



2021 LaPorte-Porter 4-H Day Camp

Extended deadline for Session 2! Session 1 is FULL!
Sign up NOW! Space is limited!
Sign-up will remain open until May 28th
or when Session 2 is full, whichever comes first!

We are pleased to announce an all-new LaPorte-Porter 4-H Camp experience for 2021! Our elite team of teen camp counselors is planning a local day camp for our 3rd-8th grade 4-H members.

This year our amazing team of 4-H Camp Counselors offered two identical sessions to choose from, and Session 1 is now full! However, space still remains for Session 2 (capacity of 45 campers). Sign-up for Session 2 has been extended until **Friday, May 28th** or when the session is filled, whichever comes first. Session 2 details are:

- Session 2: June 9th-11th, 2021 – 9:00 am-3:00 pm daily – Creek Ridge County Park – Novak Shelter (7943 W. 400 N., Michigan City, IN 46360)

Camp Registration Fees & Deposit

Thanks to our generous sponsors, the cost of camper registration fees will be covered for all campers! We do require a \$25 refundable deposit to reserve your spot at camp. If your camper attends camp, the deposit check will be returned to you. If your camper signs up and then does not attend, the check will be deposited to help cover the cost of camp supplies.

Registration Information

Please complete the following packet (sign-up form, permission/release form, behavior form, health form) and return it with payment (payable to *Purdue CES Ed Fund – LaPorte-Porter 4-H Camp*) to your County Extension Office. Sign-up forms will be accepted until **May 28th, 2021** or when space runs out, whichever comes first!

Campers will choose the **one** camp session that best fits with their calendar and location. Each session is limited to 45 campers. Sign-up will remain open until May 28th or when sessions are filled.

COVID Safety

The following safety protocols for our 4-H Day Camp have been approved by Purdue and will be followed. Everyone will be required to wear a mask when moving about the camp. If in a set position, masks can be removed if six-feet of distancing is maintained. If only three feet of distancing can be maintained, participants may remove masks as long as they are all facing same direction, as per K-12 protocols.

If any member of your family has come into contact with anyone who has tested positive for COVID-19 in the past two weeks and/or if any member of your family is experiencing any of the following COVID-19 signs and symptoms, please keep your 4-Her at home: Fever/chills; Cough/sore throat; Runny nose; Fatigue; Shortness of breath/difficulty breathing; Headache/muscle aches.

Daily Schedule and Punctuality

If you need to drop off your camper late or pick them up early, please make arrangements in advance with your county Extension Educator.

Day Camp Drop-off & Pick-Up Procedures

For drop-off and pick-up, we ask that drivers stay in their vehicle due to COVID precautions. Counselors will greet your camper at the car.

Medications

If your child requires medication, over-the-counter or prescription, be sure to note it on the Addendum to the 4-H Youth Health Form. Medications must be in their original container, clearly marked with the child's first and last name and specific dosage instructions.

Being Prepared

Campers should be prepared with a face mask that covers the mouth and nose. Campers should dress for the weather and wear closed toed shoes. They may want to bring a hat, jacket, and/or sweatshirt. We encourage campers to have sunscreen and bug spray applied upon arrival and extra to reapply. Campers should bring a camp chair or cushion/towel to sit on while we're social distancing during camp activities. Campers

can bring a bag and should label all belongings. Please leave valuables, phones, electronics, money, toys, and weapons at home.

Sustenance

Campers should bring their lunch each day. An afternoon snack will be provided. Campers will receive a water bottle upon arrival and should bring it along daily. Refill stations will be available! Hydration is so important!

Follow Camp on Social Media


We will be posting content from camp at www.facebook.com/LaPortePorter4HCamp. Also, follow the other LaPorte County and Porter County 4-H programs on their social media accounts.

4-H Youth Development Extension Educator Contacts

LaPorte: MaryJo Moncheski,

mmonches@purdue.edu

Porter: Joan M. Grott, joangrott@purdue.edu



LAPORTE-PORTER 2021 4-H Camp Sign-Up

We are pleased to announce an all-new LaPorte-Porter 4-H Camp experience for 2021! Our elite team of teen camp counselors is planning a local day camp for our 3rd-8th grade 4-H members.

