

# 4-H CAMP 2009 APPLICATION

Date Received: \_\_\_\_\_

\_\_\_\_\_ Application for 4-H Teen Camp, (ages 12-14), May 27 – May 30, 2009

\_\_\_\_\_ Application for Junior 4-H Camp, (ages 8-11), May 30 – June 2, 2009

Due: **April 24, 2009**

Fee: \$65/camper or \$60/camper with 2 campers in the same family

Spaces may still be available after the initial due date & may be accepted if space permits.

→ **No refunds for cancellation after May 22, 2009**

Child's Name \_\_\_\_\_

4-H Age \_\_\_\_\_ Grade completed as of June, 09 \_\_\_\_\_  
(as of 1/1/2009)

Complete Address \_\_\_\_\_  
\_\_\_\_\_

Birth date \_\_\_\_\_ Gender (m/f) \_\_\_\_\_  
Month/Date/Year

Is the camper a 4-H Member?

Number of years in 4-H? \_\_\_\_\_

Name of 4-H Club \_\_\_\_\_ 4-H County \_\_\_\_\_

If you have attended 4-H Camp previously, how many times? \_\_\_\_\_

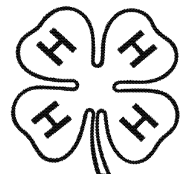
Is your Camper a?:  Swimmer or  Non-Swimmer  
(check one)

We will camp at Camp Inlow is near Philadelphia, MO A letter with complete details will be sent to each camper in mid-May.

Applications are due on or before **April 24, 2009**. Camp will be filled on a first-come-first-serve basis.

Mail application, health form and check to your local Extension Office. *All signatures and requested information on this and the attached pages must be completed and signed to successfully register for camp.*

Make checks payable to: Pike County Extension Council



## 4-H ACTIVITY/EVENT ACCEPTANCE

Educational events and activities are coordinated by the University of Missouri 4-H Youth Development Programs. All participants (adult and youth) must observe the following guidelines for conduct:

1. Participate fully in all sessions.
2. Show respect for property and facilities used during the activity and assume financial responsibility for any damage they cause.
3. Observe the established schedule, including being in their own rooms at the announced curfew.
4. Appropriate and courteous behavior is expected. Swearing and obscene gestures are not permitted. All other participants, guests, chaperons, and visitors should be treated with respect and common courtesy. Participants are expected to dress appropriately. Clothing with alcohol or tobacco advertisements or sexual connotations, etc. is prohibited.
5. No alcohol, stimulants, non-prescription drugs or tobacco products will be allowed.

We 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, we accept financial responsibility for damages to property or materials, travel costs, and/or program costs which might result from violation of this agreement. We understand and agree that in consideration of the acceptance of my child 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 or my child in the course of these events. We will be bound by all rules and regulations while participating in said events.

By signing below, you authorize the University of Missouri to make pictures and sound recordings of your child/children unless you provide specific instructions to the contrary, 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.

**Both youth and parent (guardian) must sign this form.**

X

\_\_\_\_\_  
Youth's Signature

\_\_\_\_\_  
Date

X

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

[Parental signature is also required at the bottom of page #4]

## 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.

**UNIVERSITY OF MISSOURI 4-H YOUTH DEVELOPMENT PROGRAMS  
YOUTH HEALTH STATEMENT AND PARENTAL CONSENT/ACTIVITY/EVENT ACCEPTANCE  
FORM**

Event 4-H Camp 2009 Dates of Event: \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_ Birth date \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # ( ) \_\_\_\_\_ Parent Work # ( ) \_\_\_\_\_

Cell phone number? ( ) \_\_\_\_\_

Insurance Company Name \_\_\_\_\_

Group/Policy Number \_\_\_\_\_

If parent/guardian cannot be reached, list two other people for us to contact:

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home # ( ) \_\_\_\_\_ Work # ( ) \_\_\_\_\_ Cell phone number? ( ) \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home # ( ) \_\_\_\_\_ Work # ( ) \_\_\_\_\_ Cell phone number? ( ) \_\_\_\_\_

**PARENT/GUARDIAN - PLEASE COMPLETE**

**The following questions are asked to help provide the most appropriate care for your child during the event. Please be as complete as possible. If you have specific instructions or concerns that may be beyond the space provided or not covered by these questions, it is your responsibility to add extra information or get in direct contact with the supervising 4-H Youth Specialist well in advance of the event.**

