



March 2019

4-H Camp is July 8-12, 2019



Dickenson County 4-H'ers will camp with youth from Carroll County at the Southwest Virginia 4-H Center in Abingdon. School buses will pick up campers at Ridgeview Middle School. To attend 4-H Camp, you must be 9 years old, have finished the 4th grade, and will not reach your 15th birthday before October 1, 2019.

Applications for 4-H Camp will be accepted until June 3. If we are full, you will be placed on a waiting list. Empty spots will open to Carroll County after June 3.

If you want to be on the waiting list, all camp forms must be completed.

PAYMENTS - The fee for 4-H Camp is \$195.00 and includes meals, lodging, and travel to and from camp by bus. Make checks payable to – **Virginia Cooperative Extension – Dickenson County**. There is a \$50 charge for returned checks.

Send all forms and fees to –

Dickenson County Extension Office, P.O. Box 1160, Clintwood, VA 24228

PARTIAL SCHOLARSHIPS for needy families who meet the guidelines of financially underprivileged may apply for assistance provided by the Columbus Phipps Foundation by **returning the blue Financial Assistance application (and \$25 deposit) by June 3, including all the other forms in this packet.**

REFUNDS – In the event of a cancellation, June 3 is the last day to receive a full refund. After that date, refunds will be less \$25.

FORMS – Return the following forms by June 3.

- * **CODE OF CONDUCT** – Signed by the camper and a parent/guardian.
- * **HEALTH HISTORY** – **Please fill out as completely as possible or it could be returned to you.** If you check that you do have medical insurance, please provide the Insurance Carrier and ID Number. There are several other areas you need to pay particular attention to, such as – Immunization History (**date of most recent Tetanus shot is REQUIRED**), Parent/Guardian Signature, Release Authorization, etc.
- * **EQUINE RELEASE** – Only if you are signing up for the Animal Farm class.

(Continued on Back)

* **SPECIAL DIETARY NEEDS** – Please list any food allergies. If a nut allergy is listed, please indicate if it is an airborne or contact allergy.

* **4-H CAMP CELL PHONE GUIDELINES** – All campers and a parent/guardian must sign and return, even if the camper does not have a cell phone.

* **WILDERNESS CAMPING PROGRAM** – *Only if the camper signs up to sleep outside under the stars instead of in the cabins. Campers who enroll in the Wilderness Camping Program are automatically signed-up for the two-period Outdoor Life class.*

* **FINANCIAL ASSISTANCE FORM** – Only if the camper is applying for Financial Assistance. **A \$25 deposit must also be paid when turning in this form.**

DROP BOX - A drop box is located to the right side of the entrance to the Dickenson County Extension Office. Forms may be returned there if the office is not open. There is a door you pull down to insert forms.



A DETAILED LETTER will come after registering for camp that will include –

- ◆ Transportation Details
- ◆ 4-H Share the Fun Talent Show
- ◆ Spending Money for Camp
- ◆ Taking Medicines to Camp
- ◆ Sending Letters to Campers
- ◆ What to Pack
- ◆ Dress Code
- ◆ Emergency Contact Information

MORE QUESTIONS ABOUT CAMP? If you have questions about 4-H Camp, call or visit with Kelly Rose, Extension Agent, 4-H Youth (rosek@vt.edu) who will be happy to answer questions about camp. The phone number is 926-4605, and the office hours are 8:00 a.m. – 4:30 p.m., Monday-Friday.



If you are a person with a disability and desire any assistive devices, services or other accommodations to participate in this activity, please contact Kelly Rose in the Dickenson County Extension Office at 276/926-4605/TDD during business hours of 8:00 a.m. until 4:30 p.m. to discuss accommodations 5 days prior to the event. *TDD number is (800) 828-1120.*



FINANCIAL ASSISTANCE APPLICATION – DEADLINE – JUNE 3, 2019

(Complete ONLY if Applying for Financial Assistance)

All 4-H'ers whose family income is limited are encouraged to apply for financial aid. We think every 4-H'er deserves a chance to attend 4-H Camp. All information supplied is confidential.

PLEASE ANSWER SCHOOL INFORMATION FOR THE SCHOOL YEAR ENDING MAY, 2019

NAME OF **4-H CAMPER** _____

NAME OF **PARENT OR GUARDIAN** _____

ADDRESS _____

PHONE _____ SCHOOL GRADE COMPLETED As of May 2019 _____

SCHOOL _____ TEACHER _____

A limited amount of money is available for partial camp scholarships from the Columbus Phipps Foundation.

