



# 2025 Thumb Area 4-H Camp



June 24-26, 2025



**Registrations due  
May 23, 2025**

At Camp Stapleton  
25 miles north of Port Huron



3753 Lakeshore Rd., Lexington MI, on Lake Huron

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, swimming, archery, teambuilding, skits, games and crafts, and much more. Camp Stapleton is located on beautiful Lake Huron. Located just 25 miles north of Port Huron.



- Youth must be ages 9-14 as of January 1, 2025.
- Cost is \$135 for youth currently enrolled in 4HOnline.
- Not enrolled? Enroll for FREE at <https://v2.4honline.com>.
- Select Huron County and Thumb Area 4-H Camp Club.
- Need assistance, please contact your local MSU Extension Office.
  - **Deadline to register is Friday, May 23, 2025.**
  - **LATE REGISTRATIONS WILL NOT BE ACCEPTED.**
- Adult male & female chaperones are also needed, please contact your county MSU Extension Office and find out how to volunteer:



Huron County (989) 269-9949  
 Lapeer County (810) 667-0341  
 Sanilac County (810) 648-2515  
 St. Clair County (810) 989-6935  
 Tuscola County (989) 672-3870



MICHIGAN STATE UNIVERSITY

Extension



In cooperation with, Huron, Lapeer, Sanilac, St. Clair, and Tuscola County MSU Extension 4-H Programs

# THANK YOU Sponsors of the 2024 Thumb Area 4-H Camp



## LEGACY SPONSOR:

Greater Huron County United Way

## PLATINUM SPONSORS:

### GOLD SPONSORS:

Cass City Oil & Gas, Company  
GreenStone Farm Credit Services  
Sanilac Smiles Dental Care, PLLC

Cooperative Elevator Company  
Huron County Dairy Promotions  
Thumb Crop Insurance

Lake Huron Financial

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J.W. Hunt, OTC  
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Thumb Bank & Trust

### FRIENDS OF 4-H:

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Walsh Packing Company

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# Thumb Area 4-H Camp Registration Form

Youth Ages 9-14 as of 1/1/2025



## 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 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
- Youth must be currently enrolled in 4HOnline. Not enrolled? Join for FREE at <https://v2.4honline.com> select Huron County and Thumb Area 4-H Camp Club**
- Check payable to: **"Thumb Area 4-H Camp"**
- Mail to: **MSU Extension-Huron County  
690 N. Port Crescent Street  
Bad Axe, MI 48413**
- Registration DEADLINE is Friday, May 23, 2025 (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:

Huron County = Office (989) 269-9949 or Patti Errer (989) 550-2971

Lapeer County = Office (810) 667-0341 – Sarah Griffin

Sanilac County = Office (810) 648-2515 - Mary Heiden

St. Clair County = Office (810) 989-6935 or Lori Warchuck (810) 990-9230

Tuscola County = Office (989) 672-3870 - ReAnna Wilkerson

**Please Note - some of these are staff 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.**

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Camp Stapleton  
3753 Lakeshore Road  
Lexington, MI 48450

CHECK INTO CAMP      TUESDAY, JUNE 24, between 10:00 - 10:30 A.M.

CHECK OUT      THURSDAY, JUNE 26, at 11:00 A.M.

### IN CASE OF EMERGENCY

4-H Camper's Name \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Dad's Number \_\_\_\_\_ Mom's Number \_\_\_\_\_

Name of Person to Notify If Parent is not available:

\_\_\_\_\_

Address \_\_\_\_\_

Contact Number \_\_\_\_\_

**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. Jacket/sweatshirt; and
9. **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 \_\_\_\_\_ 4-H Age (as of 1/1/25) \_\_\_\_\_ Current Age \_\_\_\_\_  
 Gender \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
 Parent Email \_\_\_\_\_

PASTE

PHOTO HERE

(REQUIRED - Focus on the Face like a passport photo)

**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      \$\_\_\_\_\_

**CHECKS PAYABLE TO: Thumb Area 4-H Camp**

**REGISTRATION DEADLINE: Friday, May 23, 2025 (LATE REGISTRATIONS WILL NOT BE ACCEPTED)**

**MAIL APPLICATION & PAYMENT TO: MSU Extension-Huron County, 690 N. Port Crescent, Bad Axe, MI 48413**

**DIET:**

Is your child on a special diet? If so, please explain \_\_\_\_\_  
 To make special arrangements, please contact us 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.

