

May 2021

Dear 4-H Members,

Camping season is fast approaching, and it is time to register for the annual Vinton County 4-H Camp. 4-H camp can be one of the most educational and beneficial experiences a 4-H member can have. 4-H Campers do new and exciting things, meet new friends, learn appreciation for nature, and learn to live with and get along with others. As you can imagine, there are some changes for 2021 in order for us to be able to conduct overnight camping this year. UPDATES/CHANGES will be outlined below.

Dates & Times

Camp will begin **Thursday, June 10 (check-in hours are 5:00 – 6:00 PM)**. Note: eat before you come—no supper on Thursday night, but we will have pizza later in the evening. Camp will be dismissed **Sunday, June 13 at 9 AM**.

What to Bring

Comfortable clothing, a warm jacket or sweatshirt for the cool evenings, hiking and sport shoes, rain gear, swimsuit, sleeping bag or blankets, sheets, pillows, soap, towels, other personal hygiene items, flashlight, completed health form and leave policy forms, and lots of 4-H Spirit! See the enclosed list for additional items.

Health & Safety

A camp nurse is on duty 24 hours a day in case of illness or injury. Enclosed is a health form, which must be completed, signed by a parent or guardian and returned with registration forms. Every camper must have a completed health form on file with the camp nurse. All medications must be checked in with the camp nurse **in the original container**, regardless of whether it is a prescription or over-the-counter medication. Accident insurance is included in the camp fee. Temperatures will be taken at check-in and anyone running a high fever will be referred to the camp nurse.

As recommended by the American Academy of Pediatrics, Pediatricians can advise families on whether it is safe for a child to attend camp based on his or her medical history and should make sure the child is up to date on vaccines.

Camp Location & Information

Canter's Cave is located about 6 miles northwest of Jackson on Rt. 35. Turn at the Canter's Cave sign and continue about 1 mile. The camp entrance will be on your left. The camp phone number is (740) 286-4058. Call only in the case of an emergency.

Who Can Come?

This camp is for all 4-H members and Vinton County youth age 8 through 15 (not Cloverbud members). Those campers 15 and over should attend Canter's Cave Teen Camp. Activities and classes offered are appropriate for youth ages 8 -15.

Fees and Expenses

Camp fee } \$140.00 each
Camp Picture } included in camp fee
T-Shirts, souvenirs } optional, available at check-in and check-out, prices vary

Camp Scholarships Available

* Contact the Extension Office for camp scholarship options. A scholarship application is available at <http://vinton.osu.edu> and should be completed and returned to the Extension Office NO LATER than We currently have forms for the Harrison scholarship which will cover a portion of your camp fee and are due **May 21** for full consideration.

Registration Packet

To register for camp, you need to complete the following forms:

- ☒ Registration Form
- ☒ Canter's Cave 4-H Camp Health History
- ☒ Informed Consent/ Program Release
- ☒ Standards of Behavior Form
- ☒ Cell Phone Policy
- ☒ 4-H COVID Waiver

CHANGES FOR 2021 CAMP

- Campers are not to leave camp and come back for events (you must be available for the entire camp experience).
- Parents will not be allowed into cabins at drop-off or pick-up.
- We will be ending on Sunday morning so no option for parents to attend final campfire this year.
- Youth will be with their cabinmates for all activities and events while at camp.
- You will be required to sign your child into a cabin when you pay for camp.
- Campers will be required to wear masks during all activities inside and where social distancing cannot be obtained outside.

Registration Deadline

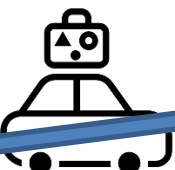




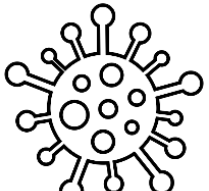

The Deadline for camp registration is June 4, 2021. Payment may be made by cash or check and must accompany the completed registration forms. Registration forms and payment are due in the Extension Office on or before June 4, 2021. *There will be no exceptions.*

If you have any questions, please give us a call. We are looking forward to camping with you!
Sincerely,



Travis West
Extension Educator, 4-H

How will camp be different in 2021?

