



Stars, Stripes, and Campfire Nights



2024 Harbor Point 4-H Camp

Who: Any current Mercer County 4-H member (currently in at least 3rd grade and at least 8 years old) and up to the age of 14. 4-H members may also invite a non 4-H friend to join them at camp.

When: 4-H Camp is held two consecutive weeks. Campers may choose to attend either week. Registrations are accepted on a first paid basis.

Week 1 Camp: Tuesday, June 4 – Friday, June 7
Week 2 Camp: Monday, June 10 – Thursday, June 13

Where: Harbor Point 4-H Camp, located one mile east of Celina on Route 703.

Staff: The adult volunteers, teen camp counselors and 4-H staff members direct the camp activities. Each cabin group is assigned 2-4 trained teenage 4-H members who serve as counselors. The counselors sleep, eat, and live with the campers. The Mercer County Sheriff Reserves provide overnight security. A camp nurse is on duty for medical assistance throughout camp.

Housing: Each camper has his/her own bunk and area for personal belongings. We assign youth to cabins based on age and grade. On the registration form you may list two friends you would like to be with in a cabin. We will try to honor your request, but this is not a guarantee.

Health Statement: Parents should be certain to note allergies, physical limitations, and/or any activities in which the child is not to participate. If your child has special needs or restrictions, please contact us prior to camp to help ensure we can make the proper accommodations. **Health form and photo is due with registration!** Parents will have the opportunity to update Health History Form with nurse at check-in on the first day of camp if medications have changed since submitting the form.

Registration: Don't Delay! All registrations are on a first come, first serve basis. Register soon – certain weeks of camp will fill up and require a waiting list. ***To secure a spot for campers, families must submit the Registration Form, Health Form and Payment to the address below.*** Additional information regarding camp will be sent via email prior to camp.

Early Bird Registration – \$125 – by April 12th
Registration – \$150 – April 15th – May 3rd
No registrations will be accepted after May 3rd

Please make checks payable and mail to:

Mercer County OSU Extension
4978 Mud Pike, Suite 1
Celina, OH 45822

I would like to attend Week 1 (6/4-6/7) _____ or Week 2 (6/10-6/13) _____

Child's Name _____ Age _____ Male _____ Female _____

Address _____ City, State, Zip _____

Phone Number _____ Email (required) _____

4-H Club _____

Shirt Size: (chose one): Child S _____ Child M _____ Child L _____
Adult S _____ Adult M _____ Adult L _____ Adult XL _____



IF APPLICABLE to your camper – initial and complete below:

_____ My child has a food allergy or special health dietary condition that will need to be taken into consideration prior to camp. *I understand that I must reach out to the Extension Office by May 3, 2024, to discuss the menu and desired accommodations with the Camp Director and to plan accordingly.*

Please describe: _____

_____ My child has behavioral and/or attention deficits, or other concerns that camp staff should be aware of to allow my camper to have a successful camp experience. *I understand that I must reach out to the Extension Office by May 3, 2024, to discuss further with the Camp Director and to plan accordingly.*

Please describe: _____

REQUIRED for all campers – initial and sign below:

_____ I understand the Rule and Expectations for Harbor Point guidelines form attached to the registration paperwork. Failure to obey rules could cause for immediate dismissal without refund of camp fees.

_____ I have read the attached Electronic Policy for Harbor Point and agree to the guidelines stated, including that cellphones and smart watches are not permitted and other electronics devices will be taken to be returned at the conclusion of camp if the policy is violated. I understand that if there is an emergency, I may contact the camp at the phone numbers that will be given in the Camp Scoop Newsletter.

Agreement: Yes, my child wishes to attend 4-H Camp. I have completed all the paperwork to the best of my knowledge. I understand that I will receive a Camp Scoop Newsletter sharing other fun camp details related to packing, arrival times, etc. via email after registration.

Parent/Guardian Name(s): _____

Parent/Guardian Signature: _____

Camper's Signature: _____ Date: _____

Camper's Name: _____

Circle: Week 1 OR Week 2

4-H Club: _____ School: _____ Current Grade: _____ Age: _____

Cabin Mate: Again, we do not guarantee cabin mate requests due to cabin size and the age of campers. Campers are placed with those campers of similar age (within 1-2 years). Please make your request below:

_____ Put me anywhere (with my age group), I'm here to make new friends!

_____ I really don't know anyone coming to camp. I wish to be with someone in my club or school!

_____ Here is the list of my friend choices:

OR



Morning Classes:

Each camper will be placed in two (2) classes to enjoy each morning throughout the week of camp. We like to make every attempt to place campers in classes they will enjoy. Some classes are limited on space though and are filled on a first come, first served basis. Please read each class description and select your preferences.

