



2019 4-H Summer Camp Registration

- Alcona, Alpena, Montmorency, Otsego, and Presque Isle Counties -

Important Summer Camp Dates:

- 4-H Summer Camp Counselor Registration Period:
 - Friday, February 1 – Wednesday, April 5 @ 4:30pm
- 4-H Summer Camp Registration Period:
 - Monday, March 4 – Friday, May 17 @ 4:30pm
- 4-H Summer Camp Information Mailed to Campers
 - After June 1st
- 4-H Summer Camp Dates:
 - Monday, June 24 @ 6:00pm – Wednesday, June 26 @ 7:30pm (*TBD if counselors stay until June 27*)

Important Summer Camp Notes and Policies:

**For a complete listing of Summer Camp policies please contact your local 4-H Program Coordinator*

- **Sign-up for Camp:** Do not wait to sign-up for summer camp. Each county gets 13 spaces on a first-come, first-served basis. Campers then go on a waiting list until May 1 to see if extra spaces are open.
- **Parental Approval:** Parental approval is required for youth under age 18 to participate in 4-H Summer Camp activities. This form, along with the Michigan 4-H Member Enrollment Form Authorization Form (completed on 4-H Online), must be completed and returned to the MSU Extension office by the camp registration deadline.
- **Camper Release Policy and Plan:** No camper (person under 18 years of age) will be released into the custody of another person without a signed statement of permission from a parent/guardian. The statement of permission must include when, where, how, and to whom each camper is to be released. At the conclusion of camp, campers will be released to either parents/guardians or the designated person listed on the statement of permission.
- **Lice Check:** All counselors and campers will be checked for head lice during camp registration. If a counselor or camper is found to have head lice, they will not be permitted to attend summer camp.
- **Parent/Guardian Policy:** Parents/Guardians or other adults are not permitted to attend summer camp with their child. In the event of extenuating circumstances please contact your local 4-H Program Coordinator to discuss options. MSU Extension staff must first approve a parent/guardian/authorized adult to attend summer camp in the event of extenuating circumstances.
- **Payment/Cancellation Policy:** The full payment of **\$85.00 for 4-H members or \$105.00 for non-members** (\$85 camp registration and \$20 4-H participation fee) must be submitted with the registration form to your local MSU Extension office. Please make your check or money order payable to: **MSU**. Those who cancel after June 1, but prior to June 10, will lose \$40.00 of their summer camp registration fee and the remaining summer camp registration balance (\$45) will be refunded. After the cancellation period refunds will not be issued. Refunds are not provided to campers that no show, unless a written request is made to camp staff within 15 days of camp and approved by MSU Extension staff. No Shows are only subject to a refund when severe injury/illness prevents a camper from attending, in which case a \$45 refund may be issued if approved by MSU Extension staff.
- **Counselors:** If you are selected to serve as a counselor you will be asked to complete the attached registration form. Do not turn in this registration form until you receive a letter indicating your acceptance as a counselor. Counselors will be notified of their acceptance after May 1, 2019.
- **Camp Age Requirements:** 9-12 years old (4-H age as of January 1, 2019)
Youth that will be 9 years old by the start of camp are eligible to attend
- **Counselor Age Requirements:** 15-19 years old (4-H age as of January 1, 2019)

Questions?

- Alcona County 4-H: **Les Thomas** | thoma322@msu.edu | 989-724-6478
- Alpena County 4-H: **Michelle Eagling** | eaglingm@msu.edu | 989-354-9870
- Montmorency County 4-H: **Bonnie Hardies** | colli427@anr.msu.edu | 989-785-8015
- Otsego County 4-H: **Dev Davis** | davisd72@anr.msu.edu | 989-731-0273
- Presque Isle County 4-H: **Kaelie Fessler** fessler5@msu.edu | 989-734-2168



2019 4-H Summer Camp Registration Form

Youth Full legal name _____
(Last) (First) (Middle)

Number of times youth has attended **this** 4-H Summer Camp: _____

CAMPER/COUNSELOR INFORMATION:

Camp Enrollment Type

- Camper – Current 4-H member; Number of years in 4-H: _____
- Camper – Not a current 4-H member (must submit \$20/scholarship for 4-H participation fee)
- Approved 4-H Summer Camp Counselor (do not submit until approved by MSU Extension staff)

Gender

- Male
- Female

County

- Alcona
- Montmorency
- Presque Isle
- Alpena
- Otsego
- Other: _____

T-shirt Size: Youth _____ Adult _____

- Small
- Large
- XX-Large
- Medium
- X-Large
- XXX-Large

Please check all that apply:

