



checklist

Camper Information Form (4 pages)

(including medical statement & immunization record due at least 2 weeks prior to camp)

Email to: ylicamp@clermson.edu

Fax to: (864) 878-5985

***Mail to:** Youth Learning Institute

698 Concord Church Road

Pickens, SC 29671

** Please make a copy before mailing in case it gets lost. Bringing a copy to camp is helpful!*

Paintball Permission Form (see restrictions)

Balance (\$)

(balance must be paid in FULL at least 2 weeks prior to camp)

Payment Options:

Online: login to account at www.ylicamps.com

Phone: (864) 878-1041

Mail Check: Address provided above made out to Clemson University.



The following forms are included in this packet, but DO NOT need to be returned:

1. What Every Parent Needs to Know
2. Directions

Reminder: Arrival is Sunday 3:00-4:00 pm and Departure is Friday 10:00 am (awards ceremony).

questions?

Call us at (864) 878-1041 or email at ylicamp@clermson.edu



What Every Parent Needs to Know About Camp

Located in SUMMERTON, SC: 4-H Camp is at Camp Bob Cooper (near Summerton/Santee area) on the shores of Lake Marion.

How to Contact the Program Director

Jake McLure: (803) 807-1686

Emergency contact cards will be given at check-in. We ask that you please do not ask your child to call home as there are over 100 campers that would like to call home, and please do not call your child unless it is an emergency. The camp staff will call you if there is a problem.

Facilities

The 4-H program will be held at Camp Bob Cooper, which has dorm rooms with bunk beds and air conditioning, full service dining facility, conference room, lake, gymnasium, and adventure courses. There are also recreation fields, nature trails, and fishing docks.

Arrival and Departure

Arrival is 3:00-4:00 PM on Sunday. Please do not arrive before check in time on the first day of camp as staff will be preparing for camp and will be unable to supervise campers.

Departure: Our awards ceremony will begin at **10:00 A.M. on Friday** with departure immediately following the ceremony. Please call if you will be late for pick-up on the last day.

Camp Bank

There will be no need to bring any money to camp for canteen or T-shirts. Every camper will receive a snack each day and a t-shirt for the week.

Camp Food

Menus for the week have been approved by a registered dietician and are designed to provide a balanced and nutritious diet. Camp is equipped with a modern kitchen that is operated by an experienced and well-trained staff. Please note on the Camper Information Form if your child has any food allergies or other food related issues.

Please do not send food with your child or to your child in a care package.

Contacting Your Child

Please write your child. Campers enjoy getting mail and feel left out when others receive mail and their name is not called. It would be a good idea to write your child and mail it before they leave home on Friday or Saturday, so it will reach the camp before he/she leaves. The mailing address is:

Camper's Name
4-H Camp
Camp Bob Cooper
8001 M. W. Rickenbaker Rd.
Summerton, SC 29148

Camper Behavior

Campers must be able to both function independently and as part of a group. They must be able to comprehend and follow basic instructions, have an understanding of natural hazards (for example, roads, lakes, and heights), and be able to change clothes and use restroom facilities without assistance. Parents and children are required to sign the Discipline Policy in which behavioral standards are outlined. Campers who continue to display problem behavior will be asked to withdraw from the camp **without a refund**.

Health Care

Staff who are certified in First Aid and CPR will be present at camp 24 hours each day. Arrangements have been made with local EMS to provide care and transportation when needed and a local physician is on call 24 hours each day. A full-service hospital is available within a 15-minute drive of the camp facility.

All medications must be given to the health officer upon arrival at camp. The health officer will be responsible for properly administering the medicine on a daily basis as directed by a physician or parent. All prescription drugs are kept under lock and key. (Exceptions may be made for inhalers or Epi-pens.)

All campers are screened upon arrival at camp for good health prior to admission. We ask that no camper come to camp ill or with any contagious condition. We reserve the right to send your camper home if they become ill, develop any contagious condition (such as pink eye, or head lice) or if they are unable to participate in the major activities of camp. If your camper cannot remain at camp due to health reasons you **will NOT receive a refund** of camp fees.