**List your top four (4) choices by placing 1, 2, 3, or 4 in the blank.
Make ONLY 4 selections! 1= 1st choice**

_____ **Food Wars** – Join us for food competitions and learn some new recipes.

_____ **Outdoor Survival** – Learn outdoor skills – including shelter building, fire starting and food collection.

_____ **Archery** - Learn correct safety, archery techniques and have the opportunity to shoot.

_____ **Polar Fleece** – Make a fleece tie blanket to take home. Campers will be informed via email if enrolled in this class so they can bring 3-4 years of polar fleece to camp.

_____ **Cars** - Design, make and race your own car! Campers will paint and decorate their race car and then race it against other cars made in this class. Marshall Brehm will serve as our guest instructor.

_____ **Mad Scientist** - Enjoy science-based activities and participate in hands on activities.

_____ **Super Sports** - Lots of energy will be needed to enjoy various yard games and competitions.

_____ **Painting** - Try different painting projects including canvas art - no artist skills needed.

_____ **Craftivity** – Various craft activities using different types of materials and styles.

Dear Parents and Campers,

Camp can be fun memorable experience for campers and counselors. Counselors have been attending trainings since December to ensure they are prepared for all our campers this summer. Safety and care of our campers is our number #1 focus. Please read the following Rules & Expectations and Electronic Policy for campers and counselors. *You need to agree to the terms on the registration paperwork.*

Rules and Expectations for Harbor Point 4-H Camp

Report Injuries, Illnesses and Health Problems

- If you are ill or hurt tell your counselor and have them take you to see the nurse
- After lights are out, wake a counselor if you need to leave the cabin for any reason

Demonstrate Appropriate Behavior in Camp and Cabin Areas

- Respect and protect the camp property and the property of others. No writing on the walls, floors, ceiling, and/or damaging facilities in any manner
- No snacks or food should be brought to camp
- Follow the “Rule of 3’s” at all times! 3 = 2 campers + 1 counselor or 2 counselors + 1 camper

Act Respectfully Towards Others

- Respect other campers and the camp staff. Be kind and courteous. No put-downs. No fighting.
- Use respectful language
- Only boys are allowed in boys cabin and only girls are allowed in girls cabins

Wear Appropriate Clothing and Footwear

- Clothing should be appropriate in style
- One piece for girls or if wearing a two piece, a shirt must be worn over it at all times
- Wear closed toed shoes at all times. Sandals or water shoes are appropriate for shower and water games

Keep a Legal and Safe Environment

Any person found engaging in any illegal activity will be sent home and may have potential legal consequences. Activities include, but are not limited to:

- NO smoking, use, or possession of tobacco products, including cigarettes, cigars, chewing tobacco
- No alcohol or drugs of any type
- No weapons, fireworks, and/or fire of any type
- No bullying or harassment of campers, counselors, and camp staff
- No electronics – including, but not limited to cell phones, gaming systems, smart watches, tablets etc.
- No leaving campgrounds
- No access to vehicles by campers or counselors

Electronic Policy for Harbor Point 4-H Camp

As difficult as it may seem, electronic devices are prohibited at camp. Camp is a unique experience where campers can gain independence and self-reliance. Among the concern of cell phones causing a disturbance or being damaged, it can also take away from the campers’ experience.

If there is an emergency, or if we are concerned about the youth’s well-being, we will contact the parents or guardians immediately. Campers are constantly in the company of other campers and counselors while at camp, and camp is staffed with caring adults, including an experienced camp nurse.

Cell Phone Policy Agreement for Harbor Point 4-H Camp

- Campers are not allowed to be in possession of cell phones at camp. This includes smart watches and other electronic devices as outlines above.
- Campers are restricted in their use of other electronic devices at camp.
- If a device is found, it will be held by the Camp Director until the end of camp.
- Extensive violation of this agreement can lead to a camper’s dismissal from camp. Parents agree to pick up their child upon request and will not receive a refund for any portion of camp fees.

Ohio 4-H Health Statement

ALL SIDES of this form MUST be completed for each participant. Minors must have the form completed and signed by a parent/guardian. This information will be kept confidential and used only for the welfare of the participant. PRINT neatly using blue or black ink.