- Disability - wheelchair user
- Disability - physical (please indicate): _____
- Disability - learning or functional (please indicate): _____
- Special dietary needs (please indicate): _____
- Other (please indicate): _____

FOR COUNTY MSU EXTENSION OFFICE USE ONLY:

Date _____ Amount Paid \$ _____ Receipt # _____ Camper # _____

Does Parent/Guardian give Media Permission: ___YES___NO (Check Page 4)

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SECTION 1 – PARENT/GUARDIAN CONSENT:

I hereby grant permission for (*print participant's name*) _____
to participate in all educational and social activities of 4-H Summer Camp sponsored by Michigan State
University Extension's 4-H Youth Development Program.

I understand that some sessions take field trips and that some sessions, and other recreation activities have
special risks. I accept any risks associated with their assigned session(s) and recreational activities.

I will make a note of any special needs or health concerns on this form.

Name of Parent/Guardian (Please print): _____

Signature of Parent or Guardian: _____ **Date:** _____

SECTION 2 – MEDICAL TREATMENT AUTHORIZATION:

This section must be completed and signed by a parent or guardian for all youth participants before they
can participate in this program. If this form is not completed, youth participants will not be allowed to
participate.

Please complete this form to give a medical facility permission to treat the participant for minor injuries or
medical problems. In the event of serious injury or illness, the parent or person designated will be
contacted. Treatment will proceed before contacting the parent or person designated **only if the situation
is urgent and does not permit delay.**

Participant's full legal name: _____

Birth date (MM/DD/YYYY): _____ Age: _____

Parent Phone (Day): _____ (Evening): _____

E-Mail (to be used for camp correspondence): _____

Mailing Address: _____

Primary Care Physician's Name: _____

Physician's Address: _____

Physician's Phone: _____

HEALTH INSURANCE INFORMATION:

Policy Holder's Name: _____

Relationship to Participant: _____

Policy Holder's Address: _____

***Attach photocopy of both sides of insurance card -OR- complete the insurance information below.**

Insurance Company Name: _____

Insurance Company Address: _____

Insurance company phone number: _____

All Policy Numbers (please identify): _____

If you have HMO insurance, please list the emergency treatment authorization phone number:

Employer's Name: _____

Employers Address: _____

Business Phone: _____

INFORMATION NEEDED ABOUT PARTICIPANT:

Please circle yes or no. If yes, explain below or on another sheet if you need more room.

Yes No Does the participant have any chronic health problem or illness?

Yes No Does he or she have any acute illness now?

Yes No Has he or she been treated recently for a medical problem?

List any medications he or she is now taking for treatment of any medical problem.

Yes No Does the participant have any allergies to medication or local anesthetics?

Yes No Does he or she have any allergies?

Yes No Does the participant have any special needs that staff should be aware of in order to help make their camp experience a positive one?

Date of his or her last tetanus shot: _____

OFFICIAL AUTHORIZATION FOLLOWS:

I (*parent or legal guardian*), _____, recognize that while attending this program, medical treatment on an emergency basis may be necessary for my child, and I further recognize that MSU 4-H staff may be unable to contact me for my consent for emergency medical care. I do 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.

Signature of Parent or Guardian: _____ **Date:** _____

SECTION 3 – 4-H OVERNIGHT HOUSING PERMISSION:

I understand that my child may be sharing lodging with an unrelated adult (21 or older) that has been through the MSU Extension Volunteer Selection Process and with at least one other young person. By signing this form I give my permission for my child to attend this event under these lodging conditions.

Signature of Parent or Guardian: _____ **Date:** _____

SECTION 4 – MEDIA RELEASE:

Participants are sometimes photographed and videotaped for use in MSU promotional and educational materials but are not identified by name in the materials.

I authorize Michigan State University to record the image and voice of the subject named below and give MSU and all persons or entities acting pursuant to MSU’s permission or authority, all rights to use of these recorded images and voice. I understand that said images and/or voice will be used for educational, advertising and promotional purposes in all conventional and electronic media, including but not limited to the Internet and any future media. I also authorize the use of any printed material in connection therewith.

I understand and agree that these images and recordings may be duplicated, distributed with or without charge, and/or altered in any form or manner without future or further compensation or liability, in perpetuity.

Print Subject’s Name: _____

Signature of Parent or Guardian: _____ **Date:** _____

Detailed camp information will be mailed to campers after June 1st