2019 Thumb Area 4-H Camp
REGISTRATION PACKET

July 1-3, 2019

At beautiful Camp Cavell, 55 acres located
25 miles north of Port Huron
3335 Lakeshore Rd., Lexington MI, on Lake Huron see campcavell.org

Our goal is to help youth experience nature in an exciting and memorable way, while developing their independence, confidence and friendships.

Program: Offers an opportunity for 4-H’ers to share experiences in camping with activities including Great Lakes ecology, kayaking, mud hiking, swimming, archery, teambuilding, skits, games and crafts, and much more. Camp Cavell is located on beautiful Lake Huron, with 55 acres of wooded and open land, two streams, lots of trails, and a pond to explore! Located just 25 miles north of Port Huron, visit campcavell.org for more information about the location.

❖ For youth ages 9-14 as of January 1, 2019.
   ➢ Cost is $135 for 4-H members.
   ➢ Cost is $155 for non-4-H members.
   ➢ Deadline to register is Friday, May 31, 2019.
   ➢ LATE REGISTRATION WILL NOT BE ACCEPTED!

❖ Adult male & female chaperones are also needed, please contact your local county MSU Extension Office to volunteer:
   Huron County (989) 269-9949
   St. Clair County (810) 989-6935
   Sanilac County (810) 648-2515
   Tuscola County (989) 672-3870

In cooperation with, Huron, St. Clair, Sanilac and Tuscola County MSU Extension 4-H Programs
Camp Cavell is known for its friendly staff, beautiful facilities, good food, down home hospitality, and delicious chocolate chip cookies! Its rustic lodge built in 1929 overlooks the beach. These natural advantages are augmented by competent, trained staff: nurse, cook, camp director, MSU Extension 4-H staff, volunteer adults and teen counselors. The camp is fully licensed by the Department of Human Services. A nurse is on the grounds at all times to help ensure the health and safety of every camper. The cook provides well-balanced menus for the campers.
Thumb Area 4-H Camp Application  
Youth Ages 9-14 as of 1/1/2019

REGISTRATION PACKET

RECEIPT BOX - FOR INTERNAL USE ONLY:

__________________ Date payment received  __________ Check number or CASH
__________________ Receipt number issued  __________ T shirt size

REQUIRED FORMS CHECKLIST:
These forms are to be completely filled out with ALL required signatures and turned in with payment for registration. Please double check you have done everything listed below.

☐ In Case of Emergency Info
☐ Personal Data/Registration Sheet PHOTO REQUIRED
☐ Parent/Guardian Permission Form
☐ Michigan 4-H Youth Authorization and Acknowledgment Form MUST be completed ENTIRELY for all campers...NO EXCEPTIONS!
☐ Check payable to: “Thumb Area 4-H Camp”
☐ Mail to: MSU Extension-Huron County
1142 S. Van Dyke, Suite 200
Bad Axe, MI  48413
☐ Registration DEADLINE is Friday, MAY 31, 2019 (Late registrations WILL NOT be accepted!)

RETURN THIS TOP PORTION WITH APPLICATION & PAYMENT

TEAR OFF & KEEP THIS SECTION FOR YOUR INFORMATION

In case of an emergency requiring you to contact your child during the event, contact:

St. Clair County = Office (810) 989-6935 or Lori Warchuck (810) 990-9230
Huron County = Office (989) 269-9949 or Patti Errer (989) 550-2971 or Kari VerEllen (989) 551-9736
Sanilac County = Office (810) 648-2515 – Colleen Wallace
Tuscola County = Office (989) 672-3870 – Katie Cooper

Please Note - some of these are staff’s cell phones and are NOT to be given out or used any other time EXCEPT during Thumb Area 4-H Camp! Thank you for protecting their privacy.

Camp Cavell
3335 Lakeshore Road
Lexington, MI 48450
(810) 359-2267

CHECK INTO CAMP    MONDAY, JULY 1, between 10:00 - 10:30 A.M.
CHECK OUT    WEDNESDAY, JULY 3, at 11:30 A.M.
A confirmation letter, along with your receipt, will be mailed out at least three weeks prior to Thumb Area 4-H Camp to all registered participants; this is to ensure that you receive it in a timely manner.

**WHAT TO BRING:**

1. Sleeping bags or blankets & sheets, and a pillow;
2. Toiletries;
3. Swimsuit, towel **AND** water shoes or old tennis shoes;
4. Sunscreen **LOTION** (not aerosol spray);
5. Insect repellent (not aerosol spray);
6. Flashlight (**NO laser lights**);
7. Tennis shoes **(NO SANDALS OR FLIP FLOPS)**;
8. **MUST** have old clothes & shoes to get muddy in for the Mud Hike;
9. Jacket/sweatshirt; and
10. **PLEASE** label your belongings!