Please provide the following information **ONLY IF YOU ARE APPLYING FOR FINANCIAL ASSISTANCE (FILL OUT FORM COMPLETELY)** and return **NO LATER THAN June 3.** **YOU WILL NEED TO PAY A \$25 DEPOSIT. You will be notified of your balance later. Also, complete all the camp registration forms in this packet and return to:**

**DICKENSON COUNTY EXTENSION OFFICE
P. O. BOX 1160
CLINTWOOD, VA 24228-1160**

NUMBER IN FAMILY _____

*FATHER'S OCCUPATION _____

*MOTHER'S OCCUPATION _____

*APPROXIMATE FAMILY MONTHLY INCOME, AS OF MAY 1, 2019 (Include all income, Ex. SSI, ADC, Child Support) _____

AMOUNT OF MONEY I COULD AFFORD TO PAY _____

4-H PROJECT COMPLETED THIS YEAR _____

4-H OFFICE HELD THIS YEAR _____

HAVE YOU RECEIVED FINANCIAL ASSISTANCE TO 4-H CAMP IN PREVIOUS YEARS? _____

IF SO, HOW MUCH AND WHEN? _____



Virginia Cooperative Extension

Virginia Tech • Virginia State University

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PUBLICATION 4H-164NP

UNIT: Dickenson County

4-H YEAR: 2019

VIRGINIA 4-H STANDARDIZED CODE OF CONDUCT FOR 4-H PROGRAMS/EVENTS

Purpose

The purpose of the 4-H program is the positive development of youth. We believe in creating a safe learning environment that encourages the four-fold development of a young person (i.e., Head, Heart, Hands, and Health). We expect all persons involved in 4-H (youth members, parents, teen/adult volunteers) to practice behaviors that foster the total development of youth. Each 4-H member and associated individuals participating in 4-H activities must accept the responsibility of creating a positive image that reflects 4-H ideals. Furthermore, the Virginia 4-H program recognizes that "CHARACTER COUNTS!" All 4-H participants are representatives of the program and should always strive to uphold the following standards: Trustworthiness, Respect, Responsibility, Fairness, Caring, and Citizenship. In seeking uniformity in the conduct expected at 4-H programs/events, the following code of conduct has been developed to provide a clear understanding of expectations. Participants and parents/guardians must sign this form in order to participate.

Code of Conduct

1. For the safety and wellness of all participants, a completed and signed 4-H Health History Report Form is required for participation in 4-H events. In addition, medications and medication forms (for all participants under 18 years old) must be turned in at the registration table upon arrival at the 4-H event (or according to another system outlined in the registration/orientation information).
2. Participants should attend and be actively involved in all scheduled activities as part of this 4-H program/event (unless under the supervision of a medical staff person.) Curfew is to be followed as specified in the schedule for overnight events. Failure to be in assigned locations may lead to dismissal from the 4-H event. Some areas are off-limits to participants (ex: swimming pool; bodies of water such as lakes and rivers; challenge course, etc.) unless under appropriate instructor supervision.
3. Visitors to a 4-H program/event must check-in with the Extension Agent, Program Director, or other adult in charge of the 4-H program/event upon arrival.
4. Participants should remain at a 4-H program/event until the program/event is scheduled to end. Participants may not leave a 4-H program/event without prior permission from Extension Agent, Program Director, or other adult in charge of the 4-H program/event. Participants may only be picked up from a 4-H program/event by the person designated on the 4-H Health History Report Form. Identification may be requested at the time of pick-up.
5. Participants are expected to follow the directions of 4-H volunteers and paid staff. All 4-H'ers are under the supervision of the Extension Agent, Program Director, or other adult 4-H leader responsible for the 4-H program/event.
6. Participants should respect the property of others and be responsible for themselves. Deliberate destruction or removal of facilities or equipment is not permitted. Financial responsibility for any damages caused by deliberate destruction will be assumed by the participant and/or parents/guardians. The same applies to the property and personal items of other participants.
7. Participants should treat all others and themselves with respect. Aggressive, abusive, vulgar, or violent language and behavior towards others (ex: fighting, threats, insults, cursing, discrimination, etc.) are not permitted.
8. Participants should respect the privacy of others. Girls are not permitted in boys' lodging rooms nor are boys permitted in girls' lodging rooms.
9. Participants are expected to dress appropriately based upon the guidelines established by the person in charge of the 4-H program/event.
10. Possession, distribution, or use of fireworks, weapons, knives, or other items that can be used as a weapon are not permitted at 4-H programs/events, except under adult supervision in scheduled instructional activities (ex: shooting education class supervised by a certified instructor, etc.).