1. Will your child be bringing any type of medicine to this event? \_\_\_\_ Yes \_\_\_\_ No  
If yes, give type and instructions \_\_\_\_\_

2. Does your child have any allergies? \_\_\_\_ Yes \_\_\_\_ No If yes,  
explain: \_\_\_\_\_

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

4. Does your child have any special dietary needs?  
Explain: \_\_\_\_\_

5. Does your child receive special services for emotional or behavioral health problems at school? Or does the child have an Individual Educational Plan (IEP)?  
\_\_\_\_ Yes. What services? \_\_\_\_\_  
\_\_\_\_ No

6. In the last year has your child received counseling or care for a behavioral or emotional problem from a Doctor, Psychologist, Social Worker or Counselor? Do not answer "Yes" if these services were provided by a school guidance counselor.

Yes. What kind of care is s/he receiving: \_\_\_\_\_ .  
 No

7. In the last year has your child been admitted to a hospital or treatment facility for emotional or behavioral problems?

Yes. Please, explain: \_\_\_\_\_  
 No.

8. Is your child being prescribed medication for any of the following (Check all that apply):

Depression       Attention Deficit Disorder, ADHD or hyperactivity       Anti-anxiety medicine  
 Bipolar Disorder       Schizophrenia       Other: \_\_\_\_\_ .

9. In the last year, has your child received counseling or care for a substance abuse problem?

Yes. Explain: \_\_\_\_\_ .  
 No.

10. 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?

Yes. Please, explain: \_\_\_\_\_  
 No.

11. Last tetanus immunization \_\_\_\_\_

12. May your child be given pain relievers (such as Tylenol, Motrin, etc.)?       Yes       No

13. Does this child have a history of incidents of sleep walking?       Yes       No  
Bed wetting?       Yes       No

14. Does your child have any other restrictions or needs, not described above? \_\_\_\_\_

15. Family doctor \_\_\_\_\_

Phone #(office) (      ) \_\_\_\_\_ (home) (      ) \_\_\_\_\_

If necessary, I do 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, but that if I cannot be reached by telephone, such medical treatment, including surgery, as deemed necessary by competent medical personnel, would be rendered.

**X**

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

Please keep this sheet at home, for future reference and for information to help your camper prepare to attend camp.

### Preparing your child to attend camp.

Our area camping program has proven to be one of the most powerful, positive experiences many young people will have in their lives. We take the role of planning and conducting a valuable, safe camp experience for your child very seriously! We know that camp not only provides an important recreational opportunity, but even more importantly, camp creates a wonderful atmosphere in which the camper can learn to be self-sufficient and responsible for themselves and others in important new ways.

A successful camp experience begins at home days and weeks prior to arriving at camp. Help your child understand some of the basics of the camp rules. Help them to know that camp will be fun, exhausting at times—even stressful occasionally. Help them to know that they will have fun will be learning to meet people and learning to work with others in ways that may be very different for them.

Learn more by visiting: <http://campparents.org/expertadvice.php>

### A word about homesickness:

Experienced parents of campers know that homesickness occasionally strikes and can affect any camper, at any age. You just never know! What is important to help your child understand is that learning to deal with homesickness is just an important part of growing up. The counselors and other staff at camp are experienced and trained to recognize and “treat” homesickness in a way that will help the child grow, mature, and gain newfound confidence in themselves.

Many good resources designed for parents to help prevent or ease homesickness, are available on the web and from your 4-H Staff member.

Campers with homesickness are generally NOT allowed to call home. This may seem unkind to some parents. Yet, professional mental health counselors and many years of professional camping experience has taught us that calling home, or having parent or other family members “visit” them at camp only deepens the homesickness and prevents that child from developing the healthy self sufficiency that they will enjoy and be proud of later on. Note: **Please do NOT send a cell phone to camp with your child!** See # 3 on page 6 of this application.

If there has been some recent and unusual stress or trauma in the child’s life, please note that on the health form or talk to your area 4-H Youth Specialist. If we know about such things in advance, we can often help better help the camper should strong emotions or sadness occur at camp.