The counselors will present 4-H Day Camp twice! Campers will choose the one camp session that best fits with their calendar and location. **Choose only one session.** Both sessions will be identical in content. Each session is limited to 45 campers. Sign-up will remain open until May 24th-28th or when sessions are filled, whichever comes first. Camp sessions are as follows:

- ~~Session 1: June 2nd-4th, 2021 – 9:00 am-3:00 pm daily – Sunset Hill Farm County Park Campground (35 E. 700 N., Valparaiso, IN 46383 – note the campground entrance is not at the main park grounds!) SESSION IS FULL!~~
- Session 2: June 9th-11th, 2021 – 9:00 am-3:00 pm daily – Creek Ridge County Park – Novak Shelter (7943 W. 400 N., Michigan City, IN 46360)

Name: _____ County: _____

E-Mail: _____ Parent Cell Phone: _____

Grade: (3rd-8th only) _____ Year in 4-H: _____ Circle One: ___Male ___Female

Select Your Session (**choose only one**):

~~_____ Session 1: June 2nd-4th at Sunset Hill Farm County Park Campground, Valparaiso~~
 _____ Session 2: June 9th – 11th at Creek Ridge County Park – Novak Shelter, Michigan City

Camp Fee\$75 \$0 Thanks to our generous sponsors! **\$0 – FREE!**

T-Shirt.....included Circle (Adult Sizes): S M L XL

4-H Clover Water Bottleincluded **1 per camper**

TOTAL AMOUNT ENCLOSED* (payable to Purdue CES Ed Fund – LaPorte-Porter 4-H Camp) . **\$25 deposit**

*We do require a \$25 refundable deposit to reserve your spot at camp. If your camper attends camp, the deposit check will be returned to you. If your camper signs up and then does not attend, the check will be deposited to help cover the cost of camp supplies.

Please complete this packet (sign-up form, permission/release form, behavior form, health form) and return it with deposit check (payable to *Purdue CES Ed Fund – LaPorte-Porter 4-H Camp*) to your County Extension Office. Sign-up forms will be accepted until **May 24th-28th, 2021** or when space runs out, whichever comes first!

Purdue Extension – LaPorte County
 2857 W. State Road 2, Ste. A
 LaPorte, IN 46350
 Phone: 219-324-9407

Purdue Extension – Porter County
 155 Indiana Ave., Ste. 301
 Valparaiso, IN 46383
 Phone: 219-465-3555

Get your forms in early, as there are limited numbers of spaces for campers!!
Campers will be accepted on a first come, first served basis!

Did you include all your forms?

- ☐ Camper Sign-Up Form & Deposit Check
- ☐ Permission/Release Form
- ☐ Behavior Form
- ☐ Health Form
- ☐ Signatures included where applicable

For Office Use Only
 Date Received:

FIELD TRIP AND ACTIVITIES PERMISSION AND RELEASE FORM

LaPorte-Porter 4-H Day Camp is scheduled as follows:

| | Session 1 Sunset Hill | Session 2 Creek Ridge |
|---|---|--|
| Dates of Day Camp | June 2nd-4th | June 9 th -11 th |
| Daily Drop-Off Time | 9:00 am | 9:00 am |
| Daily Pick-Up Time | 3:00 pm | 3:00 pm |
| Please place a check mark to indicate which session your child will be attending. | XXXXXX XXXXXX XXXXXX | |