	<h2>ARRIVAL / DEPARTURE</h2> <p>Staff, campers, and family are encouraged to participate in low-risk activities the 14 days prior to camp arrival, and to make note of their health status for COVID-19 symptoms during this period.</p> <p>Curbside check in will be used when possible. Only one parent/guardian/family member will be allowed to exit the vehicle for drop off and pick up. Parents/ guardians/family will not be permitted in the cabins.</p> <p>Upon arrival, campers will complete a health/risk assessment and temperature check.</p>
	<h2>MASKS</h2> <p>Masks will be worn by everyone. Exceptions will include: 1) in cabins, 2) while bathing or swimming, 3) while participating in water-related sports, 4) while participating in strenuous activities when 6 feet can be attained AND within their cohort, and 5) when seated and actively eating. Campers will need to bring clean masks to be worn each day and extras will be available as needed.</p>
	<h2>COHORTS</h2> <p>Cabinmates (a.k.a. cohorts) will make up the primary group of campers that do activities together throughout their time at camp. There will be minimal interaction between cohorts.</p>
	<h2>MEALS</h2> <p>Cohorts will sit together for meals. Tables will be adjusted to allow for spacing and outside dining will be encouraged when possible. Meal service times may be staggered based on capacity of the dining hall. Some meals may be served in a new format (example: breakfast in the cabin). As usual, food service will follow all local health department requirements.</p>
	<h2>GROUP ACTIVITIES</h2> <p>Large group (all camp) activities will be designed to keep separate cohorts together and distanced from other cohorts, provide adequate space, be outdoors as much as possible, and eliminate or reduce shared supplies.</p> <p>Small group activities will be conducted with cohorts; cohorts will rotate through programming to ensure proper physical distancing and sanitization protocols can be followed.</p> <p>Camp sessions have been adapted to limit shared supplies, provide spacing, utilize outdoor spaces as much as possible, and give time for hand washing and sanitizing between sessions.</p>
	<h2>ILLNESS</h2> <p>Staff members, counselors, or campers with a fever of 100.4 degrees or higher or any other COVID-19 symptoms, such as cough or shortness of breath will receive a refund and not attend camp.</p> <p>Any staff or campers who have been in close contact with someone who has tested positive for COVID-19 or is suspected of having COVID-19 will receive a refund and not attend camp.</p> <p>As usual, campers or counselors who experience any signs or symptoms of illness will be seen by the camp nurse(s) for evaluation. Campers and counselors who experience COVID-19 symptoms will be isolated as a precaution and sent home (picked up by their family member).</p> <p>For individuals who have been vaccinated for COVID-19, please refer to CDC guidance.</p>
	<h2>SANITATION</h2> <p>As usual, sanitation of camp facilities will be handled by camp managers and maintenance personnel with increased frequency including dining hall, restrooms, trash cans, pool, camp store, and recreation spaces. Adult staff and counselors will handle increased sanitation of items used such as tables, supplies, and microphone.</p> <p>Hand sanitizing stations will be provided throughout camp for frequent use by campers, counselors, and staff.</p>

* More specific camp guidelines are available on the camp website or upon request.

Keeping Ohio 4-H Campers Safe this Summer!



Pre-screening protocols for campers & staff before and after arrival



Re-designing the camper experience with “cohorts” - keeping campers in small groups to limit exposure to others



PPE protocols for campers and staff in accordance with CDC guidelines, including facial coverings



Cleaning & disinfecting protocols in accordance with CDC guidelines, including hand sanitizing stations around camps



Modifications to dining hall procedures to ensure safety before, during, & after meal times



Schedule modifications to allow additional time for safe hand washing practices before & after meals, activities, etc.



Modifications to programming and activities by being outside when possible to ensure physical distancing measures and safety protocols



Staggering the use of any communal space, such as playgrounds, dining hall, bathrooms, and shower facilities



Fee	\$ _____
Scholarship	\$ _____
Total Paid	\$ _____
Date	____/____/21

Registration Form

2021 Vinton County 4-H Camp

\$140 / camper

If requesting scholarship assistance, \$40 is required to hold your spot until scholarship decisions are made.

Camper's Name _____ Age _____ Male / Female _____
(Ages 8 -15) (circle one)

4-H Club _____ Shirt Size _____

If you have attended 4-H Camp before, how many years? (including this year) _____

(Staff will sign off here when you register at the Extension Office)

Cabin _____

The child registered on this form may participate in activities to be conducted at the 2021 Vinton County 4-H Camp, unless otherwise restricted in the accompanying materials. The undersigned have read the enclosed Guidelines for Behavior and agree to abide by them. Campers can, and will, be sent home for violating these Guidelines. Parents will be contacted to take campers home in such cases.

