that
  time, it is grounds for <u>immediate dismissal</u>. Counselors may also not be selected to come to camp the
  following year.

By signing this Ohio 4-H Cell Phone Policy Agreement, I confirm to have read and fully understand this form. If I break any part of this agreement, I understand my camper/counselor will be sent home

without any refund of my fee and at my own expense.		
Parent/ Guardian Printed Name		
Parent/ Guardian Signature	 Date	

## **Informed Consent and Permission to Participate** Seneca County 4-H Jr. Camp

I give permiss	ion for my child,	, to participate in the Seneca County 4-
		13 - June 16, 2023. Activities involved in camp will include
living in a cabi	n; sharing bathroom facilities with	other campers; sleeping in bunk beds; canoeing, swimming,
nature hikes,	shooting sports; fishing; biking; pla	ying volleyball, basketball, relay races and other recreational
games; campf	ire activities; and dances. Attendir	ng the camp may lead to contact with individuals who are
experienced a	nd inexperienced in the above acti	vities. I also understand that participation in this activity is
strictly volunt	ary and is not a requirement for 4-	H membership.
I am aware an	d have discussed with my child tha	t:
1.	Being in and around water, wood become wet, dirty, and beyond cl	s, and participation in camp activities may cause clothing to eaning and/or repair;
2.	While in a canoe, my child may be in the water;	involved in a collision with another canoe, person, or object
3.	Hiking may give rise to risk of inju which the hiking occurs;	ry arising from the surface or subsurface of the ground on
4.	Participation in sporting/recreation other individuals or sudden falls;	nal events may give rise to injury as a result of collisions with
5.	Participation in biking events may or sudden falls;	give rise to injury as a result of collision with other individuals
6.	Other participants may act in a ne child;	gligent manner which otherwise may result in harm to my
7.	Swimming may lead to injury caus objects in the water;	sed by slippery surfaces, contact with other swimmers and/or
I recognize tha	at the above outlined activities and	potential resulting risk may cause injury, death, drowning, or
loss to particip	oants or other persons in the imme	diate vicinity.
I understand t	hat my child is not required to par	ticipate in this activity, but grant permission for him/her to do
so, despite the	e possible risks. I recognize that by	participating in this activity, as with any physical activity, my
child may risk	personal injury. I hereby attest an	d verify that I have been advised of the potential risks, that I
have full know	vledge of the risks involved in this a	activity and that I assume any expenses that may be incurred
in the event o	f an accident, illness, or other inca	pacity, regardless of whether I have authorized such expenses.
Signed:		Date:
	(Parent/Guardian)	
Signed:		Date:
(	Camper/Counselor)	

### **Searching Belongings**

If there is reasonable suspicion that a violation of the program's prohibited items policies has occurred or other rules have been broken, a search may be conducted.

The following steps will be taken:

- Searches will be conducted by at least two (2) trusted individuals, in the presence of the participant whose belongings are being searched, and preferably in a private setting, unless there is imminent danger or circumstances that require immediate action.
- Searches may include a participant's luggage, bags, backpacks, knapsack, trunk, locker, bedding, dresser drawers, and personal effects including toiletries.
- When timing and circumstances allow, the participant's parent or guardian will be notified prior to conducting the search. In situations when this is not possible, either due to timing, lack of communications coverage, or lack of response, notification will be made as soon as possible.
- If an illegal item is discovered (e.g. alcohol), it will be confiscated and retained in a secure place, and the appropriate authorities will be contacted for further action.
- If a prohibited item is discovered, it is confiscated and retained in a secure place. Prohibited items may be returned to the parent/guardian when they arrive to pick-up their participant.

#### Ohio 4-H Camp Cell Phone Policy

As a means of risk management, youth participants (campers and counselors) may not possess cell phones\* during 4-H camp. Counselors shall not use cell phones (as alarms, music players, etc.) in their cabins at any time. Camp Program Directors have discretion for permitting camp counselors selective cell phone use during limited time periods, such as during out-posting, nature treks, or off-camp travel (field trips), or for other safety concerns where the use of two-way radios is not practicable. Camp Program Directors will determine consequences for possessing a cell phone. The State 4-H Office recommends a zero tolerance approach: If an individual is caught with a prohibited cell phone, they will be sent home at the family's expense.

* Camp Progran	np Program Directors also have discretion for prohibiting other internet-enabled devices at their 4-H ca		
prohibited item	s in my child's luggage, bags, bac including toiletries. I, also, ackno	mp staff reserves the right to search and seize any illegal kpacks, knapsack, trunk, locker, bedding, dresser drawers owledge that cell phones are not permitted at camp and v	s, and
Signed:(I	Parent/Guardian)	Date:	
Signed:(	Camper/Counselor)	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 difficultybreathing

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 suchexposure 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) mayresult 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 despitethe 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 afull 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