



2021 Winnebago County 4-H Camp
Norbert Rich School Forest June 28 (gr 3-5) or 29 (gr 6-8)
Registration Forms Due May 19th!

Date: _____ Camper Name: _____

Address: _____ City, State & Zip: _____

Primary Phone: _____ Additional Phone: _____

Age: _____ Date of Birth: ____/____/____ M or F (Circle one) Grade: _____

2020-2021 School Year

E-Mail Address: _____

4-H Club Name: _____ OR School Name: _____

Residence (check one): 1. <input type="checkbox"/> Farm 2. <input type="checkbox"/> Rural/10,000 3. <input type="checkbox"/> Town/10,000-50,000 4. <input type="checkbox"/> Suburbs/50,000> 5. <input type="checkbox"/> City/50,000>
Ethnicity (check one): 1. <input type="checkbox"/> Hispanic 2. <input type="checkbox"/> Not Hispanic
Race (check all that apply): 1. <input type="checkbox"/> White 2. <input type="checkbox"/> Black 3. <input type="checkbox"/> Alaskan/American Indian 4. <input type="checkbox"/> Asian 5. <input type="checkbox"/> Hawaiian/Pacific Islander 6. <input type="checkbox"/> Two or more
T-Shirt – ADULT Sizes Only: Small _____ Medium _____ Large _____ X-Large _____ XX-Large _____

Do you have any roommate requests? _____

COST: \$35.00 with registration due May 19, 2021.

I require an accommodation for a disability to participate in this program. Yes No

My child has my permission to attend 4-H Summer Camp at Norbert Rich School Forest located at 4970 Ginnow Rd - Omro, WI on June 27th (Gr 3-5) or June 28th (Gr 6-8)

Parent/Guardian Print: _____ Parent/Guardian Signature: _____

Camp Waitlist Begins When We Hit 60 Campers per Day

Make check payable to: Winnebago County 4-H Leaders' Association

Send payment with completed 4-H Camp Application to:

Extension Winnebago County 4-H Camp, 625 E County Rd Y Suite 600, Oshkosh, WI 54901

For Office Use

Payment Received

Check Number

**UW - Extension
Youth Event Health Form (Continued)**

Participant Name: _____

Parent/Guardian Signature: _____

Medication #2	Reason	Dosage (mg)	Times of day given	Prescribing Physician & Phone Number

Describe side effects (mood/behavior changes, upset stomach, diarrhea):

List any special instructions or additional information regarding the medication that would be helpful to the health care staff:

Medication #3	Reason	Dosage (mg)	Times of day given	Prescribing Physician & Phone Number

Describe side effects (mood/behavior changes, upset stomach, diarrhea):

List any special instructions or additional information regarding the medication that would be helpful to the health care staff:

Medication #4	Reason	Dosage (mg)	Times of day given	Prescribing Physician & Phone Number

Describe side effects (mood/behavior changes, upset stomach, diarrhea):

List any special instructions or additional information regarding the medication that would be helpful to the health care staff:

Programs may have limited over-the-counter medications available. Select medications that can be administered, if available.

Acetaminophen (Tylenol): Yes No

Hydrocortisone (anti-itch) cream: Yes No


Benadryl: Yes No

Ibuprofen: Yes No

CONSENT FOR MEDICATION ADMINISTRATION AND MEDICAL TREATMENT

TO THE PARENT(S) OR LEGAL GUARDIAN:

If your son, daughter, or ward will be under the age of 18 while participating in a University of Wisconsin – Extension event/camp/program, it is event/camp/program policy to secure your consent for medication distribution and for the use of medical devices. The medication or medical device must be administered by designated event/camp/program health staff with the exception that a limited amount of medication for life-threatening conditions may be carried and administered by my son/daughter/ward (i.e. bee sting kit, inhaler, insulin syringe).

It is event/camp policy to secure your consent for medication distribution and for the use of medical devices by signing below. Please check all that apply:			
Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	No medication(s) has been brought to event/camp.	
<input type="checkbox"/>	<input type="checkbox"/>	Prescription medication(s) has been brought to event/camp. All prescription medication must be in the original medicine bottle and labeled with the youth participant's name, doctor's name, medication name, dosage, prescription number, date prescribed, and instructions. Also, information about any prescription medications must be provided in writing to event/camp health staff with the information requested in the later section of this form.	
<input type="checkbox"/>	<input type="checkbox"/>	Over-the-counter medications have been brought to event/camp and may be administered by event/camp health staff as needed. All over-the-counter medications must be labeled with the youth participant's name, medication name, dosage and instruction.	

If your son, daughter, or ward will be under the age of 18 years while at the event/camp, it is our policy to secure your consent for **all of the following**. By signing below,

- I am giving my consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
- I am stating that I am aware of and accept the risk inherent in the program activity.
- I attest that all information on this form is correct and up-to-date, and that I will provide any and all significant material, and important changes to any information in this form to event/camp staff no later than check-in.
- I agree to hold harmless and indemnify the Board of Regents of the University of Wisconsin System, and the University of Wisconsin –Extension, their officers, agents, and employees from any and all liability, loss, damages, costs, or expenses which are sustained, incurred or required arising out of the actions of my son, daughter or ward in the course of the event/camp.

Participant Name (Please Print)

SIGNATURE OF PARENT OR LEGAL GUARDIAN

Date

This is the approved health form for 4-H events and camps.



Youth Expectations Agreement

Dear Parent and Youth:

The **Winnebago County 4-H Summer Camp Program** provides a positive learning experience for youth. Their health, welfare and positive development is our most important consideration. Because youth represent a large number of families from a wide variety of backgrounds and family customs, we want to be sure that we have common expectations.

Parent or guardian and youth are to read and discuss the following expectations:

1. Youth should be responsible and sufficiently mature to conduct themselves at all times in an appropriate manner. Youth are expected to respect the rights of others to hear speakers and others during the programs.
2. Youth are to participate in the scheduled activities related to their staff positions while at the camp experience.
3. Youth will abide by the safety and behavior guidelines of the Winnebago County 4-H Summer Camp program and their school or group.
4. Youth will accept that responsible behavior includes no possession or use of alcohol, tobacco and nonprescription drugs and weapons before, during or after this camp experience.
5. Youth will not leave Norbert Rich School Forest without consulting the teacher or leader in charge.
6. Youth will abide by the camp policy that no food/candy, cell phones and radios/music players be brought to camp.
7. Youth will refrain from participating in initiation ceremonies, hazing, harassment, and other behaviors that involve humiliation or embarrassing another person. Such activities will not be tolerated.

I agree to meet these expectations.

Youth Signature

Date

I understand and agree with the camp guidelines that my son/daughter/ward has agreed to. If the agreements are broken, I understand that it is my responsibility as a parent to provide transportation home for my son/daughter/ward.

Signature of Parent/Legal Guardian

Date