 Camper's Signature Date

 Parent / Guardian Signature Date

Return this form with payment (cash or check) by June 4, 2021 to:
Vinton County Extension Office
PO Box 473
McArthur, Ohio 45651

Sign In _____ **Sign Out** _____

Ohio 4-H Camp COVID-19 Acknowledgement

I will not send my child to camp if they, or any member in their household, have tested positive for COVID-19 or in the past 14 days have experienced any of the following COVID-19 symptoms:

- Congestion or runny nose
- Cough
- Diarrhea
- Fatigue
- Fever or chills
- Headache
- Muscle or body aches
- Nausea or vomiting
- New loss of smell or taste
- Sore throat
- Shortness of breath or difficulty breathing

I understand that camp participation is voluntary. I acknowledge the contagious nature of COVID-19 (and its variants) and voluntarily assume the risk that my child(ren) and I may be exposed to, or infected by, COVID-19 (or its variants) by attending the 4-H Camp, and that such exposure or infection may result in personal injury, illness, permanent disability and/or death. I understand that the risk of becoming exposed to, or infected by, COVID-19 (or its variants) may result from the actions, omissions, or negligence of my child(ren), myself and others, including, but not limited to, The Ohio State University, OSU Extension, 4-H camp site, and the employees, agents, representatives, volunteers and program participants and their families.

I further understand that dangers may be increased if I or my child(ren) have previously had COVID-19. Because COVID-19 is a developing disease, I understand that all of the current and future risks associated with COVID-19 are not known at this time and it is not possible to fully list every risk associated with contracting the virus. However, I am aware that COVID-19 complications while engaging in physical activity without appropriate medical clearance may lead to further injury or illness, including, but not limited to: dizziness; respiratory issues and lung damage; cardiac issues, including myocarditis (heart muscle inflammation); blood clots; general inflammation; and muscle inflammation/breakdown. I am choosing to send them to camp despite the potential risks.

As recommended by the American Academy of Pediatrics, I understand my pediatrician can advise me on whether it is safe for my child to attend camp based on his or her medical history.

I understand my child must follow all COVID-19 guidance (e.g., wearing masks, distancing, etc.). Failure to do so may result in my child being sent home from camp.

I also understand I will be required to immediately pick up my child if they experience any symptoms listed above while at camp or are exposed to COVID-19. I understand I will receive a full refund of any fees paid before the start of camp. Refunds will be prorated for the days not attended if participants need to depart due to COVID-19 symptoms.

Parent/Guardian Printed Name

Parent/Guardian Signature

Child Printed Name

Date



THE OHIO STATE UNIVERSITY
COLLEGE OF FOOD, AGRICULTURAL,
AND ENVIRONMENTAL SCIENCES



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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.

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:		
<input type="checkbox"/> 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.		
<input type="checkbox"/> 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: _____

 _____.

Photo and Video Release

I give permission to The Ohio State University, OSUE, the Ohio 4-H program, and the 4-H camping facility to record and edit into video and/or photographs the likeness, voice, image and video images of my child, _____, and to use all or parts of the video or photographs in print or electronic materials for The Ohio State University, OSUE, the Ohio 4-H program, and 4-H camping facility to promote any and all public awareness for the program(s) in which my child is involved.

 Parent/Guardian Printed Name

 Parent/Guardian Signature

 Date

Canter's Cave 4-H Camp

Activity Liability Release Form

NAME: _____ AGE: _____ PHONE: _____

ADDRESS: _____

Emergency Medical Information

(If "Yes", please explain on the lines following the question.)

NO ____ YES ____ Allergies to foods, drugs, insect bites, dust, etc. Please identify them and the nature of your reaction.

NO ____ YES ____ Physical disabilities or conditions which might limit your participation:

NO ____ YES ____ If you are presently taking medication (s), please identify them:

In Case of Emergency Contact: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Statement of Understanding

I am aware in signing this statement for participation in programs of Canter's Cave 4-H Camp that certain activities are physically demanding. Therefore, physical fitness will increase the enjoyment and ability to participate in the activity. If for any reason I question the ability of the participant to participate in the activity, I will consult with the instructors prior to participation. While it is impossible to foresee all possible dangers, some of the specific hazards which might be encountered while participating in adventure programs include: High Ropes Course, Initiatives Course, Archery, Rappelling Area, Shooting Sports Course, and Hiking Trails include: slipping or falling on the trail, bumps, bruises, cuts, insect bites, poison ivy, sprains, fractures or other injuries.