**DO NOT TO BRING:**

- Valuable articles, such as **cell phones, iPhones, radios, jewelry, money, etc.**
- **If you bring a cell/iphone to 4-H Camp and you are found with it, it will be confiscated and returned to your parents at the end of 4-H Camp.**
THUMB AREA CAMP PERSONAL DATA/REGISTRATION SHEET

Child’s Name _____________________________________________________
County ________________________   Age (as of 1/1/19) _______  Gender ______
Height _________  Weight ________
Parent Email _____________________________________________________

T-SHIRT SIZE: Please circle which ADULT size your child will use
Small        Medium            Large            X-Large            XX Large
XXX large ($5 fee extra – please add the extra fee to your registration fee)

CABIN BUDDY: If you wish to request ONE cabin buddy please provide name here: ________________________________
This same person will need to request it on their form too. NO CHANGES will be made at camp.

COST: $135 for Current 4-H Members $_______
      $155 for Non-4-H Members $_______

REGISTRATION DEADLINE: Friday, May 31, 2019 (LATE REGISTRATIONS WILL NOT BE ACCEPTED)
MAIL APPLICATION TO: MSU Extension-Huron County, 1142 S. Van Dyke, Suite 200, Bad Axe, MI 48413
CHECKS PAYABLE TO: Thumb Area 4-H Camp

DIET:
Is your child on a special diet? If so please explain ____________________________________________
To make arrangements with the kitchen contact the camp at least two weeks prior to camp. Attach a
detailed list of allowed and prohibited foods for the nurse and staff.

CONFIDENTIAL INFORMATION:
Please provide information which might be helpful to the staff in providing the most positive camp
experience possible such as recent changes in family relationships, learning/behavior issues, issues that
are positively or negatively affecting your child at this time. This information will be kept confidential.
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Is your child having difficulty with any of the following conditions? Asthma, convulsions, skin rash,
constipation, sleep walking, bed wetting or other ___________________________________________

RELEASE INFORMATION:
My child may be released from camp to the following persons (include relationship) in addition to
myself: _____________________________________________________________________________

My child MAY NOT be released from camp to the following persons (include relationship)
PARENT/GUARDIAN PERMISSION FORM

1) OVERNIGHT HOUSING
I understand that my child (name) _________________________________ will be attending Thumb Area 4-H Camp in Lexington MI, and that he or she may be sharing lodging with an unrelated adult (21 or older) who has been through the Michigan State University Extension Child Well-Being Volunteer Selection Process and with at least one other youth. By signing this form I give my permission for my child to attend this event under these lodging conditions. I also understand the Michigan 4-H Code of Conduct expectations for adults and youth attending this event.

_______________________________
Signature of Parent/Guardian (required)
Date

2) CAMP CAVELL HIGH ADVENTURE ACTIVITIES PERMISSION SECTION
Name of Child ____________________________________ has my permission to participate in the following high adventure activities. I understand that if I don’t check a box that my child WILL NOT be able to participate in the program. During kayaking your camper will be placed with an adult depending on size, comfort level, and ability. They are accompanied in the water at all times by 2 lifeguards. At no time will your child be in the kayak or be in the water alone. If you have any questions/concerns, please contact the office.
My child has my permission to participate in the following High Adventure Activities:

☐ Kayaking  ☐ Mud Hiking

_______________________________
Signature of Parent/Guardian (required)
Date

3) OTHER MEDICAL RELATED NOTES
All medications (prescription and over the counter) must be given to the camp nurse at check in for dispensing at the designated times. All medications (exception-talk to the nurse regarding inhalers & EPI pens) must be sent in their original containers and labeled for this camper. Because of the number of meds dispensed, we are only able to give them at meals and bedtime unless it is critical they be at another time (such as Ritalin, anti-seizure, etc.) Campers are responsible for reporting to the nurse for meds at the appropriate times. Here is a schedule of meds:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>Time dispensed</th>
<th>Only as Needed</th>
<th>Reason for meds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetaminophen</td>
<td>Coughsuppressant</td>
<td>Ibuprofen</td>
<td>Diphenhydramine</td>
<td></td>
</tr>
<tr>
<td>Antacid</td>
<td>Hydrocortisone Cream</td>
<td>Imodium</td>
<td>decongestant</td>
<td></td>
</tr>
<tr>
<td>Antibiotic Cream</td>
<td>Decongestant</td>
<td>Hydrocortisone Cream</td>
<td>Calamine Lotion</td>
<td></td>
</tr>
</tbody>
</table>

Check one: _____It is okay to give my child these meds if indicated per standard camp treatments.

_____It is okay to use these medications, except ____________________________________________________.

_______________________________
Signature of Parent/Guardian (required)
Date
Michigan 4-H Youth Authorization and Acknowledgment Form

Participant Name: __________________________

County of 4-H Participation: __________________ Program Year: 20____ - 20____

Instructions: This two-page form is required for participation in Michigan State University Extension 4-H youth programs. Each section requires a separate authorization.

SECTION 1 - Required
Michigan 4-H Code of Conduct

Participation in Michigan 4-H programs is subject to the observance of the program rules. Any participant who knowingly violates this Code of Conduct is subject to discipline, up to and including removal from the activity he or she is participating in (at his or her own expense) or the entire county 4-H program. Determination of disciplinary action shall be done with input from the volunteers and staff overseeing the program or activity. Final decisions about discipline will be made by the MSU Extension staff.

