Checklist for 4-H Club Camp

☐ 4-H Membership Form (5 pages)
(including completed medical statement & immunization record due at least 2 weeks prior to camp)

Return the completed form to your County Extension Office / 4-H Agent (Parent, please make a copy for your records) –
The County Extension office will Email the form to: pennyg@clemson.edu
Or Fax it to: Camp Long 803-641-3805
Bringing a copy to camp is helpful!

☐ Balance ($)
Balance must be paid in FULL at least 2 weeks prior to camp

Your County Extension Office will collect your money for camp

*$75 deposit when you initially submit the registration and---
*$205 remaining balance for Camp Long (Total is $280) or ($290 for non 4-H members)
*$215 remaining balance for Camp Bob Cooper (Total is $290) or ($300 for non 4-H members)

☐ Correct Map for your week of camp
Session 1: June 16-20, 2019 – Camp Long, near Aiken off I-20
Session 2: July 21-25, 2019 – Camp Bob Cooper, near Summerton off I-95

The following information is included in this packet, but DO NOT need to be returned:
1. What Every Parent Needs to Know
2. Directions
3. Camp Flier

**Reminder:

Arrival is Sunday 3:00-4:00pm and Departure is Thursday at 1:30 pm (awards ceremony begins at 1:00pm)

Questions?

Ask your local County 4-H Agent or call us at 803-649-9512 or email lfrager@clemson.edu

4-H is the youth development program of the Cooperative Extension Service, a nationwide partnership of federal, state and county governments, and the private sector. Clemson University Cooperative Extension Service offers its programs to people of all ages, regardless of race, color, gender, religion, national origin, disability, political beliefs, sexual orientation, gender identity, marital or family status and is an equal opportunity employer.


What Every Parent Needs to Know About Camp

Locations:
Session 1 - Aiken, SC at Camp Long June 16-20
Session 2 - Summerton, SC at Camp Bob Cooper, July 21-25

How to Contact Director
Carlos Gore, Camp Long (Session 1):
803-649-9512
Brittany Helm, Camp Bob Cooper (Session 2):
704-689-4727

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 Long and 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 1:00 pm on Thursday with departure immediately following the ceremony (1:30). Please call if you will be late for pick-up on the last day. See phone numbers above.

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:

4-H Camp (session 1) 4-H Camp (session 2)
Camp Long Camp Bob Cooper
82 Camp Long Road 8001 MW Rickenbaker Rd
Aiken, SC 29805 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. Camp is not responsible for eyeglasses or contacts that are lost or broken at camp. 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, Rifflery, 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 the Camp Long Lake or Lake Marion at Camp Bob Cooper. Life vests are required for those in a canoe, blob, slide, kayak or any other watersports activity 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 precamp 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 (2)
- Deodorant
- Toiletry Items
- Sunscreen
- Water bottle
- Shorts that can get dirty/stained
- 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)
- 4-6 sets of clothes

Do not bring: candy, gum, food, snacks, knives, fireworks, cell phones, CD’s, CD players, IPods, electronics, games or money. We suggest that both you and 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!
Directions to W. W. Long Leadership Center
Camp Long, 82 Camp Long Road, Aiken, SC 29805
803-649-9512

From Columbia:
Take I-20 W. toward Augusta (approximately 35 miles)
Take Exit 29, turn left on Wire Road (approximately 5 miles)
Turn right onto Camp Long Road (entrance to camp)
Camp Bob Cooper
(4-H Camp) is approximately 15 miles from I-95
1) INFORMATION ABOUT THE PARTICIPANT AND ACTIVITY

Name___________________________________________ Age as of January 1, 2019 _______ Birthdate __________________________

Address__________________________________________________________________________________________

City__________________________________________ State __________________ Zip Code __________________________

Telephone ( ) ___________________ Cell Phone ( ) __________________ Wireless Provider __________________________

Gender_________________________ Grade ______________ School __________________________________________

Race (Circle all the races that apply to you):  White     African American     American Indian     Pacific Islander     Asian

Hispanic: Yes __________ No __________

Father's Name/Guardian_________________________________________________________ Phone: Home ( ) (____) __________________

Cell ( )

Mother's Name/Guardian_________________________________________________________ Phone: Home ( ) (____) __________________

E-mail: Father's E-mail ( ) ________________________________ Or Mother's E-mail ( ) __________________________

Residency:

Farm ______ Rural/Town ______ Town/City ______ Suburb ______ Central City ______

less than 10,000 10,000 to 50,000 ______ of city ______ over 50,000

Military Family (check all that apply):

____ Active Army ______ Army Guard ______ Army Reserve ______ Active Air Force

____ Air Guard ______ Air Force Reserve ______ Active Navy ______ Naval Reserve

____ Active Marine Corp ______ Marine Corp Reserve ______ Active Coast Guard ______ Coast Guard Reserve

4-H Programs Plan to participate in.