REQUIRED!
Attach Picture
 (for I.D. purposes only)

Participant/Member Information:

Name: _____		
(Last)	(First)	(Middle)
Address: _____		
(Street)	(City)	(State) (Zip)
Home Phone: _____	County: _____	
Date of Birth: _____	Male/ Female	Age (today): _____

Emergency Contact Information:

Parent/Guardian Name: _____	Cell Phone: _____	Email: _____
Other Contact/Relationship: _____	Cell Phone: _____	Email: _____
Other Contact/Relationship: _____	Cell Phone: _____	Email: _____
Physician: _____	Phone: _____	
Dentist: _____	Phone: _____	

Health History:

Communicable Diseases:

Provide the date (approximate is acceptable) at which participant has had or was exposed to:

Chicken Pox _____ Measles _____ Whooping Cough _____
 Tuberculosis _____ Mumps _____ Other Communicable Diseases _____

Immunization/Vaccine Record:

To the best of knowledge, the participant is up-to-date on all immunizations which may include, but is not limited to: Diphtheria/Pertussis (Whooping Cough-TDAP), Polio, Measles/Rubella/Mumps (MMR), Haemophilus Influenza (HIB), Varicella (Chickenpox) that are required for school.

The participant has received a Tetanus Booster. Date of last booster: _____

If the participant is not current or up-to-date with immunizations, please complete the Ohio 4-H Immunization Exemption Form.

Instructions for Medications:

- All prescription drugs must be carried in the container in which they were issued (with medical orders and physician's name intact) and given to the nurse/health director. Other prescription drugs will not be accepted. Only bring the amount needed for your stay at camp.
- If you need regular over-the-counter medications, they must be in the original container. Like prescription medications, these medications must be given to the nurse/health director.
- All medications will be given as directed on the original package/container. If there are any dosage adjustments, you must bring signed documentation from your physician.

Medical Instructions: Medications/Allergies, Current/Past Medical Conditions:

Current Medications (Prescribed and Over-The-Counter, Current or Past Medical Treatment):
 (please list additional medications or needs on a separate sheet)

Name of Medication:	Dosage:	Frequency/Instructions:



Check below if the participant is subject to any of the following conditions:

<input type="checkbox"/> Asthma Controlled? yes/no	<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Cramps	<input type="checkbox"/> Fainting	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Seizures	<input type="checkbox"/> Sore Throat
<input type="checkbox"/> Athlete's Foot	<input type="checkbox"/> Constipation	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Home Sickness	<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Other?
<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Headaches	<input type="checkbox"/> Kidney Trouble	<input type="checkbox"/> Sleep Walking	

Allergies:

If none, please write NONE here: _____

Food allergies: _____

Medication allergies: _____

Serious Ivy, Oak or Sumac Poisoning: What is the prescribed treatment? _____

Serious bee or insect sting reactions: What is the prescribed treatment? _____

NOTE: If participant's allergy may require use of an "EPI-PEN", then the participant must provide the "Epi-Pen(s)" and discuss possible administration with health care professional upon arrival to camp.

Check below if the participant displays any of the following behaviors:

<input type="checkbox"/> Abusive to Others	<input type="checkbox"/> Easily Distracted	<input type="checkbox"/> Manipulative	<input type="checkbox"/> Self Abusive	<input type="checkbox"/> Withdrawn/Shy
<input type="checkbox"/> Bites	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Mood Swings	<input type="checkbox"/> Severe Fears (Please comment) _____	<input type="checkbox"/> Behavior Plan in Place (please attach a copy or description)
<input type="checkbox"/> Easily Discouraged	<input type="checkbox"/> Inappropriate Language	<input type="checkbox"/> Runs Away	<input type="checkbox"/> Short Attention Span	<input type="checkbox"/> Other? _____

Accommodations for Camp:

Please tell us about the accommodations your child may need at 4-H camp:

- I will be bringing medications to camp (please describe whether they require refrigeration or special storage below).
- I have dietary restrictions (describe below).
- I have limited mobility (e.g. crutches, cane, etc.).
- I have ADHD or a related attention deficit disorder; a visual, hearing, cognitive processing, reading, or a speech impairment. (describe any needs you anticipate at camp and the accommodations you typically receive at school and home below).
- I require the use of medical equipment that needs electricity (describe below).
- I require other accommodations not listed above (describe below).
- I do NOT require any special accommodations (none of the above apply to me).