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Is your child having difficulty with any of the following conditions? Asthma, convulsions, skin rash, constipation, sleepwalking, bed wetting or other \_\_\_\_\_

**RELEASE INFORMATION:**

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

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My child MAY NOT be released from camp to the following persons (include relationship)

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## MICHIGAN 4-H OVERNIGHT HOUSING PERMISSION FORM

Program Name: \_\_\_\_\_

Program Dates: \_\_\_\_\_

### Criteria for Michigan 4-H overnight housing experiences:

Youth will be provided a separate bed, mattress or sleeping bag. Youth may not share a bed.

Youth ages 18 – 20 are considered program participants in the Michigan 4-H program (4-H age is determined as of January 1, which makes these youth 17-, 18- or 19-year old 4-H members). As they are considered youth program participants, Michigan 4-H allows these individuals to house with younger 4-H members, per approval of the younger member's parent or legal guardian. In addition, youth participants aged 18 to 20 must complete a criminal history check and a reference check.

Adult participants age 21 and older will be housed with other adult participants. Adults will be assigned to stay in rooms with restrooms that are separate from youth participants' housing and restroom assignments. All adult participants are volunteers that have successfully completed the MSU Extension Volunteer Selection Process or are MSU Extension staff members.

I understand that my child will be attending the event listed above, and by signing this form, I give my permission for \_\_\_\_\_ (participant's name) to attend this event under these lodging conditions.

Parent Name (Printed) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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# AUTHORIZATION FOR ADMINISTERING MEDICATION: MI 4-H YOUTH DEVELOPMENT PROGRAM

4-H Program Event: \_\_\_\_\_ Dates: \_\_\_\_\_

County Community: \_\_\_\_\_

Youth Participant's Name: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Parent/Legal Guardian Name(s): \_\_\_\_\_

Parent/Legal Guardian Phone Number (home)\_\_(work)\_\_\_\_\_ (cell)\_\_\_\_\_

Medication Policy: Attached

## Medication(s)

**Directions:** Parent/Legal guardian - List all medications brought to the Michigan State University ("MSU") Extension 4-H program using one column for each medication. List the corresponding information below the name of the medication.

	Medication Name			
	1.	2.	3.	4.
Medication dosage				
Dates to be given				
Time(s) to be given				
The doctor who prescribed the medication				
Prescribing doctor's phone number				
Additional information or administration instructions (e.g., prescription requires refrigeration)				

### Over-the-Counter Medications:

Please select any of the following over-the-counter medications that MSU staff or volunteers may provide to your child while at the 4-H event.

<input type="checkbox"/> Acetaminophen (Tylenol)	<input type="checkbox"/> Ibuprofen (Motrin)	<input type="checkbox"/> Imodium	<input type="checkbox"/> Antihistamine (Benadryl)	<input type="checkbox"/> Bactine
<input type="checkbox"/> Caladryl Lotion	<input type="checkbox"/> Hydrocortisone Ointment	<input type="checkbox"/> Triple Antibiotic Ointment (Neosporin)	<input type="checkbox"/> Dramamine	

Are there any additional instructions regarding providing any of the approved medications, including over-the-counter medications?

**Parent/Guardian Signature Required**

I have read and understand the attached Medication Administration Policy and Procedures for MSU Extension 4-H Programs. I request that my minor child, the above-named youth participant, be provided the medication listed above

by an adult MSU Extension staff member or volunteer according to the instructions. I understand that a record of administered medications will be maintained. The youth participant has not previously experienced side effects from the medication(s). I further agree that an MSU Extension adult staff member or volunteer may contact the doctor/prescriber as needed.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_