

All-New 2022 LaPorte-Porter Mini 4-H Day Camp June 15th



Sign up NOW! Space is limited! Sign-up will remain open until June 8th or when full, whichever comes first!

For the first time ever, our amazing team of camp counselors is presenting a one-day Mini 4-H Day Camp for 4-Hers in grades K-2nd. The Mini 4-H Day Camp will be held on Wednesday, June 15th from 9:00 a.m. until 3:00 p.m. at Bluhm County Park in Westville (3855 S. 1100 W., Westville, IN 46391). Questions? Contact Extension Educator Joan Grott at joangrott@purdue.edu.

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 \$5 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 **June 8th, 2022** or when space runs out, whichever comes first!

COVID Safety

Masks are optional at 4-H Camp. Please stay home if you are not feeling well. 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. 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 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 at their group's campsite. 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. An afternoon snack will be provided. Campers will receive a water bottle upon arrival. 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.



Mini 4-H Day Camp Sign-Up

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Name: _____ County: _____

E-Mail: _____ Parent Cell Phone: _____

Grade: (K-2nd only) ____ Year in 4-H: ____ Circle One: __Male __Female

Camp Fee~~\$25~~ \$0 Thanks to our generous sponsors!.... \$0 – FREE!

4-H Clover Water Bottleincluded1 per camper

TOTAL AMOUNT ENCLOSED* (payable to Purdue CES Ed Fund – LaPorte-Porter 4-H Camp)..... \$5 deposit

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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 Mini 4-H Day Camp is scheduled as follows:

	<i>Bluhm Co. Park, Westville, IN</i>
Date of Day Camp	June 15 th , 2022
Daily Drop-Off Time	9:00 am
Daily Pick-Up Time	3:00 pm

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

4-H Camp

County _____

Dorm and/or Room Number _____

Name _____

Birthdate _____

Street Address _____

City _____

State _____

ZIP code _____

(_____) _____

Day Phone Number _____

Evening Phone Number _____

Youth Cell (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 allergies or dietary restrictions _____

List allergies/restrictions: _____

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

List other allergies _____

All immunizations required for school are current _____

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 while at camp: _____

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

ADDENDUM TO THE 4-H CAMP YOUTH HEALTH FORM

Complete this form for **prescription medications and over-the-counter medications** that are being taken by the student at the time of the event. These medications will 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 any 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

Dosage: _____ Refrigeration? Yes _____ No _____

Special Instructions: _____

Other information (if applicable): _____

Date(s) to Administer: From _____ To _____

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

Event: _____ Date (s): _____

Signature of Parent/Legal Guardian

Date

Signature of Parent/Legal Guardian

Date