I understand that participating in 4-H activities can involve certain risks to my child. Those risks may include injury or harm, including, but not limited to, bodily injury, disability, exposure to COVID-19 and other viruses and or illnesses, and death. During virtual 4-H activities, I understand that program staff are not providing supervision for my child during the online program, and the Released Parties do not have control over the information available through the internet or other electronic data sources beyond that which is a part of the 4-H activity. On behalf of my child, I fully assume the inherent risks associated with my child participating in 4-H activities and assert that my child has chosen to participate in this program with my express approval. I hereby release and discharge Purdue University, The Trustees of Purdue University, the LaPorte County Commissioners, the Porter County Commissioners, the LaPorte County Cooperative Extension Service, the Porter County Cooperative Extension Service, and each of their trustees, officers, appointees, agents, employees, and volunteers ("Released Parties") from all claims which my child or I might have for any injury or harm to my child, arising out of my child's participation in any activity related to the 4-H program, even if such injury or harm is caused by the negligence or fault of any of the Released Parties. I do not, however, release these individuals and entities from liability for intentional, willful or wanton acts and this release shall not be construed to include such acts.

4-H Member's Name

Signature of Parent/Legal Guardian

Date

Signature of Parent/Legal Guardian

Date

Day Phone Number

Evening Phone Number

Emergency Contact

Phone Number

BEHAVIORAL CRITERIA FOR 4-H EVENTS & 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 consequences 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 a different gender in your sleeping quarters, or inappropriate sexual behavior.
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, electronic smoking devices (including, but not limited to, e-cigs, vapes, juuls), or other dangerous substances.
7. Inappropriate displays of affection towards another person(s).
8. Distribution, misuse, or abuse of over-the-counter, homeopathic (including supplements and vitamins), or prescription medications.
9. Inappropriate clothing or lack of clothing during the event or activity.
10. Lewd, indecent, or obscene conduct or language.
11. Unauthorized entry, use or occupancy of any facility.
12. Any conduct which threatens or interferes with maintenance of appropriate order and discipline or invades the rights of others.
13. Unwillingness to follow appropriate health and safety procedures.
14. Reckless or inappropriate behavior.

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

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

**HEALTH FORM
(Youth)**

**Attach current photo here.
Photo will not be returned.**

Event/Activity/Trip

County

Dorm and/or Room Number

Name

Birthdate

Street Address

City

State

ZIP code

(_____) _____
Day Phone Number

Evening Phone Number

Youth Cell Number (if applicable)

List any activities the participant should avoid (i.e., swimming): _____

Physical Record of Participant

Yes

No

Heart Condition _____

Diabetes _____

Ear Infections _____

Bedwetting _____

Allergy to any medication _____

List medicines allergic to: _____

Food allergy or dietary restrictions _____

List allergies/restrictions _____

Other allergies (i.e., dust, pollen, animals) _____

List other allergies _____

Date of last tetanus shot: _____

Please list any current medication being taken on reverse side of this form.

Please describe any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations that would be beneficial during 4-H participation: _____

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

Please complete the addendum on reverse side

Risk Management Forms

Reviewed and approved by OLC April 2020

ADDENDUM TO THE 4-H YOUTH HEALTH FORM

Complete this form if **prescription medications** are being taken by the student at the time of the event or if **over-the-counter medication** is to be administered by an Extension staff member or other authorized personnel.

Medications must be carried in their original containers.

County: _____

4-H member's Name: _____

Name of Medication: _____

What Illness/Condition is this medication intended for: _____

Check all of the following that apply:

_____ Tylenol/Ibuprofen may be administered by 4-H Youth Development event personnel

_____ Benadryl may be administered by 4-H Youth Development event personnel

_____ Medication is to be self administered by student

_____ Medication is to be administered by 4-H Youth Development event personnel

Dosage: _____ Refrigeration? Yes _____ No _____

Special Instructions: _____

Other information (if applicable): _____

Date(s) to Administer: From _____ To _____

Prescribing Doctor's Name: _____ Phone: () _____

Note: This form is to be used as a reference for 4-H participants who require any medication (prescription or "over-the-counter"). Administering of the medication is the responsibility of the participant. If health facilities and/or personnel are available at the facility and you prefer the trained personnel to administer the medication, you may request this prior to the event.

Event: _____ Date (s): _____

Signature of Parent/Legal Guardian

Date

Signature of Parent/Legal Guardian

Date