4-H Clubs ____________________________________________

4-H Camps ____________________________________________

4-H Projects __________________________________________

4-H Activities _________________________________________

Circle One

T-Shirt Size: YS  YM  YL  AS  AM  AL  AxL  2xL  3xL (if need different size, County please contact state office)

Membership Dues Paid? Y / N Cash/Check # ______________ Date ______________ Amount ______________

Name that Paid ___________________________ Shirt Ordered Date ______________ Received Shirt Date ______________

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2) PERMISSION FORMS

➤➤ CLEMSON UNIVERSITY PARENTAL RELEASE OF LIABILITY FOR PROGRAMS

In consideration for my child being allowed to participate in this CAMP/PROGRAM/PROJECT/CLUB, I the undersigned, acknowledge, appreciate and agree that:

1. This CAMP/PROGRAM/PROJECT/CLUB affords my child the opportunity to participate in activities, including, but not limited to recreation, cooking, science experiments, hands-on activities, interaction with animals and other people, etc. There are inherent risks and I choose to voluntarily allow my child to participate in this CAMP/PROGRAM/PROJECT/CLUB. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, which may be sustained by my child as a result of his/her participation.

2. I certify that I have adequate resources necessary (e.g., health insurance, etc.) to provide for and pay for any medical costs that may directly or indirectly result from my child’s participation in this CAMP/PROGRAM/PROJECT/CLUB. I agree to pay for any medical costs that exceed the limits of my insurance coverage.

3. I understand that activities for this CAMP/PROGRAM/PROJECT/CLUB may be physically strenuous and I know of no medical reason why my child should not participate.

4. I hereby release, waive, and discharge Clemson University and its Board of Trustees, its officers, agents, employees and representatives from all claims, demands, liabilities, rights and causes of action of whatever kind or nature, that may result from or occur during my child’s participation in this CAMP/PROGRAM/PROJECT/CLUB, whether caused by negligence of the UNIVERSITY, its Board of Trustees, officers, agents, employees or representatives or otherwise. I also agree to indemnify and hold harmless the UNIVERSITY for any loss, liability, damage or costs, including court costs and attorney’s fees that may occur as a result of my or my child’s negligent or intentional act or omission while participating in this CAMP/PROGRAM/PROJECT/CLUB. (one must be checked):

□ Yes/Approve □ No/Does not Approve

➤➤ PHOTOGRAPHY CONSENT FOR MINORS

I hereby grant permission to Clemson University, its employees or representatives, to take and use: photographs, videotape and/or digital images of my child for use in promotional or educational materials as follows: printed publications or materials, electronic publications or presentations, websites. I authorize the use of these images indefinitely without compensation to me. All negatives, positives, prints, digital reproductions and videotape shall be the property of Clemson University.

□ My child’s picture may be taken □ My child’s picture may NOT be taken

If you approve that your child’s picture may be taken, I agree that my child’s name and identity (one must be checked):

□ May be revealed □ May NOT be revealed

➤➤ PERMISSION TO TRANSPORT

My child has my permission to be transported to and/or from one Extension program site to another program site with the understanding that they will be driven by Clemson Extension Agents or certified volunteers that have been approved to drive state vehicles and/or have certification to transport youth. (one must be checked):

□ Yes /Approve □ No / Does not Approve

I have read the above Permissions and I hereby agree to the above releases as indicated.

Signature of Parent and/or Guardian ___________________________ Date ___________________
3) SOUTH CAROLINA 4-H BEHAVIOR AGREEMENT

The 4-H Code of Conduct outlined below is in effect for all youth activities involving Clemson University Cooperative Extension Service and the 4-H Youth Development Program. It applies to all participants in 4-H activities, with participants defined as 4-H members of any age or grade, all other registered youth and adults, and all other individuals who take part and/or attend 4-H events.

Consequences of violation of the Behavior Agreement will follow county or state guidelines. Participants who fail to adhere to the 4-H Code of Conduct may be subject to a range of disciplinary actions. Immediate corrective action will be taken to ensure the safety and welfare of all participants at the event. Additional disciplinary action may be taken upon further investigation of the infraction or incident. Participants in county events shall be subject to policies developed at the county level. Participants in state and national events shall be subject to the policy and process outlined below.

If an individual continually disrupts the group or engages in illegal behavior, he or she will be given an opportunity to discuss the problem with the chaperones before more drastic action is taken. If, after discussion, the behavior continues or, in the opinion of the chaperones, it would be detrimental for the individual to continue with the group, he or she will be sent home at the participant’s expense. Also, participants/parents will be financially responsible for any damage caused by the participant.