I understand that most activities are conducted in the out-of-doors in all kinds of weather, so proper dress (rain gear, warm clothing) are essential to avoid undue exposure to known risks; however, as a participant, I acknowledge the nature of the activity and the fact that not all of the stresses and hazards connected with the activity can be foreseen.

I have the personal responsibility to follow the established safety rules and procedures to the extent that I participate in such activities. If at any time I have questions about the activity, I have the responsibility to consult with my instructor. Sponsoring agencies have the responsibility of providing a progression of appropriate activities, which lead to the experiences at Canter's 4-H Camp.

I recognize that there is a significant element of risk in any adventure, sport or activity associated with the outdoors. Knowing the inherent risks, dangers and rigors involved in the activities, I certify that the participant (including any minor children) is fully capable of participating in the activities.

I assume full responsibility for the participant (including minor children), for bodily injury, death, loss of personal property and expenses thereof, as a result of my negligence or the negligence of the participant.

Signature: _____ Date: _____

(Parent or legal guardian must sign for all persons under 18 years of age.)

Note: All participants should wear long pants (no shorts) and tennis shoes on the high ropes course.

CANTER'S CAVE 4-H CAMP
CODE OF BEHAVIOR
_____ COUNTY

1. The use, consumption, or possession of alcoholic beverages (liquor & beer, including non-intoxicating beer) and unlawful items, such as illegal non-prescription drugs, are not permitted during the event. Anyone arriving for the event while under the influence of any of the above substances will not be permitted to register for Camp.
2. Participants are not to leave the Canter's Cave grounds for any reason without the prior approval of the Extension Educator in charge of the event and permission form signed by a parent or guardian.
3. Males are not permitted in the female sleeping quarters nor are the females allowed in the male sleeping quarters for any reason.
4. Campers will respect the rights of others. Participants may not invade the personal property of others nor speak to others in a foul or offensive matter.
5. Participants will attend all events that are planned in the program. Campers should be where they are supposed to be when they are supposed to be there.
6. Prescription drugs must be left with the Camp Nurse. All illegal drugs or alcohol are prohibited on the grounds of Canter's Cave 4-H Camp.
7. Campers will be held responsible (financially) for any willful damage done to Canter's Cave 4-H Camp or camp property.
8. No one is to go into the swimming pool or around the lake except when a lifeguard is present. Failure to obey directions of the lifeguards will result in the loss of swimming privileges.
9. A leader in each cabin will organize the cabin for evacuation in case of fire or other emergency.
10. It is illegal to sell tobacco products to minors. Therefore, we discourage use of tobacco by all 4-H members. The use of any type of tobacco product is prohibited at 4-H Camp.
11. No pets of any size, shape, or form will be permitted in camp.
12. Outside visitors are not allowed in camp. If a Parent or Guardian finds it necessary to visit, they are asked to register with the Camp Director immediately upon arrival.
13. THIS EVENT HAS BEEN PLANNED WITH THE 4-H MEMBERS IN MIND. WE EXPECT THAT PARTICIPANTS FOLLOW THE SET RULES AND BEHAVE IN A RESPONSIBLE MANNER. STAFF OF THE OHIO STATE UNIVERSITY EXTENSION RESERVE THE RIGHT TO INFORM THE PARENTS AND SEND ANY INDIVIDUAL HOME AT ANY TIME IF HE/SHE DOES NOT FOLLOW THE SET RULES OF BEHAVIOR.

I have provided information on this form to the best of my knowledge and have read and understand the set rules and guidelines for this event. I agree to be an active participant in this event and to represent my county as a responsible 4-H member.

SIGNATURE OF PARTICIPANT _____

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

CANTER'S CAVE 4-H CAMP, INC.

Elizabeth L. Evans Outdoor Education Center

CELL PHONE/ELECTRONIC DEVICE POLICY AGREEMENT

- Campers and counselors are not allowed to bring to camp any cell phone, iPod, MP3 player, handheld electronic game, tablet, laptop, or other communications device capable of accessing the internet through WiFi or another external network.
- If such a device is brought to camp by either a camper or a counselor, it will be held by the County Extension Educator or Camp Director until the conclusion of camp.

I, _____, understand that I am not to bring a cell phone or other device as
(Print name of camper/counselor)
described above to camp.