www.ext.vt.edu

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11. Possession, distribution, or use of alcoholic beverages, illegal drugs, tobacco products, and unauthorized prescription drugs are not allowed at any 4-H sponsored program/event and must be reported to law enforcement. The Virginia 4-H program reserves the right to conduct a search of a participant's outer clothing, luggage, personal belongings, lodging rooms, and furniture being used by a participant(s) if there is "reasonable suspicion" that the participant has drugs, alcohol, or weapons.
12. Animals and pets are not allowed at 4-H programs/events unless needed to accommodate a disability or as part of an organized program, or through specific authorization from Extension Agent, Program Director, or other adult in charge of the 4-H program/event. Animals that are used as part of a 4-H program/event should always be provided with proper care.
13. Electronic and mechanical devices (ex: cellular phones, pagers, walkie-talkies, video games, radios, CD players, TV's, laptop computers, etc.) are not allowed at 4-H programs/events unless they are needed as part of an organized 4-H program/event, or with authorization from the Extension Agent, Program Director, or other adult in charge of the 4-H program/event. Without authorization, these items will be confiscated and returned to the participant (or the participants' parents/guardians) at the end of the program/event.

Consequences

Unacceptable behavior during a 4-H program/event (as defined within this **Virginia 4-H Standardized Code of Conduct** or through a review process by 4-H staff/volunteer) will result in consequences to the participant. Consequences may include:

1. early release from this 4-H program/event without refund,
2. restitution or repayment of damages,
3. denial of future participation in the 4-H program/event at the local, district, state and national levels for one or more years (as determined by the unit staff in charge of, or responsible for, the 4-H program/event),
4. forfeiture of financial support for a 4-H program/event
5. removal from 4-H offices held (if applicable), and
6. releasing the youth to the appropriate law enforcement agency and/or the proper authorities.

NOTE: Any conduct not specifically covered by this **Virginia 4-H Standardized Code of Conduct**, but deemed inappropriate by those responsible for the 4-H program/event will be viewed as a violation and appropriate action will be taken. If an infraction occurs, the person in charge of the 4-H program/event will provide appropriate communication to parents/guardians.

Signature(s) (Both signatures are required for participants under 18 years old.)

I have read and understand the above "Code of Conduct" and will abide by the expectations described in the Code-of-Conduct. I understand that if I act inappropriately I will have to accept responsibility for my actions that may result in the consequences listed above.



Participant Printed Name

Participant Signature

Date

I have discussed and reviewed this "Code of Conduct" with my child. I understand that failure to abide by this "Code of Conduct" may result in the consequences listed above which includes no refund. In the event that this code is violated, I agree to come to the 4-H program/event to pick up my child at the request of the adult in charge of the 4-H program/event. I further understand that I refuse to pick up my child, am unavailable, or fail to make timely arrangements to retrieve my child, 4-H program/ event staff may contact law enforcement or social services to provide necessary protection for a child in need of services. I acknowledge responsibility for all fees/charges that may result from said services.



Parent/Guardian's Printed Name (for participant under 18 years old)

Parent/Guardian's Signature (for participant under 18 years old)

Date



INSTRUCTIONS: Please provide detailed health information for determining appropriate supervision, support, and accommodations for the 4-H activity or event listed. **A parent or guardian must sign.** If the participant is a person with a disability and desires any assistive devices, services or other 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.** (NOTE: Both sides of this form must be completed.)

Name of 4-H event in which you wish to participate: Jr. 4-H Camp (Dickenson County) with Carroll County

Date(s) of event: July 8-12, 2019 Location: Southwest Virginia 4-H Center, Abingdon, Virginia

PARTICIPANT IDENTIFICATION

Name: _____ Female: Male:
Last First (Underline name by which you like to be called) Middle

Mailing address: _____ Participant cell phone: (_____) _____

City: _____ State: _____ ZIP: _____ Home phone: (_____) _____

Age: _____ Birthdate: _____ Home email: _____

Ethnicity (choose one): Hispanic/Latino Not Hispanic/Latino

Race (choose all that apply): American Indian/Alaskan Native Asian Black/African American
Native Hawaiian/Other Pacific Islander White

PARENT / GUARDIAN IDENTIFICATION (Place a check beside who to reach in the event of an emergency.)