Each camp has limited medical insurance on every camper for accidents and illnesses that occur during camp. Pre-existing illness and eyeglass/contact replacement are not covered.

If a camper suffers an injury or illness that requires a trip to the hospital, the parent or guardian will be notified as quickly as possible.

Program Activities

Activities for the week may include: Hiking, Paintball, Kayaking, Canoeing, Swimming, Camp Fire, Skit's/Games, Dance & Social, Team Sports, Climbing Wall, Adventure Courses, Talent Show, Archery, and Arts & Crafts. Not all activities are available to all campers, as some activities have age and/or size restrictions. These activities are subject to change, depending on weather, staff availability or acts of third parties beyond our control.

Water Activities

4-H Campers will be swimming in Lake Marion. Life vests are required for those in a canoe, on the blob, water slide, kayak or tubing on the lake. Life vests are provided by the camp.

Staff

The ratio of campers to staff is 8 to 1. Campers receive a high amount of small group interaction and personal attention from camp staff and instructors. The counselors have been chosen for their dedication and their ability to work with young people. They undergo extensive pre-camp training before assignment as instructors and counselors. Counselors supervise campers 24 hours per

day, and are assigned activity groups during the day and dorm groups during the evening and nighttime. Nighttime dorm groups may consist of up to two rooms per counselor.

Assigning of Groups

Activity groups are assigned according to the child's age, so they will be with other campers close to their own age. The group and their counselor will do activities together all week. Dorm groups are assigned according to sex and age. If you have someone you want to room with, please make this request on the Camper Information Form, but they must be within a year of age difference to room together and roommates are not guaranteed.

Homesickness

Parents can help their child adjust to camp by letting them know that they expect them to have fun at camp. They can also encourage them to meet new friends and learn new things. It is best not to promise a camper that they can come home if they do not like camp. We also discourage campers from making or receiving calls from home, especially if homesick. We have found that calls from home make the adjustment to camp more difficult. Our staff works hard to help campers adjust to camp by making sure they are involved in team building and fun activities. If an emergency situation arises at home, we ask that you contact the camp director.

What to Bring to Camp

- ◆ Sheets/blanket or sleeping bag (single bed)
- ◆ Pillow
- ◆ Towels/washcloths (4)
- ◆ Deodorant
- ◆ Toiletry Items
- ◆ Sunscreen
- ◆ Long pants & shirt for paintball players
- ◆ Water bottle (*please label*)
- ◆ Bug Spray/Lotion
- ◆ Musical Instruments (optional)
- ◆ Carnival/Talent Show costume (optional)
- ◆ Flashlight
- ◆ Dressy outfit for the dance (optional)
- ◆ 2 Pair of tennis shoes (one to get wet & muddy)
- ◆ Swimsuits (2)
- ◆ 5-8 sets of clothes
- ◆ Inexpensive Camera & Film (optional)

Do not bring: candy, gum, food, snacks, knives, fireworks, cell phones, CD's, tape or CD players, I-Pods, radios, electronic games or money.

We suggest that you help your child pack his or her suitcase so they will know what was packed and will be better able to repack for home. Let your child make some decisions on what to bring. We recommend that they bring only one suitcase and one bedroll and they do not bring new clothes for camp. If possible, mark clothes with your child's name, as we will not be responsible for lost clothing or other personal items.

ABSOLUTELY NO ALCOHOL, TOBACCO PRODUCTS, OR WEAPONS ARE PERMITTED AT CAMP!



4-H Summer Camp 2015

Campers and Parents,

Greetings from 4-H Summer Camp! We are preparing for the upcoming summer as it quickly arrives. We would like to inform you about our paintball games.

