



Spring Fling 2015



“Growing at 4-H Camp”

at Canter’s Cave 4-H Camp (Grades 3, 4, 5 & 6)

May 8 and 9, 2015

Name _____

Address _____

Age ____ Phone # _____ Alt. Phone # _____ County _____

Parent/Guardian Name _____

I understand that this is a 4-H event and agree that I will act in a responsible manner as a 4-H member. I will obey the rules set forth by OSU Extension Personnel, adult volunteers and Canter’s Cave 4- H staff in attendance. Any violation of the rules including disruptive behavior, lack of respect for other members or adults, possession of alcohol, tobacco products, or possession of a weapon will be reason for me to be dismissed from the camp.

Member’s signature Date

I understand that my child’s participation in this event is a privilege and not a right. I understand that my child must abide by the rules and regulations of OSU Extension and Canter’s Cave 4-H Camp, Inc. or I, as parent/guardian, will assume responsibility of the child being sent home.

Parent/Guardian signature Date

Applications, Activity Release Forms, Health Forms and \$30 registration fee need to be sent by **April 30, 2015** to:

Canter’s Cave 4-H Camp
1362 Caves Road
Jackson, Ohio 45640

Checks made payable to **Canter’s Cave 4-H Camp. Questions? Contact Jo Williams at the Scioto County OSU Extension Office, 740-354-7879 or williams.2213@osu.edu



THE OHIO STATE
UNIVERSITY

COLLEGE OF FOOD, AGRICULTURAL,
AND ENVIRONMENTAL SCIENCES



Spring Fling 2015

“Growing at 4-H Camp”

For 3, 4, 5 and 6 graders at Canter’s Cave 4-H Camp

Schedule

Friday, May 8

6:30 to 7:15 p.m.	Registration at Harrison Powell Lodge
7:30 p.m.	Get acquainted/Games
8 p.m.	Evening program
	Line Dancing/Circle Dances
	Pizza Party
10:30 p.m.	Camp fire
11:30 p.m.	Lights Out



Saturday, May 9

7:30 a.m.	Rise and Shine!
7:45 a.m.	Flag raising
8 a.m.	Breakfast
8:30 a.m.	Room Clean Up/Pack Up
9 a.m.	Scavenger Hunt
9:30 a.m.	Session I (hike, outdoor recreation)
10:30 a.m.	Session II (outdoor recreation, hike)
11:30 a.m.	Closing/Evaluation
11:45 a.m.	GO HOME!

WHAT TO BRING: Typical camp items – sleeping bag or blankets, pillow, towels, toothbrush/paste, etc., camera, casual clothes (jeans, sweats, raincoat, jacket), and comfortable shoes! We suggest layers of clothing, as it may be cool early in the morning and then warm up as the day progresses.

WHAT NOT TO BRING: Cell phones, tobacco products, alcohol. *Parents - please do not send a cell phone with your child, they aren't allowed to call out while they are at camp. We will ask that any phones be turned in to us at check in.*

TO REGISTER, INCLUDE (by April 30, 2015 to Canter’s Cave 4-H Camp):

- Registration Form
- Health Form
- 4-H Member Restricted Release / Early Release Form
- Activity Release Form
- Registration Fee -- \$30

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Keith L. Smith, Associate Vice President for Agricultural Administration; Associate Dean, College of Food, Agricultural, and Environmental Sciences; Director, Ohio State University Extension; and Gist Chair in Extension Education and Leadership.

For Deaf and Hard of Hearing, please contact Ohio State University Extension using your preferred communication (e-mail, relay services, or video relay services). Phone 1-800-750-0750 between 8 a.m. and 5 p.m. EST Monday through Friday. Inform the operator to dial 614-292-6181.

Ohio 4-H Health Statement

ALL SIDES of this form MUST be completed for each participant. Minors must have the form completed and signed by a parent/guardian. This information will be kept confidential and used only for the welfare of the participant. PRINT neatly using blue or black ink.

Participant/Member Information:

Name: _____			
(Last)	(First)	(Middle)	
Address: _____			
(Street)	(City)	(State)	(Zip)
Home Phone: _____		County: _____	
Date of Birth: _____		Male/ Female	Age (today): _____

Emergency Contact Information:

Parent/Guardian Name: _____	Parent/Guardian Cell Phone: _____
Other Contact: _____	Other Cell Phone: _____
Other Contact: _____	Other Cell Phone: _____
Physician: _____	Physician Phone: _____
Dentist: _____	Dentist Phone: _____

Health History:

Communicable Diseases:

Provide the date (approximate is acceptable) at which participant has had or was exposed to:

Chicken Pox _____ Measles _____ Whooping Cough _____
 Tuberculosis _____ Mumps _____ Other Communicable Diseases _____

Immunization/Vaccine Record:

To the best of knowledge, the participant is up-to-date on all immunizations which may include, but is not limited to: Diphtheria/Pertussis (Whooping Cough-TDAP), Polio, Measles/Rubella/Mumps (MMR), Haemophilus Influenza (HIB), Varicella (Chickenpox) that are required for school.