4-H Code of Conduct

1. The health, safety, and welfare of others must be respected at all times.
2. Appropriate language and behavior are expected at all times. Profanity, foul or abusive language, inflammatory statements, derogatory comments, or physical altercations toward any group or individual are not permitted.
3. Participants are expected to be present and participate at all scheduled program activities. Participants are required to wear nametags when dispensed.
4. No Violence, including sexual abuse or harassment, will be tolerated.
5. All participants are expected to be on the site of the event at all times and to participate in assigned activities. Unauthorized use of vehicles during an event is prohibited.
6. Participants are responsible for following the instructions of all 4-H staff and volunteers.
7. All behavior or language of a sexual nature at 4-H events is inappropriate and unacceptable. Dignified and respectable behavior is expected at all times.
8. Curfew hours must be strictly followed. Boys are not to go into girls’ rooms and girls are not to go into boys’ rooms.
9. Behavior during unscheduled free time is subject to the supervision of 4-H staff and chaperones.
10. Dress code standards previously set for the event must be met by all participants (i.e. no sexually suggestive, culturally insensitive, tobacco or alcohol industry sponsored shirts, inappropriately cut shirts, shorts, pants or skirts, etc.).
11. Possession, distribution, or use of alcoholic beverages or illegal drugs is prohibited. Prescription drugs and over-the-counter medications may be dispensed by adult chaperones only with written authorization provided by the parent/guardian on the 4-H Membership/Event Permission Form for youth on file for the event.
12. With the concern for the well-being of self and others, smoking and the use of other tobacco products is prohibited.
13. Care and respect for property, personal and institutional, is expected at all times. Theft, possession of missing property or damage to property is prohibited.
14. Inappropriate use (utilizing during programming) of cell phones or other electronic devices. Cell phones, cameras, imaging and digital devises are prohibited in showers, restrooms, or other areas where minors expect privacy.
15. The operation of motor vehicles by minors is prohibited while attending and participating in a program or activity.
16. Hazing of any kind is prohibited. Bullying including verbal, physical and cyber bulling are prohibited.
17. Unauthorized possession, distribution or use of weapons, ammunition or fireworks is prohibited.
18. Honesty is expected at all times from 4-H members. Dishonesty, cheating, plagiarism and forgery are inappropriate actions.

Signature of participant (youth): ___________________________ Date: ______________________

I have discussed this information with my son/daughter and I understand and agree to the conditions set forth. I accept the cost and responsibility of having my son/daughter returned in the event it is necessary.

Signature of parent/guardian: ___________________________ Date: ______________________
4) **Health Report Form** - Participant’s Name __________________________________________________________

*Instructions*: Please provide health information for determining appropriate supervision, support and accommodations for the 4-H activities or events listed. **A parent or guardian must sign**. If the participant is a person with a disability and desires any assistive devices, services or accommodations to participate in this activity, please contact your local Extension office during business hours at least 7 days prior to the event to discuss accommodations. **Please print all information.**

➢ **Parent/Guardian Identification**

Who has primary custody of participant? ( ) Mother ( ) Father ( ) Both ( ) Other ____________________________

Family Physician ___________________________________________ Phone (____) ____________________

Dentist ____________________________________________________ Phone (____) ____________________

Do you carry family medical/hospital insurance? (Check one) YES_______ NO ________

Carrier ___________________________________________ Policy/Group # __________________________

Name on Policy __________________________________________

➢ **Emergency Contact Information**

If you cannot be reached in case of emergency, whom should we notify?

Name ___________________________ Relationship ____________________________

Address __________________________

City ___________________________ State ____________ Zip __________

Home Phone (____) _____________________ Work Phone (____) _____________________

Work Address __________________________________________________________

City ___________________________ State ____________ Zip __________

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted by me and the examining physician.

5) **Permission to Administer Medication** (if applicable)

Is the child taking any medication? ______ No ________ Yes ______

-- If Yes, name of Medication(s) __________________________________________

(send only what will be needed at program—include directions for use of all Medication. Please write on a 3x5 card and put in zip lock bag with medications).

- I hereby give permission for 4-H Program to administer over-the-counter medications if the first aid coordinator deems it necessary. Dosages will be administered according to directions on the package unless a physician directs otherwise.