Paintball games will be offered several times during the week. **The minimum age to play is 10 years old (no exceptions).** Attached is a parent/camper waiver form; in order for your child to play, this form **must be filled out and mailed back before arrival to camp**. You can scan or mail it back with your Camper Information Form. During paintball times we will have other program options for campers who do not play.

All equipment and facemasks will be provided. Please **do not** bring any equipment you may have. **Also, don't forget to bring a pair of pants and a long sleeved shirt to play** (jackets are optional).

If you should have any questions about paintball or any other activities, you may contact our registration office at (864) 878-1041. See you soon!

In Camping,

Clemson University
Youth Learning Institute
4-H Camp

PAINTBALL REGISTRATION FORM

This release must be signed by the parent or guardian of the camper before the camper will be scheduled for paintball activity.

I request that my child (named below) participate in 4-H Summer Camp paintball activity and I hereby agree as follows:

I fully understand and acknowledge that: (a) risks and dangers exist in my child's participation in paintball activities and my child's use of paintball equipment; (b) my child's participation in such activities and/or use of such equipment may result in injury or damage to personal property including the potential for permanent disability and death; (c) these risks and dangers may be caused by the paintball activity operator, camp staff members or other participants, or by accidents, or by the forces of nature or other causes.

Risks and dangers may arise from foreseeable or unforeseeable causes including, but not limited to, selection of trail or uneven terrain on the playing field, weather conditions, injuries and/or welts or bruises caused by the paintballs, and such other risks, hazards and dangers that are integral to recreational activities that take place in a wilderness, outdoor or recreational environment; and (d) I hereby accept and assume these risks and dangers.

I have been advised that my child must wear approved protective eye goggles that will be provided by 4-H Summer Camp. No other padding, gloves or clothing is provided. Campers are required to wear long pants and long sleeve shirts when participating in the activity. I also understand and agree that 4-H Summer Camp will not be held responsible for damages to clothing or personal belongings. (Paintballs are water soluble, biodegradable, and non-toxic.) I affirm that my child will abide by the rules and regulations presented during the paintball activity orientation.

My child is in good health. I understand that strenuous physical exertion may be required and my child has no known physical disabilities or health problems which will present any risk to his/her participation in the activities.

I have read the above and by signing it agree. It is my intention to grant permission for my child to participate in the paintball activity provided by 4-H Summer Camp, and to assume and accept all risks associated therewith.

Camper's Name: _____ Age: _____
(must be 10 or older)