The participant has received a Tetanus Booster. Date of last booster: _____

If the participant is not current or up-to-date with immunizations, please complete the Ohio 4-H Immunization Exemption Form.

Medical Instructions: Medications/Allergies, Current/Past Medical Conditions: **Current Medications (Prescribed and Over-The-Counter, Current or Past Medical Treatment): (please list additional medications or needs on a separate sheet)**

Name of Medication:	Dosage:	Frequency/Instructions:



Check below if the participant is subject to any of the following conditions:

<input type="checkbox"/> Asthma Controlled? yes/no	<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Cramps	<input type="checkbox"/> Fainting	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Seizures	<input type="checkbox"/> Sore Throat
<input type="checkbox"/> Athlete's Foot	<input type="checkbox"/> Constipation	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Home Sickness	<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Other?
<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Headaches	<input type="checkbox"/> Kidney Trouble	<input type="checkbox"/> Sleep Walking	

Allergies:

If none, please write NONE here: _____

Food allergies: _____

Medication allergies: _____

Serious Ivy, Oak or Sumac Poisoning: What is the prescribed treatment? _____

Serious bee or insect sting reactions: What is the prescribed treatment? _____

NOTE: If participant's allergy may require use of an "EPI-PEN", then the participant must provide the "Epi-Pen(s)" and discuss possible administration with health care professional upon arrival to camp.

Accommodations for Camp:

Please tell us about the accommodations your child may need at 4-H camp:

- I will be bringing medications to camp (please describe whether they require refrigeration or special storage below).
- I have dietary restrictions (describe below).
- I have limited mobility (e.g. crutches, cane, etc.).
- I have ADHD or a related attention deficit disorder; a visual, hearing, cognitive processing, reading, or a speech impairment. (describe any needs you anticipate at camp and the accommodations you typically receive at school and home below).
- I require the use of medical equipment that needs electricity (describe below).
- I require other accommodations not listed above (describe below).
- I do NOT require any special accommodations (none of the above apply to me).

Description of any past or current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp: _____

Description of any camp activities from which my child should be exempted for health reasons: _____

Instructions for Medications:

All prescription drugs must be carried in the container in which they were issued (with medical orders and physician's name intact) and given to the nurse/health director. Other prescription drugs will not be accepted. Only bring the amount needed for your stay at camp.

If you need regular over-the-counter medications, they must be in the original container. Like prescription medications, these medications must be given to the nurse/health director.

All medications will be given as directed on the original package/container. If there are any dosage adjustments, you must bring signed documentation from your physician.

Check medication(s) that participant may receive if deemed necessary and administered by a health professional. Examples of brand names are given in parentheses. Generic or other name brands may be provided:

<input type="checkbox"/> Acetaminophen (ex: Tylenol)	<input type="checkbox"/> Antiseptics	<input type="checkbox"/> Diarrhea Medication (ex: Imodium)	<input type="checkbox"/> Poison Ivy Medicine (ex: Calamine Lotion)
<input type="checkbox"/> Aloe Lotion	<input type="checkbox"/> Antibiotic Ointment (ex: Neosporin)	<input type="checkbox"/> Ibuprofen (ex: Advil, Motrin)	<input type="checkbox"/> Sore Throat Medicine
<input type="checkbox"/> Antacids (ex: Maalox, Tums)	<input type="checkbox"/> Cough Syrup/Drops	<input type="checkbox"/> Insect Repellent	<input type="checkbox"/> Sun Screen
<input type="checkbox"/> Antihistamine (ex: Benadryl, Claritin)	<input type="checkbox"/> Decongestant (ex: Sudafed)	<input type="checkbox"/> Laxative (ex: Milk of Magnesia)	<input type="checkbox"/> Swimmer's Ear Medicine

Emergency Medical and Informed Consent/Camp Program Release

I understand that my child, _____ will be a participant in the Ohio 4-H program and I grant permission for him/her to participate in this program and associated activities with the exception of any restricted activities that I have listed below.

I understand that my child is not required to participate in this program, but grant my permission for him/her to do so, despite the potential risks. I recognize that by participating in this program, as with any physical activity, my child may risk personal injury, paralysis and/or death. I understand program participants will be supervised and acknowledge that the 4-H staff and volunteers, OSUE, The Ohio State University, and the 4-H Camp Site are not responsible for any potential injury or illness resulting from my child's participation. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved and that I assume any expense that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

I understand that most program activities are conducted outdoors and that wearing proper dress (e.g., rain gear, warm clothing) is an essential part of the camp safety rules and procedures. I am aware of and have discussed with my child the established safety rules and procedures.

