Checklist

☐ Camper Information Form (3 pages)
(including medical statement & immunization record due at least 2 weeks prior to camp)

Return it to: (make a copy for your records)
  York County Extension Service
  Attn: 4-H Youth Development
  120 N. Congress St.
  York, SC 29745

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

Payment Options:
Your County Agent will collect your money for camp total cost - $275
  *$75 deposit
  *$200 remaining balance

☐ Correct Map for your week of camp

Session 1: June 11-15, 2017 – Camp Long, near Aiken off I-20
Session 2: July 23-27, 2017 – Camp Bob Cooper, near Summerton off I-95

The following forms are 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 Faith Isreal, York County 4-H Agent fisreal@clemson.edu or 803-684-9919  or 4-H Club Camp directly call at 803-649-9512 or email pennyg@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. The 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.
What Every Parent Needs to Know About 4-H Club Camp

Locations:
Session 1: June 11-15 - Aiken, SC at Camp Long
Session 2: July 23-27 - Summerton, SC at Camp Bob Cooper

How to Contact the Camp Director
**Carlos Gore, Camp Long (Session 1):**
June 11-15, Phone 803-649-9512

**Jake McClure, Camp Bob Cooper (Session 2):**
July 23-27, Phone 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 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 1:00pm on Thursday with departure immediately following the ceremony. 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 Long
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, I-Pods, 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)
South Carolina

To Spartanburg

To Aiken

To Charleston

To Beaufort

I-26

I-20

I-95

Columbia

Orangeburg

Sumter

Camp Bob Cooper

Larger view on the back

Exit 115

Exit 108

Exit 97

Exit 154

Hwy 301

20 miles

Camp Bob Cooper (4-H Camp) is approximately 15 miles from I-95
ALL elements of this form must be completed by youth participating in clubs, field trips, events requiring group transportation, overnight activities and any other events sponsored through the 4-H Youth Development Program where it is deemed necessary by the adults (paid 4-H staff and/or registered 4-H volunteer leaders) responsible for the youth participants. Be sure to complete all applicable parts and sign where requested.

I) INFORMATION ABOUT THE PARTICIPANT AND ACTIVITY

Name ___________________________________________ Age as of Jan. 1, 2017 ______ Birthdate ________
Address ___________________________________________ County ____________________________
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 (  ) (______) _____________
Cell (  )
Mother (  )
E-mail: Father (  ) ____________________________

Residency: 
_____ Farm  _____ Rural/Town  _____ Town/City  _____ Suburb  _____ Central City
less than 10,000 10,000 to 50,000 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 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)

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 associated with participation. I voluntarily 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 result directly or indirectly 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 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: ______________________

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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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