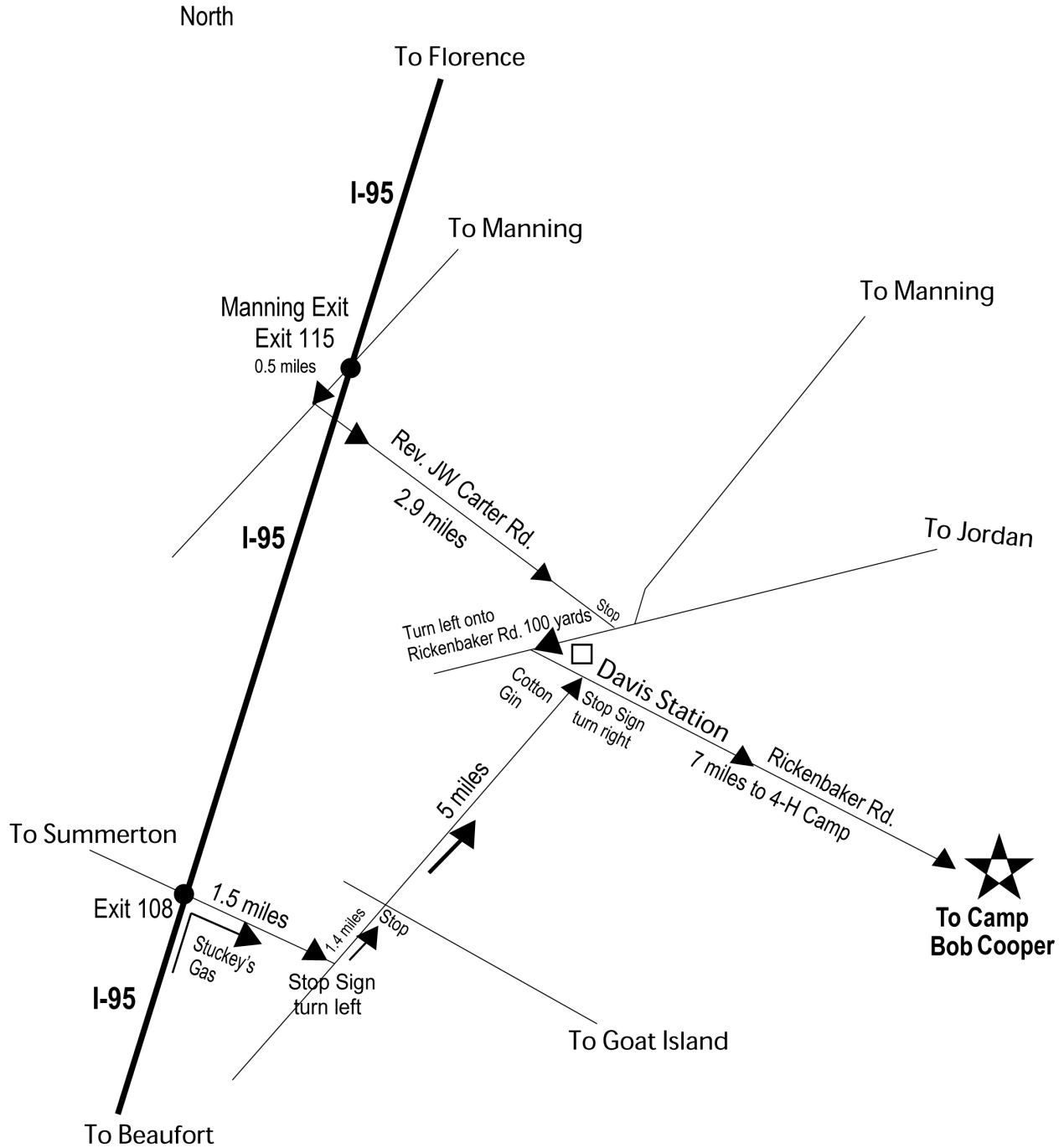
Camper's Signature: _____

Parent's Signature

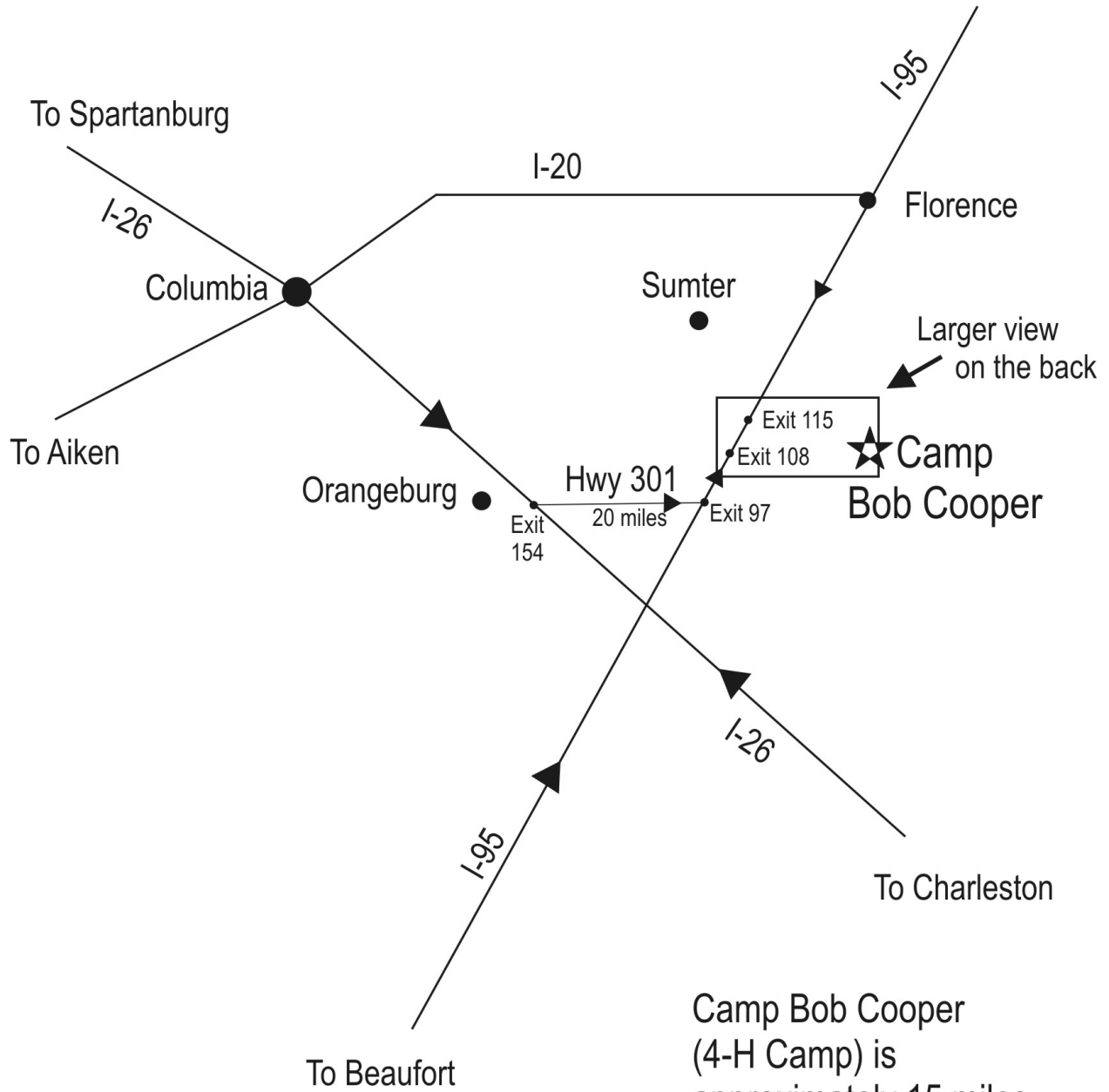
Date



4-H Camp
Camp Bob Cooper
8001 M.W. Rickenbaker Rd.
Summerton, SC 29148



South Carolina



Camp Bob Cooper
(4-H Camp) is
approximately 15 miles
from I-95

Camper Information Form

Please Complete all 4 pages (Health, Discipline, & Permission Form)

and return 2 weeks before camp.

Please make and keep a copy of this form for your records.

Camper's Name _____	Camper's Age (at camp time) _____
Street Address _____	Birthdate _____
City _____ State _____ Zip _____	Sex _____ M _____ F
County _____	e-mail address _____
School Attending _____	Grade (completed) _____ Race (*) _____
Name of Parent/Guardian _____	T-shirt size: YM YL AS AM AL AXL (Circle One)
Home Phone _____	
Mother's Day Phone _____	Mother's Cell Phone _____
Father's Day Phone _____	Father's Cell Phone _____
Neighbor/Relative who may be reached if Parent/Guardian is not available:	
Name _____	Phone _____
Is this your first year at Summer Camp? _____ Yes _____ No. If no, number of previous years? _____	
One Preferred Roommate (not guaranteed & must be within 1 year of age) _____	
How did you hear about camp? _____	
(previous camper, friend, relative, internet search, magazine (which), newspaper (which), camp fair (where), extension office, other (please tell us))	
(*) Necessary to comply with affirmative action Civil Rights Standards	

Code of Conduct

While participating in Youth Learning Institute Camp, I understand I will not have in my possession or use: any tobacco products, any illegal drugs, any alcoholic products, any weapons (knives or guns), or any explosive products.

