Join Us for 4-H Camp!!
Cuivre River State Park
Troy, Missouri
June 7-10, 2018

4-H Camps have a greater impact than most people may imagine—camp does develop life skills in youth. . .
And we have proof.

- Two consecutive years of highly positive responses from campers and their parents!
- Extension 4-H Specialists and the families they serve consider 4-H Camp experiences as a high priority program. 4-H Campers ages 10-13 and their parents were surveyed twice in the past three years to determine the effectiveness of Missouri 4-H Camps in developing life skills in youth.

72.7% of Youth and 82.4% Parents agreed or strongly agreed that 4-H Camp improves skills in Learning to Learn

83.2% of Youth and 83.4% Parents agreed or strongly agreed that 4-H Camp develops Social Skills

83.8% of Youth and 83.3% of Parents agreed or strongly agreed that 4-H Camp improves Teamwork Skills

82.6% of Youth and 79.1% of Parents agreed or strongly agreed that 4-H Camp improves Self-Responsibility Skills

An overwhelming 94.6% of Youth reported their desire to return to Camp next year. 97.9% of Parents stated they were glad they sent their child to camp; 95.7% felt the benefits to their child outweighed the cost.

DEADLINE!
May 1
Rush Fee $20 May 2-15
There's more to summer camp than the "tangibles" children bring home—new sports equipment, artwork, macaroni necklaces and sun-catchers. Have you ever thought about the other benefits, the "intangibles"? 4-H Camps develop a wealth of skills that benefits children well into adulthood.

**Who:** 4-H Members ages 8-13 as of January 1, 2018. (Non 4-H youth may attend if camp doesn't fill; turn in registration by deadline, you will be put on a waiting list.)

**What:** Swimming (due to repairs at camp we will be busing campers to the city pool in Troy with chaperons) and beautiful surroundings. Nature programs, games, songs, team-building, challenge activities, crafts; menus planned by University of Missouri Extension nutrition specialists.

**When:** June 7-10, 2018

**Where:** Cuivre River State Park, Camp Derricotte—Troy, Missouri (secluded group camp facility).

**Why:** Children gain a dose of confidence by living on their own, away from mom and dad. The newfound confidence enhances a child's ability to handle peers on the same level and encourages others to depend upon the child physically, socially and intellectually. Unlike many schools, camp also encourages children to take the initiative. "Camps help young people discover and explore their talents, interests and values. Most schools don't satisfy all these needs. **Kids who have had these kinds of [camp] experiences end up being healthier and have fewer problems,"** says Dr. Peter Scales, senior fellow with the Search Institute, Minneapolis.

**Cost:** $115.00 **Due May 1.** Transportation is on your own for Counselor Camp. We are working on transportation to camp. If group transportation is not an option, can you provide carpooling: □ Yes □ No. If yes, how many youth with luggage? ______.

**Staff:** Hired and trained by 4-H Youth Development Specialists. Red Cross certified Lifeguards and experienced Health Aide, Cooks and Assistants; fully trained program staff. Counselors are trained, caring teen 4-H members from Adair, Putnam, Schuyler, Sullivan, Lincoln, Montgomery and Warren counties.
Complete the Entire Form - Do not alter the form in any manner.

Name _______________________________________ Date of Birth ______________ 4-H age (as of 1/1/18) _______

Gender M____ F____ County of Membership_______________________________

Parent or Guardian contact information: Parent’s Name _______________________________________________

Home # _____________________ Work # ____________________________ Cell # __________________________

Insurance Co/Policy # _____________________ Insurance Co. Name ______________________________________

Insurance Co. Address ________________________________________ Insurance Co. Phone # ________________

EMERGENCY CONTACT: Contact Name _____________________________ Relationship____________________

Home # _____________________ Work # ____________________________ Cell # __________________________

Family Physician: ________________________________ Home # _________________ Office # __________________

Does your child have any allergies (food or other)? ___ Yes ___ No  If yes, list allergy, reaction, and treatment:

Will your child be bringing any type of medicine to this event? _____ Yes _____ No (must be in original container)
If yes, give type and dosage instructions_____________________________________________________________

Describe any special needs (dietary, medical, physical, emotional or mental challenges) officials should be aware of in making this program safe and accessible for your child: Explain:

_______________________________________________________________________________________________

_______________________________________________________________________________________________

Does this child have a history of sleep walking? ☐Yes ☐No Bed wetting? ☐Yes ☐No

Does your child have any other restrictions or needs, not described above? ☐Yes ☐No

Please explain.

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

The better we, as Camp Directors, understand your child, the better we can help him or her make the most of his or her camp experience. While this information is held in strictest confidence, if you would rather discuss this with the Youth Specialist in person or by phone, write your name and phone number here:

Your Name_________________________________ Relationship to child ___________ Phone number ____________

In the last year has your child suffered from any significant stress-related problems, such as a recent death in the family, illness or personal trauma? ___ No ___ Yes. Please, explain: _____________________________________________

My child has my permission to swim under the supervision of qualified lifeguards: ☐ Yes ☐ No

Date of last Tetanus immunization? _____________________________

May your child be given pain relievers (i.e., Tylenol, Motrin, etc.) ☐ Yes ☐ No

The Northeast Missouri 4-H Camp Committee has a “no nit” policy concerning head lice. I understand that if head lice or nits are found on my child, I will be responsible for taking my child off camp premises immediately. Initial here _____

Medical Release

If necessary, I approve of officials taking my child, to the nearest doctor or hospital. I further understand that, should a health problem arise, I will be notified. If I cannot be reached by phone, such medical treatment, including surgery, as deemed necessary by competent medical personnel, would be rendered.