First parent/guardian name: _____ First parent/guardian email: _____
First parent/guardian phone daytime: _____ Evening: _____ Cell: _____

Second parent/guardian name: _____ Second parent/guardian email: _____
Second parent/guardian phone daytime: _____ Evening: _____ Cell: _____

Who has primary custody of the participant? _____

Address, if different than child: _____

PHYSICIAN / INSURANCE INFORMATION

Family physician name: _____

Phone: (_____) _____

Dentist/orthodontist name: _____

Phone: (_____) _____

Do you carry family medical / hospital insurance?: Yes No

Carrier: _____ (Check one)

Policy ID #: _____

EMERGENCY CONTACT INFORMATION (Parts 1 and 2 should be completed)

1. Where can you be reached in the event of an emergency?

Location: _____

Phone: (_____) _____

Cell phone: (_____) _____

2. If you **Cannot** be reached, who should be notified?

Name: _____

Home phone: (_____) _____

Work phone: (_____) _____

Cell phone: (_____) _____

(continued on back)

4-H PARTICIPANT MEDIA RELEASE

The Virginia Polytechnic Institute and State University/College of Agriculture and Life Sciences (CAL S) periodically uses electronic and traditional media (e.g., photographs, video, audio footage, testimonials) for publicity and educational purposes. By my signature on this form, I acknowledge receipt of this document and give permission to the College of Agriculture and Life Sciences and its designee to use such reproductions for educational and publicity purposes in perpetuity without further consideration from me.

I understand that I will need to notify Virginia Tech/College of Agriculture and Life Sciences if any changes to my situation occur that will impact this media release permission.

Yes No

PARTICIPANT HEALTH AND MEDICAL HISTORY
(Questions 1-5 must be completed.)

1. SPECIAL DIETARY NEEDS

INSTRUCTIONS: The purpose of this section is to communicate special dietary needs, food allergies, etc. for any child, teen, or adult who will be attending a 4-H event.

In the space below, please list all food allergies and/or other dietary restrictions for the person listed above and any necessary precautions that should be taken:

2. Has the participant ever experienced (or had special needs in) any of the following?
[Check (✓) all that apply]

- Asthma Bleeding disorders Attention disorders (ADHD)
- Eating disorders Seizures/Convulsions Wears contacts
- Diabetes Bed Wetting Behavior
- Fainting spells Non-food allergies Other: _____

Please describe any condition or need that you checked:

3. Is the participant experiencing any current health problems, under medical care, receiving mental or behavioral services, or currently taking medication?

YES NO If YES, please explain: _____

4. 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: _____

5. What else should we know about your child?

4-H programs include very rewarding, but sometimes challenging situations. Please inform us of any concerns that may arise related to your child's physical, mental, emotional, and/or social health in order that we may better provide appropriate supervision and support.

APPROVAL / EMERGENCY AUTHORIZATION

(Please read parts 1 and 2. If the participant is under 18, parents/guardians must sign in the space provided. If you are over the age of 18, please sign for yourself. If you cannot sign this due to religious reasons, you must contact your Extension office to obtain a legal waiver that must be signed. If this section is not signed, participation in the 4-H event/activity will not be allowed. You must contact your Extension office if there is a change in health status after submitting this form.

1. I give my permission for the participant named on this form to attend the designated 4-H program. He / She has permission to participate in all activities which may include swimming and other water sports under the supervision of lifeguard(s) and to take part in other scheduled activities such as firearm safety, horsemanship, archery, low ropes, physical activity/exercise and related activities under the supervision of instructors; subject to limitations noted herein.
2. I hereby give permission to the medical staff person selected by the event/activity director to order X-rays, routine tests and treatment for my child (or for myself if I am a participant over 18 years old) as medically necessary. I also give permission for the participant to receive over-the-counter medication as needed under the guidance of the medical staff person. I understand that all attempts will be made to notify parents/guardians of any serious injury or illness to their child. If I cannot be reached in an emergency, I hereby give permission to the medical staff person to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me/ or the participant named on this form. This form may be photocopied for use outside of the event/activity location.

ADULT PRINTED NAME: _____

SIGNED: X _____
(Parent / Legal Guardian or participant over 18 years old)

Date: _____

I understand and agree to abide with any restrictions placed on my activities according to this form.

