WHO: age 8-14

WHAT: 2 days of hands on learning experiences
1 night of tent camping

WHEN: Tuesday, June 27 at 10am - Wednesday, June 28 at 8pm

WILDathalon, an exhibition of things learned, will be held at 6pm on Wednesday followed by a dinner for campers and their immediate family

WHERE: Chester State Park
759 State Park Road, Chester SC

WHY: camping, wildlife, natural resources, science, hands on, water activities, fishing, shooting sports, swimming, and more

HOW: $60 per camper for current 4-H members, $70 for non-members

Contact your County 4-H Agent:
Chester County - Robin Currence: 803.385.6181 x113
Fairfield County - Jennifer Stevens 803.635.4722 x112
Lancaster County - Steve Hucks: 803.283.3302 x111
Union County - Anne Brock: 864.427.6259 x112
Newberry County - Alana West: 803.276.1091 x111
York County - Faith Isreal: 803.684.9919 x113

RETURNING IN 2017:

End of Camp WILDathalon Event. Designed after such sporting events as triathlons and decathlons, campers will show case skills learned at Camp WILD. Examples of events are archery, casting, knot tying, etc. Campers will earn points for skill and time. Family is encouraged to attend this 6pm event on Wednesday as spectators. We will conclude with a dinner for campers and their immediate family after the WILDathalon.
Chester State Park
759 State Park Drive
Chester, SC  29706

June 27-28, 2017

We are very excited that your child is coming to this Camp WILD! Here are the final details:

- Campers are to arrive by 10:00 am on Tuesday, June 27.

- Campers are to be picked up by 8:00 pm on Wednesday, June 28. Parents are invited to attend the 4th annual WILDathalon beginning at 6:00 pm where campers compete in events they have gained skills in over the week. We will conclude with a dinner for campers and their immediate family following the WILDathalon.

- A list of what to bring and not bring is attached.

- Chester State Park driving directions can be found online at www.southcarolinaparks.com. Click on “maps” on the left, then on Chester State Park.

- The 4-H membership form must be turned in by June 23. Please turn it in to your Extension office. Your child cannot participate without it. All sections must be complete and it must be signed by a licensed medical person as well.

- The campers will be chaperoned at all times by Clemson Extension Service staff and certified volunteers. During swimming, trained lifeguards will be on duty.

- Campers are NOT ALLOWED to bring cell phones and other electronic devices. All staff members have cell phones in the event of an emergency.

- If you have any questions, contact Robin Currence at 803-209-0538 (cell) or email rcrrnc@clemson.edu.

Sincerely, Robin L. Currence, Chester County 4-H Agent
WHAT TO BRING:
- Tent (if you need a tent please request when registering for camp)
- Chair (a cheap folding one will work)
- Sleeping bag
- Pillow and pillow case
- Toiletries (soap, shampoo, deodorant, toothbrush and paste, etc.)
- Bug spray
- Sun screen
- Towels and rags
- Laundry bag and plastic bag for wet clothes
- Closed toe shoes for outdoor activities
- Flip flops or sandals
- Rain coat or poncho
- Camera
- Flashlight
- Swimsuit
- Light jacket
- Pajamas
- 3 changes of clothes (shorts, socks, underwear, t-shirts, jeans)

WHAT NOT TO BRING:
- Cell phones or other electronic devices
- Knives or other articles that could be used as weapons
- Fireworks
- Money

ALL medications must be given to 4-H Camp Staff for dispensing. Please place medications in a plastic bag marked with the child’s name, medication name, and administration information (when and how much).

IN CASE OF EMERGENCY:
In case of an emergency and you need to contact your child while at camp, please call Robin Currence 803-209-0538.
### 1) INFORMATION ABOUT THE PARTICIPANT AND ACTIVITY

<table>
<thead>
<tr>
<th>Name</th>
<th>Age as of Jan. 1, 2017</th>
<th>Birthdate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
<td>County</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
</tr>
<tr>
<td>Telephone</td>
<td>Cell Phone</td>
<td>Wireless Provider</td>
</tr>
<tr>
<td>Gender</td>
<td>Grade</td>
<td>School</td>
</tr>
<tr>
<td>Race</td>
<td>(Circle all the races that apply to you):</td>
<td></td>
</tr>
<tr>
<td>Hispanic: Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Father’s Name/Guardian</td>
<td>Phone: Home</td>
<td>( )</td>
</tr>
<tr>
<td>Mother’s Name/Guardian</td>
<td>Phone: Home</td>
<td>( )</td>
</tr>
<tr>
<td>Residency:</td>
<td>Farm</td>
<td>Rural/Town</td>
</tr>
<tr>
<td></td>
<td>less than 10,000</td>
<td>10,000 to 50,000</td>
</tr>
<tr>
<td>Military Family (check all that apply):</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Active Army</td>
<td>Army Guard</td>
</tr>
<tr>
<td></td>
<td>Air Guard</td>
<td>Air Force Reserve</td>
</tr>
<tr>
<td></td>
<td>Active Marine Corp</td>
<td>Marine Corp Reserve</td>
</tr>
</tbody>
</table>

4-H Clubs

4-H Camps

4-H Projects

4-H Activities

Circle One

| 4-H Membership T-Shirts available for new members only |
| T-Shirt Size: | YS | YM | YL | AS | AM | AL | AXL | 2XL | 3XL |

(if need different size, County please contact state office)

| FOR OFFICE USE ONLY |
| Membership Dues Paid? | Y / N | Cash/Check # | Date | Amount |
| Name that Paid | Shirt Ordered Date | Received Shirt Date |

Clemson University Cooperative Extension Service offers its programs to people of all ages, regardless of race, color, sex, religion, national origin, disability, political beliefs, sexual orientation, marital or family status and is an equal opportunity employer. Should you require special accommodations due to a disability, please notify our office prior to the event.
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 involved with these activities. I 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.

➤ ➤ 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 agree that my child’s name and identity (one must be checked):

☐ May be revealed
☐ May NOT BE revealed

in descriptive text or commentary in connection with the image(s). 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.

➤ ➤ 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 ☐ No

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

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 Department of 4-H Youth Development. 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. 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.
5. Participants are responsible for following the instructions of all 4-H staff and event chaperones.
6. 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.
7. Curfew hours must be strictly followed.
8. Boys are not to go in girls’ room and girls are not to go in 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 Event Permission Form for Youth filed for the event.
12. With the concern for the wellbeing of self and others, smoking and the use of the 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. Unauthorized possession, distribution or use of weapons, ammunition or fireworks is prohibited.
15. Honesty is expected at all times from 4-H members. Dishonesty, cheating, plagiarism and forgery are inappropriate actions.

I HAVE READ the Behavior Agreement and 4-H Code of Conduct above and discussed it with my son/daughter.

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 participant: ____________________________________________ Date: ______________________

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 Department of 4-H Youth Development 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 __________________________
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www.clemson.edu/york

YorkSC4H

Clemson University Cooperative Extension Service offers its programs to people of all ages, regardless of race, color, sex, religion, national origin, disability, political beliefs, sexual orientation, marital or family status and is an equal opportunity employer.