Furthermore, I will not: steal or destroy camp or other camper's property, get into any fights, be involved in any sexual activities, break camp curfew, use bad language or show disrespect for my counselors, other adults, or other campers.

Violation of these rules may constitute immediate action and possible dismissal from the camp. Transportation home will be the responsibility of the parent or guardian.

I have read the discipline review policy on the back of this form and agree to follow these rules while at camp.

Camper's Signature _____

Permission Form

Release and Permission to Participate

As a parent/guardian, I fully recognize and understand that there are certain injury risks associated in being in a natural environment such as camp and that there is a risk of being injured in such activities as horseback riding, swimming, other water activities, challenge course, and other outdoor activities. I recognize the risks involved and give permission for the camper named herein to participate in all camp activities (except those specifically listed by the parent or guardian). In consideration of the privilege of camp attendance, it is expressly agreed that all use of services and facilities shall be undertaken at the participant's sole risk and that the camp or Clemson University shall not be liable for any claims, demands, injuries, damages, or causes of action whatsoever to any camper arising out of or connected with the use of any of the services and facilities of the camps. Further, the camp, camp staff, agents, owners or Clemson University will not be liable for loss of personal property of the camper. I agree with the Youth Learning Institute Camper Discipline Review Policy (on back) which I have read and will support its enforcement.

IN CASE OF MEDICAL EMERGENCY, I understand that first-aid will be available at camp, that the camper will be closely supervised, and that if serious injury or illness develops, medical and/or hospital care will be given. I further understand that I will be notified in case of serious injury or illness; however, if it is impossible to contact me, I give my permission to the physician selected by the camp to hospitalize, to secure proper treatment, and to order injection, anesthesia or surgery for my child named above.

I do hereby consent and agree to allow Clemson University the use of my child's image or likeness in photographs, videos, or audio for educational purposes or promotional purposes, including posting on the Internet. I agree that the use herein may be without compensation to me or my child.

Parent or Guardian Signature _____ Date _____

Camp Health Form

(to be completed by Parent or Guardian)

Camper's Name _____ Age _____

HEALTH HISTORY: (Check any condition a staff member should know about)

Heart Condition	_____	Bed Wetting	_____	Rheumatic Fever	_____
Diabetic	_____	Eye Infection	_____	Sleep Walking	_____
Allergic to Bee Stings	_____	Convulsions	_____	Homesickness	_____
Allergic to any drugs	_____	Poison Ivy	_____	Contact Lenses	_____
Headaches	_____	Ear Infection	_____	Other	_____

Explain any items marked above: _____

Is the camper taking any medication? ____ No ____ Yes

If yes, name of Medication : _____
_____ (send only what will be needed at camp)

Directions for use of Medication (Please write on a 3x5 card and put in zip lock bag with medications)

Are there any physical restrictions? Yes ____ No ____ Explain: _____

Other health information that the camp staff may need? _____

IMPORTANT: Please notify the camp if this camper is exposed to any communicable diseases during the three (3) weeks prior to camp.

IMMUNIZATION HISTORY

D.P.T. Series _____ Booster (date) _____

Polio _____ Booster (date) _____

Measles _____ Booster (date) _____

Other _____ Booster (date) _____

Date of last Tetanus Immunization _____

Copy of Immunization History may be used and stapled with this form.

IN CASE OF EMERGENCY, NOTIFY:

Name _____ Address _____

Relation _____

Phone _____

Family Physician _____ Phone _____

Practicing Hospital _____

Phone (Hospital) _____

This statement must be completed in order to attend camp.

Medical Statement

(To be filled out by "Licensed Medical Personnel"*)

**INTERPRETATION: "Licensed Medical Personnel" includes those licensed physicians, certified or certification-eligible nurse practitioners, or other medical personnel who are certified by the state to conduct health examinations.*

Dear Licensed Medical Personnel:

The State of South Carolina and the American Camping Association requires that a child attending a resident camp be examined by licensed medical personnel within 24 months prior to the date of camp activity (such activities may include horseback riding, swimming, other water activities, challenge courses, and other outdoor activities). Your support in helping this child is very much appreciated.