Know that your homesick child will be monitored closely; watching for signs that what appears to be homesickness isn’t a more serious health condition.

### General Camp Rules

All participants (adult and youth) must observe the following guidelines for conduct. Failure to follow these rules and guidelines could result in dismissal from camp. Help your camp understand the rules below, and help them to know the kinds of things to NOT bring to camp:

- Participate fully in all sessions.
- Show respect for property and facilities used during the activity and assume financial responsibility for any damage they cause.
- Observe the established schedule, including being in their own rooms at the announced curfew.
- Appropriate and courteous behavior is expected. Swearing and obscene gestures are not permitted. All other participants, guests, chaperons, and visitors should be treated with respect and common courtesy.
- Participants are expected to dress appropriately. Clothing with alcohol or tobacco advertisements or sexual connotations, etc. are prohibited.
- No alcohol, stimulants, non-prescription drugs or tobacco products will be allowed.
- Do not bring fireworks, candles, matches or other similar items to camp.

#### 1. Campers/Counselors are Not to Bring Coolers or Snacks to Camp

If a counselor/camper has medication that must remain cool, they may bring the medication in a cooler to camp. The medication will then be turned over to the health nurse for safe storage

Should a counselor or camper arrive at camp with a cooler, it will be confiscated by appropriate Outreach and Extension 4-H Youth Staff, stored in a safe place, and returned to the camper/counselor just prior to their leaving camp.

## **2. Campers/Counselors are Not to Bring Large Radios/Stereos to Camp**

We recognize that listening to music can contribute to a relaxing atmosphere, and can provide a level of comfort when in a setting such as camp. However, we also recognize that music can be unwelcome noise to an individual who does not have a choice in the music selection or any control of the volume. Therefore, we allow only small radios/stereos at camp. We encourage campers who want music at camp to bring only radios/stereos that are connected to headphones (such as "walkman" type stereos).

If a counselor/camper has sought and received permission from the 4-H Youth Staff member responsible for their camp to bring a larger stereo to use at camp dances, that stereo will be stored in the staff building when not being used for dances.

All other stereos, no matter the size, will remain in the cabin at all times. A camper/counselor brings a radio/stereo at their own risk. There is usually nothing we can do if the radio/stereo is damaged, lost, or comes up missing.

## **3. Campers/Counselors are Not to Bring Cell Phones or PDA's to Camp**

We recognize that a cell phone can provide some sense of security for a counselor/camper and for parents. However, there are several reasons why we prohibit using cell phones at camp. First and foremost, one of our top goals in providing a camp experience is to give campers an opportunity to gain self-confidence in their ability to thrive in an away-from-home experience. Many campers over the years have overcome a bout of homesickness, and returned home with a great sense of satisfaction and self-confidence because of their triumph. Extension Youth Staff have the experience, training and sensitivity to know when and if a camper should call home. Cell phones in camp take this control from the youth staff, and deprive campers of the opportunity to triumph over their homesickness.

Finally, Extension Youth Staff will have cell phones at camp to handle any emergency situations that may arise, and thus there will be no useful purpose for campers having a cell phone in camp.

## **4. Two Way Radios are Not Allowed in Camp**

Since camp covers a large area, the staff may use two-way radios to help Extension Youth Staff and Camp Staff members communicate. This is a safety precaution. There is no need for other two-way radios in camp. In some cases counselors will be issued one of the camp's two-way radios for safety reasons. That is the only situation that would require the need for a camper/counselor to utilize a two-way radio.

Campers/counselors are not to bring two-way radios to camp. Radios brought to camp offer a distraction to other campers, and undermine rules such as lights-out time. Any two-way radio brought to camp will be confiscated. Furthermore, counselors should be aware that bringing a two-way radio to camp will be considered a serious disregard for camp rules and may jeopardize your remaining at camp as a counselor, or being selected as a counselor for future camps.

## **Cabin/Color group assignments**

Learning to meet and work with others is an important skill that can be learned at camp. We hope that all campers will be willing to accept the fun and challenge of meeting new people at all levels of camp. If they choose to do so, however, campers may request at camp check in be assigned to a cabin with one friend.

Campers will be randomly assigned to camp color groups. Requests to be in a color group with friends will not be accepted.