Description of any past or current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp: _____

Description of any camp activities from which my child should be exempted for health reasons: _____

Check medication(s) that participant may receive if deemed necessary and administered by a health professional. Examples of brand names are given in parentheses. Generic or other name brands may be provided:

<input type="checkbox"/> Acetaminophen (ex: Tylenol)	<input type="checkbox"/> Antibiotic Ointment (ex: Neosporin)	<input type="checkbox"/> Dramamine	<input type="checkbox"/> Poison Ivy Medicine (ex: Calamine Lotion)
<input type="checkbox"/> Aloe Lotion	<input type="checkbox"/> Cough Syrup/Drops	<input type="checkbox"/> Ibuprofen (ex: Advil, Motrin)	<input type="checkbox"/> Sore Throat Medicine
<input type="checkbox"/> Antacids (ex: Maalox, Tums)	<input type="checkbox"/> Decongestant (ex: Sudafed)	<input type="checkbox"/> Insect Repellent	<input type="checkbox"/> Sun Screen
<input type="checkbox"/> Antihistamine (ex: Benadryl, Claritin)	<input type="checkbox"/> Diarrhea Medication (ex: Imodium)	<input type="checkbox"/> Laxative (ex: Milk of Magnesia)	<input type="checkbox"/> Swimmer's Ear Medicine
<input type="checkbox"/> Antiseptics			

Emergency Medical and Informed Consent/Camp/Program Release

I understand that my child, _____ will be a participant in the Ohio 4-H program and I grant permission for him/her to participate in this program and associated activities with the exception of any restricted activities that I have listed below. I understand that my child must follow the *Ohio 4-H Code of Conduct*; consequences for *Code of Conduct* violations may result in my child being sent home at the sole discretion of OSU Extension at my expense.

I understand that my child is not required to participate in this program, but grant my permission for him/her to do so, despite the potential risks. I recognize that by participating in this program, as with any physical activity, my child may risk personal injury, paralysis and/or death. I understand program participants will be supervised and acknowledge that the 4-H staff and volunteers, OSUE, The Ohio State University, and the 4-H Camp Site are not responsible for any potential injury or illness resulting from my child's participation. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved and that I assume any expense that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

I understand that most program activities are conducted outdoors and that wearing proper dress (e.g., rain gear, warm clothing) is an essential part of the camp safety rules and procedures. I am aware of and have discussed with my child the established safety rules and procedures.

In the case of serious illness or injury of my child, I understand that I will be notified. If I cannot be contacted, unless otherwise specified below, I grant permission to the attending medical professional to secure proper treatment, hospitalize, and/or take any other action deemed necessary for the immediate care of my child.

In consideration of the opportunity for my child to participate in this program, I, acting for my child, myself and our respective heirs, executors, administrators and assigns, agree to assume any and all risks associated with this activity and do hereby release, indemnify and hold harmless The Ohio State University, its Board of Trustees, OSUE, the Ohio 4-H program, the 4-H camping facility, and their respective officers, agents, and employees from any and all liability, damage, and/or claim of any nature resulting from or arising out of my child's participation in this program and its activities.

Restricted activities and/or special notification instructions (*attach additional documentation, if needed*): _____

Photo, Video Release, and Authorization

My child, _____ plans to participate in _____ (*insert activity*) programming through Ohio 4-H, taking place _____ (*insert dates*). I acknowledge that during this programming, my child may have their image and or voice captured through photo, audio or video recording. For good and valuable consideration, the receipt of which is hereby acknowledged, I irrevocably consent to and authorize The Ohio State University, OSU Extension, Ohio 4-H, 4-H Camping Facility, and its affiliates, agents, successors and assigns ("OSU") consent to use the videotape and photographs of my child, and recordings of his/her voice, conversations, sounds, name, image and likeness, captured during and in connection with my child's participation in _____ (*insert activity*) in all types of media and for all lawful purposes.

I hereby grant all rights to OSU to use the results of such videotaping, photography and recording in perpetuity, throughout the world to: (1) reproduce, distribute, use, and display all or any portion of the Video in any manner and in any medium and for any purpose; and (2) grant others the right to reproduce, distribute, use, and display all or any portion of the Video in any manner and in any medium and for any purpose.

I further agree that OSU may use and permit others to use my child's name, voice, image, and likeness captured during this activity in any medium and in the promotion, advertising, sale, publicizing OSU and Ohio 4-H throughout the world, an unlimited number of times in perpetuity. I hereby waive any right of inspection or approval of the use of my child's voice, conversation, sounds, image and likeness. I acknowledge that OSU will rely on this grant of rights and hereby agree not to assert any claim of any nature whatsoever against anyone relating to the exercise of the rights granted hereunder.

Authorizing Signature of Parent/Legal Guardian
if participant is under 18 years of age

Date

Print Parent/Guardian Name

Print Full Name of Participant