In the case of serious illness or injury of my child, I understand that I will be notified. If I cannot be contacted, unless otherwise specified below, I grant permission to the attending medical professional to secure proper treatment, hospitalize, and/or take any other action deemed necessary for the immediate care of my child.

In consideration of the opportunity for my child to participate in this program, I, acting for my child, myself and our respective heirs, executors, administrators and assigns, agree to assume any and all risks associated with this activity and do hereby release, indemnify and hold harmless The Ohio State University, its Board of Trustees, OSUE, the Ohio 4-H program, the 4-H camping facility, and their respective officers, agents, and employees from any and all liability, damage, and/or claim of any nature resulting from or arising out of my child's participation in this program and its activities.

Restricted activities and/or special notification instructions: _____

_____.

Photo and Video Release

I give permission to The Ohio State University, OSUE, the Ohio 4-H program, and the 4-H camping facility to record and edit into video and/or photographs the likeness, voice, image and video images of my child, _____, and to use all or parts of the video or photographs in print or electronic materials for The Ohio State University, OSUE, the Ohio 4-H program, and 4-H camping facility to promote any and all public awareness for the program(s) in which my child is involved.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

**Canter's Cave 4-H Camp
Activity Liability Release Form**

NAME: _____ AGE: _____ PHONE: _____
ADDRESS: _____

Emergency Medical Information

(If "Yes", please explain on the lines following the question.)

NO _____ YES _____ Allergies to foods, drugs, insect bites, dust, etc. Please identify them and the nature of your reaction.

NO _____ YES _____ Physical disabilities or conditions which might limit your participation:

NO _____ YES _____ If you are presently taking medication (s), please identify them:

In Case of Emergency Contact:

Name	Relationship	Home Phone	Work Phone
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Statement of Understanding

I am aware in signing this statement for participation in programs of Canter's Cave 4-H Camp that certain activities are physically demanding. Therefore, physical fitness will increase the enjoyment and ability to participate in the activity. If for any reason I question the ability of the participant to participate in the activity, I will consult with the instructors prior to participation. While it is impossible to foresee all possible dangers, some of the specific hazards which might be encountered while participating in adventure programs include: High Ropes Course, Initiatives Course, Archery, Rappelling Area, Shooting Sports Course, and Hiking Trails include: slipping or falling on the trail, bumps, bruises, cuts, insect bites, poison ivy, sprains, fractures or other injuries. I understand that most activities are conducted in the out-of-doors in all kinds of weather, so proper dress (rain gear, warm clothing) are essential to avoid undue exposure to known risks; however, as a participant, I acknowledge the nature of the activity and the fact that not all of the stresses and hazards connected with the activity can be foreseen.

I have the personal responsibility to follow the established safety rules and procedures to the extent that I participate in such activities. If at any time I have questions about the activity, I have the responsibility to consult with my instructor. Sponsoring agencies have the responsibility of providing a progression of appropriate activities, which lead to the experiences at Canter's 4-H Camp.

I recognize that there is a significant element of risk in any adventure, sport or activity associated with the outdoors. Knowing the inherent risks, dangers and rigors involved in the activities, I certify that the participant (including any minor children) is fully capable of participating in the activities.

I assume full responsibility for the participant (including minor children), for bodily injury, death, loss of personal property and expenses thereof, as a result of my negligence or the negligence of the participant.

Signature Date

(Parent or legal guardian must sign for all persons under 18 years of age.)

Note: All participants should wear long pants (no shorts) and tennis shoes on the high ropes course.



Minimum Standards of Behavior for Minor Participants Participating in Overnight Camps sponsored by The Ohio State University

Minors participating in overnight camps sponsored by Ohio State are required to conduct themselves according to the following standards of behavior. These standards operate in conjunction with the guidelines and regulations of the specific camp.

Minor participation expectations:

- Be responsible for own behavior and uphold high standards for the group and accept consequences for inappropriate behavior
- Support and abide by the group's designated leader
- Practice good citizenship, leadership and self-control
- Follow the direction of camp staff
- Demonstrate positive sportsmanship and attitudes at all times which is becoming of a leader
- Show respect to others, be courteous and respectful
- Use appropriate language at all times

The following behaviors and actions are not permitted at The Ohio state University overnight camps:

- Unsportsmanlike conduct, unethical, immoral conduct
- Improper language, e.g., profanity
- Possession or consumption of alcohol and illegal drugs, including the use of tobacco by a minor
- Possession or use of harmful objects with the intent to harm or intimidate others, e.g., weapons, fireworks
- Boys in girls rooms/restrooms and vice versa
- Destruction of property
- Violation of established curfew
- Disrespect of adults, other participants, volunteers, staff and/or those in leadership positions
- Belittling others/putting others down and being disrespectful of individuals differences
- Aggressive physical behavior, e.g., fighting
- Taking property that belongs to others
- Other conduct determined to be inappropriate for youth development by the event chair or designated Ohio State staff