Clemson University, Youth Learning Institute

I examined _____ on _____
and it is my opinion that he/she is physically able to engage in camp activities, except as follows: _____

and with these precautions: _____

Examiner _____ Office Phone _____
Address _____ Hospital Phone _____

Signature _____ Date _____

Insurance Coverage Information

- Camp Insurance coverage is in effect while camper is in camp and while in route to and from camp.
- Insurance provides up to the following maximums:
 - \$ 3,000 Medical and surgical treatment
 - \$ 500 Dental expense (natural teeth only)
 - \$ 1,000 Medical and Hospital expense for illness (if occurring on or during insured days)
 - \$ 3,500 Medical expenses for specified disease
 - \$ 3,000 For losses within 100 days of accident which result in loss of life
 - \$ 7,500 Loss of both hands or both feet
 - \$ 2,500 Loss of one hand, one eye, or one foot

This policy does not cover the following: eyeglass replacement, suicide, aviation accidents, preexisting conditions, participation in snow sports, tubing, tobogganing, and bobsledding. If camper returns home sick or injured without seeing a doctor while at camp, camper must see a doctor within 24 hours for insurance to pay.

Medical costs that exceed the policy amounts will be the responsibility of the parent/guardian.

Youth Learning Institute Camping Discipline Policy

1. In the event a participant at a Youth Learning Institute Camping program is accused of committing an offense that warrants that individual's dismissal from the program, that individual shall be required to appear before an Incident Review Board. The Resident Director, or if he is not available, the person in charge of the program, shall appoint a Review Board, which shall consist of at least three adults involved with the camp program. In addition, the Review Board shall have at least one youth representative from the camp program. The Resident Director, or the person in charge of the program if he is not available, shall serve as chairman of the Review Board and may be considered as one of the adults required for the Board.
2. When a youth Learning Insitute Camper is summoned to appear before the Review Board, the chairman of the event shall ensure that the Camper has an adult appointed at least 30 minutes before the hearing to serve as their advisor and counselor for the hearing.
3. Campers accused of the following offenses will be required to appear before the Review Board:
 - Possession or use of illegal drugs or alcoholic beverages
 - Theft, misuse, or abuse of public or private property
 - Sexual misconduct
 - Unauthorized possession of weapons, ammunition, or fireworks
 - Unauthorized absence from the premises of the event
 - Willful disobedience and/or inappropriate language
4. If the accused camper is found in violation of any of the above items, the camper's parents/guardians shall be notified, and the camper shall be sent home immediately, at their parents/guardians expense.
5. Campers accused of any of the following may be required to appear before the Review Board, if the Resident Director, or person in charge of the program, determines that the seriousness of the offense warrants dismissal:
 - Breaking curfew, or disturbing the peace
 - Unexcused absence from the activities of the week, or from the group assigned
 - Unauthorized use of vehicles during the program
 - Use of tobacco during the program
 - Willful disobedience and/or inappropriate language
6. If the accused Camper is found in violation of any of the above items, and in the determination of the Review Board, the offense warrants dismissal from the program, the parents/guardians shall be notified and the Camper shall be sent home immediately at the parents/guardians expense.

I have read the above rules and the Youth Learning Institute Camping Discipline Policy. I hereby agree to abide by all rules listed above and in the Youth Learning Institute Camping Discipline Policy. I understand if this contract is broken by me, I may be sent home early and will be responsible for paying all costs associated with leaving early.

Signature of Camper _____ Date _____

Please make sure this form is completed and mailed back
2 weeks before camp starts.

Mail to: YLI - Summer Camp
698 Concord Church Rd.
Pickens, SC 29671

Or Fax all pages to: 864-878-5985

Or Scan and email it to: talley@clermson.edu