_____/_____/_____
Signature of Camper/Counselor Date

Message to Parents:

We know in this high tech era that it's difficult for youth to not be in constant contact with their families and friends via Facebook, texting, or cell phone calls. However, camp is a unique experience. The camp experience helps youth develop life skills including independence and self-reliance. Among the concerns that make bringing and using cell phones and other communications devices inappropriate at camp are:

- Concern that such expensive devices will be lost, damaged, or stolen. OSU Extension, camp, and staff cannot accept responsibility for lost, stolen, or damaged items at camp.
- Inappropriate use of photo and video devices. We know from media reports that the ease of uploading *inappropriate* photos and videos is a concern. Cyberbullying is not permitted before, during, or after camp.

In addition, youth contact with home when they are suffering a temporary spate of homesickness at camp may cause the condition to worsen. We fully appreciate and respect the positive relationships our campers and counselors have with their families, but if they are to benefit fully from the camp experience, they must be encouraged to develop the skills of independence and self-reliance. 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 our camps are staffed with many caring adults, including an experienced camp nurse.

I, _____, have read the above policy and agree to the guidelines stated,
(Print Name of Parent/Guardian)

including that the cell phone or other device will be collected and held by camp staff and returned at the end of camp if the policy is violated. I understand that if there is an emergency and I need to reach my child while s/he is at camp, I may do so by contacting the camp at (740) 286-4058.

_____/_____/_____
(Signature of Parent/Guardian) Date

Here's a checklist to help you pack for camp:

- _____ Comfortable clothing you like to wear for work or play at home.
- _____ A bag for dirty laundry.
- _____ A warm jacket, sweatshirt, or sweater for evening activities.
- _____ 2 or 3 pairs of comfortable, well-worn shoes. (Camp is a bad place for new shoes.)
 - *Sandals should be worn only when walking to and from the pool or shower.*
- _____ Raincoat / Umbrella
- _____ Swimsuit and Beach Towel, if you plan to swim
 - *One-piece swimming suits are preferred for girls; however, two piece suits are acceptable as long as modesty is observed. No string bikinis or suits that fasten only with a tie will be allowed. If the Camp Program Director deems a suit unacceptable, a T-shirt will be required for swimming.*
- _____ Sleeping bag or sheets and a blanket. (Campers will be sleeping on bunk beds with single-size mattresses. A fitted bottom sheet is nice to have, even if you bring a sleeping bag.)
- _____ A pillow
- _____ Soap, shampoo, towel, and washcloth
- _____ Comb or brush
- _____ Toothbrush, toothpaste
- _____ Other toilet articles which you desire
- _____ Insect Repellent
- _____ Sunscreen - SPF 15 or higher
- _____ A hat - to keep the hot sun off your head
- _____ Inexpensive flashlight

*****Items to leave at home...*****

- ***Snacks, candy, pop -- These attract insects, mice, raccoons and other critters to the cabins.
- ***Items such as expensive watches, jewelry, radios, tape/CD players, portable televisions, video games, etc. *"We will not be responsible for items that are lost, stolen, or damaged."*
- ***Money. The camp canteen (which sells t-shirts and other camp souvenirs) will be open during registration and at dismissal. It will be closed during camp. Camp picture is included in the camp fee. In other words, there will be nothing for campers to purchase when parents are not there, so they will need no money with them. *"We will not be responsible for items that are lost, stolen, or damaged."*
- ***Sporting goods or toys such as fishing gear, balls, gloves, etc. All items needed for camp activities will be provided. *"We will not be responsible for items that are lost, stolen, or damaged."*
- ***Items or clothing with slogans, symbols, or pictures that could be offensive to others, are in bad taste.
- ***Cell phones – Campers will never be alone. If campers are caught with a cell phone state 4-H policy requires that we send the camper home. We will have fun without a technology connection for 4 days!

Prohibited Items

Ohio 4-H places priority on taking necessary and reasonable actions to safeguard the overall safety and well-being of all program participants. Prohibited items that are never allowed at any Ohio 4-H program where minor participants are present include alcohol, tobacco products in any form, illegal drugs, pornography, discriminatory iconography and/or messaging, and weapons not included in an approved 4-H shooting sports program.

Additionally, youth participants (campers and counselors) may not possess cell phones* during 4-H camp. Camp Program Directors will determine consequences for possessing a cell phone. The State 4-H Office recommends a zero tolerance approach: If an individual is found with a prohibited item, they will be sent home at the family's expense. Information on Ohio 4-H's Search and Seizure policy can be found at <http://4hcanterscave.osu.edu>. * Camp Program Directors also have discretion for prohibiting other internet-enabled devices at their 4-H camps.