Violations of the standards of behavior will be handled as follows:

1. The adult chaperone for the minor involved in the violation will be made aware of the violation.
2. The parents will be notified of the incident and actions taken. When necessary, arrangements will be made to remove the minor from the event.
3. The minor can/may be barred from participating in future Ohio State overnight camp programs.
4. When warranted (e.g., violation of law) the situation may be turned over to the appropriate law enforcement authority.

I, _____ as a participant at overnight camp _____
(name of minor, print) (name of camp, print)

have read these standards of behavior and agree to accept and follow them. I also accept the consequences for my actions if I choose not to follow the standards of behavior.

Minor signature

Date

I, we _____ have read the camp standards of behavior and support my minor's participation in the camp.
(parent/guardian, print)

Parent/guardian signature

Date

CANTER'S CAVE 4-H CAMP, INC.
Elizabeth L. Evans Outdoor Education Center

CELL PHONE/ELECTRONIC DEVICE POLICY AGREEMENT

- Campers and counselors are not allowed to bring to camp any cell phone, iPod, handheld electronic game, tablet, laptop, or other communications device capable of accessing the internet through WiFi or another external network.
- If such a device is brought to camp by either a camper or a counselor, it will be held by the County Extension Educator or Camp Director until the conclusion of camp.

I, _____, understand that I am not to bring a cell phone or other device as
(Print name of camper/counselor)
described above to camp.

_____/_____/_____
Signature of Camper/Counselor Date

Message to Parents:

We know in this high tech era that it's difficult for youth to not be in constant contact with their families and friends via Facebook, texting, or cell phone calls. However, camp is a unique experience. The camp experience helps youth develop life skills including independence and self-reliance. Among the concerns that make bringing and using cell phones and other communications devices inappropriate at camp are:

- Concern that such expensive devices will be lost, damaged, or stolen. OSU Extension, camp, and staff cannot accept responsibility for lost, stolen, or damaged items at camp.
- Inappropriate use of photo and video devices. We know from media reports that the ease of uploading *inappropriate* photos and videos is a concern. Cyberbullying is not permitted before, during, or after camp.

In addition, youth contact with home when they are suffering a temporary spate of homesickness at camp may cause the condition to worsen. We fully appreciate and respect the positive relationships our campers and counselors have with their families, but if they are to benefit fully from the camp experience, they must be encouraged to develop the skills of independence and self-reliance. If there is an emergency, or if we are concerned about the youth's well-being, we will contact the parents or guardians immediately. Campers are constantly in the company of other campers and counselors while at camp, and our camps are staffed with many caring adults, including an experienced camp nurse.

I, _____, have read the above policy and agree to the
(Print Name of Parent/Guardian)
guidelines stated, including that the cell phone or other device will be collected and held by camp staff and returned at the end of camp if the policy is violated. I understand that if there is an emergency and I need to reach my child while s/he is at camp, I may do so by contacting the camp at (740) 286-4058.

_____/_____/_____
Signature of Parent/Guardian Date

The Elizabeth L. Evans Outdoor Education Center Canter's Cave 4-H Camp

- **From Columbus:**

Follow US Route 23 (South) from Columbus to Chillicothe. Take US Route 35 (EAST) in Chillicothe towards Jackson. After about (22) twenty two miles on US Route 35 (EAST) you will come to a green and white highway sign indicating "Canter's Cave 4-H Camp 1 mile. Immediately turn LEFT onto Township Road #223 (Caves Road). Follow this road for approximately (1) one mile. Turn LEFT onto gravel drive at the Elizabeth L. Evans Outdoor Education Center Canter's Cave 4-H Camp sign. Follow gravel road to Main Lodge located at end of gravel drive.

- **From Dayton:**

Take US Route 35 (EAST) to Chillicothe. Follow directions listed above from Columbus.

- **From Cincinnati:**

Take US Route 32 (EAST) to Jackson. At the intersection of US 32 and US 35, turn (WEST) onto US 35 (toward Chillicothe). Follow US 35 for approximately five (5) miles, you will come to a green and white highway sign indicating "Canter's Cave 4-H Camp 1 mile. Immediately turn RIGHT onto Township Road #223 (Caves Road). Follow this road for approximately (1) one mile. Turn LEFT onto gravel drive at the Elizabeth L. Evans Outdoor Education Center Canter's Cave 4-H Camp sign. Follow gravel road to Main Lodge located at end of gravel drive.