- Do **Not** Administer the Following: __________________________________________

**Parent Authorization & Permission to Treat**

I hereby give permission to the medical personnel selected by the Clemson University Extension Service and 4-H Youth Development Program to provide routine health care: to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. **In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the 4-H Youth Development Personnel to secure and administer treatment, including hospitalization, for the person named above.**

Parent/Guardian Signature __________________________________________________________
6) **PARTICIPANT HEALTH & MEDICAL HISTORY** — Participant’s Name ________________________________
(Questions 1-6 in this section, MUST be completed)

1. Does the participant have any known allergies? (Including food, medicine, plants, animals, insects, etc.)
   
   YES  NO  If YES, please explain: __________________________________________________________

2. Is the participant experiencing or has he/she ever experienced (or had special needs in) any of the following? *(Check all that apply.)*
   
   Asthma _____  Bleeding Disorder _____  Attention Disorders (ADHD) _____  Eating Disorders _____  Heart Condition _____
   Diabetes _____  Wears Contacts _____  Seizures/Convulsions _____  Fainting Spells _____  Other ________
   
   Please describe/explain any condition you checked: ___________________________________________________________________________

3. Has the participant undergone surgery or experienced any injury, illness, allergy, or change in health status any time during the last year? Is there any reason that participation in a program or activity should be restricted?
   
   YES  NO  If YES, please explain: __________________________________________________________________________

4. Does the participant require special diet? *(including vegetarian dietary restrictions, dietary allergies, lactose or gluten intolerant, etc.)*
   
   YES  NO  If YES, please explain: __________________________________________________________________________

5. Is there any necessary, additional information staff should know *(including mental, emotional, social, behavioral, or physical disabilities, medication instructions, and/or special restrictions)* to provide appropriate supervision, support and accommodations for the participant?
   
   YES  NO  If YES, please explain: __________________________________________________________________________

6. Are the Immunizations up-to-date for the Participant?  YES  NO
   
   Most recent date of Tetanus or Tetanus booster ____________ (mo/year)
   
   If NO, please explain __________________________________________________________________________

7) **MEDICAL EXAMINATION** *(required for aerobic exertion activities & activities with elevated risk)*

*To be completed and signed by licensed medical personnel. A physical completed by Licensed Medical Personnel within 24 months of the start date of the youth program may be substituted for this section.*

The applicant is under the care of a physician for the following conditions: ____________________________________________

________________________________________________________________________________________________________

Limitations or restriction on program activities______________________________________________________________

________________________________________________________________________________________________________

Additional information for program personnel ________________________________________________________________

________________________________________________________________________________________________________

In my opinion, the applicant is able to participate in active programs.

Date of Examination ________________________________

Signature of Licensed Medical Personnel ________________________________

Print Name ________________________________  Title ________________________________

Address __________________________________________  Telephone ________________________________
Clemson University does not discriminate against any individual or group of individuals on the basis of age, color, disability, gender, national origin, race, religion, sexual orientation or veteran’s status.

Participation in camp activities may be limited or restricted due to camper’s age or weather conditions.

REGISTRATION
3:00 pm Sunday

CLOSING CEREMONIES
1:00 pm Thursday

Please visit the 4-H information booth during registration and closing ceremonies to find out what 4-H is doing in your county!

Camp Long
$280*

Camp Bob Cooper
$290*

* Member price listed, non-member pricing is an additional $10. Ask your agent for possible military discount.

Contact your local County Extension Office for more information and to register.
To find your County Agent, go to:
www.clemson.edu/extension

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2019 4-H CLUB SUMMER CAMP

A SOUTH CAROLINA TRADITION for over 50 years, 4-H Club Summer Camp offers traditional camp activities with plenty of fun, friends and adventure! Activities include the following:

- Swimming & canoeing
- High adventure elements & climbing tower
- Nature hikes & team sports
- Archery & riflery
- Nightly games, skits & campfire
- Dance & talent show

JUNE 16–20  $280
» CAMP LONG / AIKEN, SC
LEADERSHIP, 4-H SCIENCE, HEALTHY LIFESTYLES

CAMP LONG
82 CAMP LONG ROAD
AIKEN, SC 29805

JULY 21–25  $290
» CAMP BOB COOPER / SUMMERTON, SC
AGRICULTURE, HORSES, NATURAL RESOURCES

CAMP BOB COOPER
8001 M W RICKENBAKER ROAD
SUMMERTON, SC 29148

CAMPER INFORMATION: [ ] 4-H Member [ ] Non-Member

Name: ___________________________ Birthday: ___________ Race: _____ Sex: _____ Grade: _____

FIRST LAST

Shirt Size: [ ] YM [ ] YL [ ] AS [ ] AM [ ] AL [ ] AXL

*Attending: [ ] Camp Long [ ] Camp Bob Cooper
JUNE 16–20 JULY 21–25

PARENT INFORMATION:

Name: ___________________________ County: __________________

FIRST LAST

Address: __________________________ City: __________________ State: ___________ Zip: ___________

Phone: ___________________________ Email: __________________

*To register, please complete the form above and return with your $75 non-refundable deposit to your local County Extension Office.

Excluding the $75 non-refundable deposit, refunds will be issued only when requested in writing at least two weeks before your camp session starts. NO refunds will be issued within two weeks of the start of camp or after a session has begun. This policy is strictly enforced.