YOUTH PRINTED NAME: _____

SIGNED: X _____
(Participant under 18 years old)

Date: _____

IMMUNIZATION HISTORY (This must be completed)

Are your child's immunizations up to date? YES NO Date of most recent tetanus shot: (month/year) _____ / _____

RELEASE AUTHORIZATION

I give permission to the following individual(s) to pick up my child at the conclusion of this 4-H event:

Name(s): _____

Sign below at time of pick up (Receiving person must be pre-listed above):

Name (print): _____ Signature: _____ Date: _____

Dickenson County 4-H Camp Cell Phone Guidelines

This form must be signed by the camper and a parent and returned to the Dickenson County Extension Office prior to 4-H Camp. Return it to the Extension Office or mail it to – Dickenson County Extension Office, PO Box 1160, Clintwood, VA 24228

4-H campers and teen counselors **are prohibited** from bringing cell phones or other electronic communication devices to 4-H Camp.

Bringing and using these devices is very disruptive to the camping experience in several ways.

1. For the protection of **all** camp participants, due to the prevalence of social media and the ability for most cell phones and other electronic devices to be used as cameras, these devices are not allowed at camp. This is an attempt to prevent unauthorized use or inappropriate photos being taken and/or uploaded to the internet.
2. Campers who experience mild home-sickness and have access to a cell phone will call home. Once that connection is made, the parents almost always end up coming to camp to take their child home. The same camper without access to that phone will be over their home-sickness in 24 – 36 hours and have a wonderful camping experience.
3. Other campers who do not have access to cell phones, but see others using them often feel as if they are being treated unfairly even though they are the ones who chose to follow rules. Seeing this can also incite home-sickness where it otherwise might not occur.
4. 4-H Camp is designed to be a place for youth to have a safe and fun learning experience away from home and their parents. Having direct contact with parents/family/friends throughout the week interferes with and even negates the developmental benefits that the camping experience is designed to provide.

The mailing address at camp is provided in the cover letter. Family and friends are strongly encouraged to send letters, notes, and care packages to camp. You may even consider mailing packages on Thursday or Friday before camp so that your child will have a package waiting for them the first day of camp when they arrive. We suggest you send your child to camp with self-addressed, stamped envelopes for their use.

In the event of an emergency involving your child at camp, you will be contacted immediately. This is why it is important to list all the ways we can contact you on the Health form and to list at least one emergency contact that we can call if we can't reach you immediately. Likewise, if there is an emergency at home and you need to get in touch with your child, you can call the 4-H Center main number at any time to reach someone and get a message to your child.

Those who bring unauthorized cell phones to camp **will** have them confiscated and may be subject to disciplinary actions. Parents can pick up those cell phones when they pick up their campers on Friday, or they can come to the Extension Office the following week.

If you have any questions or concerns about this policy, contact your local 4-H Extension Agent - Kelly Rose - Dickenson County Extension Office 276-926-4605 - rosek@vt.edu

Please help us enforce this policy for the benefit of everyone and to ensure a fun, safe, and happy week at 4-H camp! We appreciate your cooperation.

4-H Camper signature _____

Parent signature _____

THIS FORM MUST BE SIGNED AND RETURNED EVEN IF THE CAMPER DOES NOT HAVE A CELL PHONE.

Special Dietary Needs Form

INSTRUCTIONS: The purpose of this form is to communicate special dietary needs, food allergies, etc., for any child, teen, or adult who will be attending 4-H camp.

Please complete this form and return to the Dickenson County Extension Office by **June 3.**

NAME: _____

UNIT (County): **Dickenson**

CHECK ONE:

- Camper (5-13 years old)
- Counselor-in-training (13-14 years old)
- Teen Counselor (14-18 years old)
- Adult volunteer or Extension faculty/staff

In the space below, please list all food allergies for the person listed above and any necessary precautions that should be taken. IF A NUT ALLERGY IS LISTED, Please indicate if it is an airborne or contact allergy.

In the space below, indicate any food restrictions (non-allergy) for the person listed above and food substitutes that may be considered:



Virginia Polytechnic Institute and State University Equine Release, Waiver, and Indemnification Statement

The undersigned participant, and his or her parent or legal guardian if the participant is under the age of 18 years, does/do hereby execute this release, waiver, and indemnification for himself or herself/themselves and his or her/their heirs, successors, representatives, and assigns and, thereby, agree(s) and represents as follows:

To release the Virginia Polytechnic Institute and State University and the Commonwealth of Virginia, its members, employees, agent, representatives, subsidiary corporations, and those governmental agencies and other organizations affiliated with this activity from any and all liability, loss, damage, costs, claims, and/or causes of action, including but not limited to all bodily injuries and property damage arising out of participation in the activity, it being specifically understood that said activity includes the handling of equine by the undersigned participant. The undersigned person(s) further agree(s) to indemnify the Virginia Polytechnic Institute and State University and the Commonwealth of Virginia, its employees, members, agents, representatives, and those governmental agencies and other organizations affiliated with this project, and hold them harmless for any liability, loss, damage, cost, claim judgment, or settlement which may be brought or entered against them as a result of the undersigned person's participation in said activity.