______________________________________ has my permission to attend 4-H Camp.  

Continued on back …
I have answered all questions honestly and to the best of my knowledge. I understand that he/she will remain in camp for the full session unless excused by camp officials. During camp the camper will be under the supervision of camp officials and subject to camp regulations. I will not hold camp officials liable for sickness, injury in camp or while in route to or from camp.

Date County Parent/Guardian Signature

CAMPER ACCEPTANCE: The Missouri 4-H program and the area camping program are open to all youth that meet age and eligibility guidelines. It is important that the camp program be conducted in such a way that provides the safest possible environment for all. Every attempt will be made to work with the parents or guardians of potential campers with special health conditions or with behavioral or emotional management requirements, to work out ways to involve the camper where possible. Potential camp applicants that have medical or behavioral conditions that are beyond the training, available equipment or time constraints of the camp staff may not be accepted in the camp program or, they may be accepted with restrictions. Effort will be made to help family locate a camp that may be better suited to meet their child’s needs.

EVENT ACCEPTANCE: Education events and activities are coordinated by the University of Missouri 4-H Youth Development Programs. All participants must observe the following guidelines for conduct:
1. Participate fully in all sessions.
2. Show respect for property/facilities used during the event and assume financial responsibility for any damages caused.
3. Follow the established agenda and expectations for behavior, including being in their own rooms at the announced curfew.
4. Use appropriate language and wear acceptable clothing at 4-H activities and events.
5. Use no alcohol, stimulants, non-prescription drugs or tobacco products.

I understand and accept the responsibility for following the above guidelines and understand that failure to do so will result in dismissal from the event or activity. Further, I accept financial responsibility for damages to property or materials, travel costs and/or program costs that might result from violation of this agreement. I understand and agree that in consideration of the acceptance in these activities, we release 4-H, the Curators of the University of Missouri, their respective officers, agents and/or employees from all liability and loss (including court costs and attorney fees) resulting from any property damage, personal injury and bodily injury including death to me in the course of these events. We will be bound by all rules and regulations while participating in said events.

CHILD PHOTO AUTHORIZATION: I authorize the University of Missouri to make pictures and sound recordings of my child and use the same in any form for its purposes and consent that the pictures and recordings may be copied, published, telecast or broadcast for such purposes together with descriptions and editorial statements. The University of Missouri is not responsible for third party photographs.

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<th>Signature of Youth</th>
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<th>Signature of Parent/Guardian</th>
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Both youth and parent (guardian) must sign this form. If you choose to have this form notarized, your signature must be witnessed by the Notary Public. I understand if I do not have this health statement and consent form notarized, it could cause a delay in my treatment.

Notary Optional (some hospitals require)

State of Missouri, county of _________________. My commission expires ________________

Subscribed and sworn to before me on this _____ day of ________________, 20__

Notary Public Signature ____________________________

4-HMU is an Equal Opportunity Institution. For concerns about access or opportunity, contact your local MU Extension center or call 573-882-7430. The University of Missouri complies with the guidelines set forth in the Americans with Disabilities Act of 1990. If you have special needs as addressed by the Americans with Disabilities Act and need assistance with this or any portion of the enrollment process, call 573-882-2719. Reasonable efforts will be made to accommodate your special needs. Revised 04/15 copy form as needed.
NORTHEAST MISSOURI 4-H CAMP REGISTRATION

Name:________________________________________ County:________________  Gender ___________

Address:________________________________________________________________________________

Email____________________________________ Age (as of 1/1/18): _______     No. of Years in 4-H____

Parent/Guardian Name:____________________________________________________________________

Mother’s Home Phone:_______________ Work:_________________ Cell _______________

Email _________________________________________________________________

Father’s Home Phone:_______________ Work:_________________ Cell _______________

Email _______________________________________________________________

All signatures and requested information on this and the attached pages must be completed and signed to
register for camp. Registrations are taken first come, first served. A second bus will be available to 4-H Camp
IF there are enough riders to cover the cost. Register early to get a seat on the bus!!

Please return with camp health form, application, and check or money order by May 1 to:
4-H Counselor Camp, 503 E. Northtown Rd., Kirksville, MO 63501.
Make checks payable to Adair County Extension/4-H. Returned checks are subject to a $20.00 fee.

Camp t-shirts
(Camp t-shirts not available after May 1 registration deadline.)

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<td>Youth M (10/12)</td>
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Fee structure

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<tbody>
<tr>
<td>Camp Fee</td>
<td>$115.00</td>
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<tr>
<td>Rush Fee (May 2-15) ADD $20</td>
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<td>Check # _____ Total</td>
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No refunds after May 15

This form CANNOT be faxed or emailed if paying by credit/debit card. It must either be mailed or presented in person. Thank you.

I ________________________________ authorize University of Missouri Extension of Adair County to
make a one-time charge to my account indicated below for $____________ on or after May 1, 2018 for pay-
ment of 4-H Camp fees.

Cardholder Name: ____________________________ Email ____________________________

Billing Address ____________________________ City, state, zip ____________________________

Phone ____________________________ Card Type (circle): Visa Mastercard Discover AMEX

Credit Card Number: ____________________________ Expiration Date: ____________________________

Signature ____________________________ Date ____________________________

A confirmation email will be sent to the address provided above when your debit/credit card has been charged. For security purposes this section of the form will be shredded.