Michigan 4-H members will:

• Show respect for, and cooperate with, fellow members, volunteers and staff.
• Follow 4-H policies and procedures when participating in any 4-H sponsored event.
• Under no circumstances, commit or threaten violence toward any individual, group or the program.
• Under no circumstances, possess, sell or consume alcohol or possess, sell or use controlled substances at an MSU Extension 4-H youth activity or event.
• Under no circumstances, attend or participate in an MSU Extension 4-H youth activity or event under the influence of alcohol and/or controlled substances including tobacco, electronic cigarettes, etc.
• Under no circumstances, bring dangerous or unauthorized materials (such as explosives, weapons or similar items) to an MSU Extension 4-H youth activity or event.
• Abstain from harassment or bullying of another participant, volunteer or staff member (either in person or through social media or other communication venues, particularly when the behavior is disrespectful or regards a person’s gender, race, age, sexual orientation, religion, national origin, disability or appearance.
• Not cheat or falsely represent efforts related to 4-H project activities.

I have read and I understand the Michigan 4-H Youth Code of Conduct. I agree to abide by the rules stated above. I understand I may be removed as a participant from the activity or program, if I fail to follow these rules.

Participant Signature: __________________________ Date: ____________

Parent/Guardian Signature: __________________________ Date: ____________

Parent/Guardian must sign if participant is under 18.

SECTION 2 - Required
Evaluation Acknowledgement

As a participant in the Michigan State University Extension 4-H program, your child may be asked to help with the evaluation of the program. Your child may be asked to complete a short survey about what he/she learned or did as a result of the program. Surveys could be given before the program begins and/or after the program has ended. Surveys typically take no more than 10 minutes to complete. All surveys are confidential. Youth are not required to participate in a survey. If you or your child does not wish to participate, it will not affect involvement in any programs of Michigan State University. If you do not want your child to participate in program evaluations or have questions about the evaluation, contact your local 4-H coordinator at the MSU Extension Office. By signing below I acknowledge that my child may be asked to participate in a short program evaluation. I understand that program evaluations are completely voluntary.

Parent/Guardian Signature: __________________________ Date: ____________

Parent must sign if over 18.

MSU is an affirmative-action, equal-opportunity employer. Michigan State University Extension programs and materials are open to all without regard to race, color, national origin, gender, gender identity, religion, age, height, weight, disability, political beliefs, sexual orientation, marital status, family status or veteran status.
**Michigan 4-H Youth Authorization and Acknowledgment Form**

**Participant Name:**

**County of 4-H Participation:**

**Program Year:** 20___ - 20___

**SECTION 3**

**Media Release**

I authorize Michigan State University Extension/4-H to record my image and/or voice for use by Michigan State University Extension or its assignees in research, education, and promotional programs. I understand and agree that these audio, video, film, and/or print images may be edited, duplicated, distributed, reproduced, broadcasted, and/or reformatted in any form and manner without payment of fees in perpetuity.

**Parent/Guardian Signature:**

**Date:**

Participant must sign if over 18.

**SECTION 4**

**Medical Information**

- **Participant's full legal name:**
- **Birth date:**
- **Phone:**
- **Parent phone home:**
- **Parent phone work:**
- **Parent phone cell:**
- **Mailing address:**
- **Primary care physician's name:**
- **Physician's phone:**

**INFORMATION NEEDED ABOUT PARTICIPANT (Required):**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>![ ]</td>
<td>![ ]</td>
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<tr>
<td>Does the participant have any chronic health problem or illness?</td>
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<tr>
<td>![ ]</td>
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<tr>
<td>Does the participant have any acute illness now?</td>
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<tr>
<td>Has the participant been treated recently for some medical problem?</td>
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<tr>
<td>Is the participant taking any medications for treatment of a medical problem?</td>
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<tr>
<td>Does the participant have any allergies to medication or local anesthesia?</td>
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<tr>
<td>![ ]</td>
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</tr>
<tr>
<td>Does the participant have any allergies?</td>
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<tr>
<td>Please disclose any other disabilities or special needs your child has that could affect their ability to have a positive experience.</td>
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</tr>
<tr>
<td>Date of child's last tetanus shot:</td>
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<td>![ ]</td>
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</tbody>
</table>

**HEALTH INSURANCE INFORMATION (Strongly Encouraged):**

- **Policy holder's name and relationship to participant:**
- **Policy holder's address:**
- **Please attach a photocopy of both sides of your insurance card (preferred) OR complete the information requested here:**
- **Insurance company phone number:**
- **All policy numbers (please identify):**
- **If you have HMO insurance, please list emergency treatment authorization phone number:**
- **Employer's name and address:**

**SECTION 5: Required**

**Official Medical Treatment Authorization**

I recognize that while attending this program, medical treatment on an emergency basis may be necessary for my child, and I further recognize that volunteers or staff overseeing the program may be unable to contact me for my consent for emergency medical care. I hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the circumstances and to assume the expenses of such care. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

**Parent/Guardian Signature:**

**Date:**

Participant must sign if over 18.

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