If involved in equine activities pursuant to Section 3.2-6202 amended of the Code of Virginia the undersigned(s) execute(s) this waiver of the undersigned(s) rights to sue and agree(s) to assume all risks resulting from the "intrinsic dangers of equine activities". "Intrinsic dangers of equine activities" is defined as those dangers or conditions that are an integral part of equine activities, including but not limited to, (i) the propensity of equines to behave in ways that may result in injury, harm, or death to persons on or around them; (ii) the unpredictability of an equine's reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals; (iii) certain hazards such as surface and subsurface conditions; (iv) collisions with other animals or objects; and (v) the potential of a participant acting in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or not acting within the participant's ability.

This waiver shall remain valid unless expressly revoked by the participant or Parent or guardian of a minor. The revocation shall be in writing which shall be delivered to the provider and shall become effective thirty (30) days after delivery to the provider.

In the case of school-, college-, and university-sponsored classes and programs, waivers executed by a participant or parent or guardian of a participant shall apply to all equine activities in which the participant is involved in the next succeeding twelve (12) month period unless earlier expressly revoked in writing. The revocation shall become effective thirty (30) days after it is delivered to the provider.

The undersigned(s) agrees to maintain all medical and health insurance needed to cover all risks of any kind in any place in livestock, equine, and/or other activities.

I, the undersigned participant, will wear and use, in accordance with established Cooperative Extension policy and procedure, all safety equipment and to ensure equipment is in good condition at all times.

Printed Name of Participant

Printed Name of Parent or Guardian

X

X

Signature of Participant

Signature of Parent or Guardian if participant is under age 18 yrs

Date

Personal Statement for Adult Non-Helmet Use

I, _____ understand that Virginia Tech and the Commonwealth of Virginia highly recommended for safety reasons that I wear an ASTM certified riding helmet while engaged in equine activities. I have freely chosen not to wear this recommended safety equipment, to include an ASTM certified riding helmet, while I am engaged in equine activities and elect to accept full responsibility for any injuries that might arise as a result of failure to use or wear recommended safety equipment.

Signature _____

Wilderness Camping Program

The 4-H Center has constructed two sleeping platforms covered with a canvas tent and insect netting. The Center will be providing sleeping mattresses for all campers and teens. Campers and teens are required to bring their own sleeping bags and other bedding items. It is encouraged that campers have come to Junior 4-H Camp here at SWVA 4-H Center for at least one year prior.

Campers will be sleeping outside (under the stars) during the camp week (Monday night to Thursday night). There are separate sleeping platforms for males and for females. Each camping group will have at least one trained teen and one trained 4-H Center Summer Program Staff as supervision. Both teens and staff will be sleeping every night outside with the campers.

The Summer Program Staff members will co-instruct the Outdoor Life Class. This class will be a 2-period class (2nd & 3rd periods), with the campers able to choose one other class (1st period) to sign up for. Campers enrolled in the Wilderness Camping Program are automatically registered for the Outdoor Life Class. The Outdoor Life Class topics may include shelter building, campfire building, compass & orienteering, animal tracking/observation, rope knots, or proper hiking guidelines, etc.

There are procedures established in case of inclement weather; all campers, teens, and staff will be moved to suitable indoor locations overnight. All campers and teens will be assigned to a specific sleeping pod/cabin color group where they can shower, use the restroom, and change clothes for the day and as needed and for participation in daily camp activities. There will be a location specified for storage of all camper and teen luggage.

Camper's Name: _____ Camper's Age: _____

Parent/Guardian: _____

I, _____ give permission for _____ to be enrolled in the Wilderness Camping Program and will be registered for the Outdoor Life Class as well. By signing this registration form, I agree to the following: I have read the above statements explaining the guidelines, details, and requirements for the Wilderness Camping Program. I understand the differences between the Wilderness Camping Program and typical Junior 4-H Camp experience and am consenting to enroll my child into the program.

Parent/Guardian Signature

Date



Wilderness Camping Program Sleeping Platforms