



Join us in  
**VIRTUALLY** July  
9-11 while we  
Learn to Dance!

Attention Caregivers

Join us as we learn to celebrate life this summer from Canter's Cave! We are planning a great VIRTUAL event for our camp families that will include a Camp in a Box mailed packet with supplies for several hands-on activities, a camp shirt, 4 planned virtual meetings where camp families can interact and learn, and more! This event is supported by an Ohio 4-H Foundation Grant.

Ohio State University Extension proudly offers this camp for individuals with disabilities ages 8-18. This camp will be hosted from the Elizabeth L. Evans Outdoor Education Center/ Canter's Cave 4-H Camp near Jackson, Ohio. Alumni are also invited to continue to participate.

- **When:** July 9-11, 2021 FROM YOUR HOME (if anyone may need a hot spot for the weekend, please contact us. We may be able to work that out.)
- **Times to hold** - we are planning to have hour long Zoom Meetings on Friday at 4 pm, Saturday at 10 am and 4 pm, and Sunday at 10 am. (Schedule may change as presenters are confirmed...)
- **Fee:** \$20.00 for each person who receives activity supplies - Thanks to support from the Ohio 4-H Foundation
- **REGISTRATION FORMS:** See attached! Return registration forms to County Extension Office by **June 1st, 2021** to ensure that we can obtain and mail all supplies.

**Camp Forms:**

Included in this packet are forms that must be completed. Also feel free to provide any additional information that will help us better prepare for your camping experience.

**Please get forms and payment ready!**





# Ohio 4-H Special Needs Camp Participation Form

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Birthdate (mm/dd/yyyy) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Please circle the appropriate response in each line**

<b>Gender</b>	Male	Female	Gender Identity Not Listed	Prefer not to state	
<b>Grade</b>					
<b>Residence</b>	Farm	Town/Rural (<10,000)	Town/City (10,000-50,000)	Suburb (< 50,000)	City (> 50,000)
<b>Ethnicity:</b>	Hispanic	Non-Hispanic	Prefer not to state		
<b>Race:</b>	White	Black/African American	American Indian Alaskan Native	Hawaiian Pacific Islander	Balance (other combinations)
				Asian	Prefer not to state

## EMERGENCY CONTACT

Full Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

## PARTICIPATION

**Please check appropriate response.**

	I want to join 4-H as a new or returning youth member.
	I want to participate in a 4-H activity, but I do not want to join 4-H at this time.

Please give us a brief medical history and description of current diagnosis (add pages if easier):



**Parent/Guardian 1**

<b>Name:</b>		<b>Relationship:</b>	
<b>Mailing Address:</b>		<b>City/State/Zip:</b>	
<b>Email:</b>		<b>Phone:</b>	

**Parent/Guardian 2**

<b>Name:</b>		<b>Relationship:</b>	
<b>Mailing Address:</b>		<b>City/State/Zip:</b>	
<b>Email:</b>		<b>Phone:</b>	

**Second Family**

<b>Name:</b>		<b>Relationship:</b>	
<b>Mailing Address:</b>		<b>City/State/Zip:</b>	
<b>Email:</b>		<b>Phone:</b>	

**GENERAL INFORMATION**

**School County:** \_\_\_\_\_ **District:** \_\_\_\_\_

**School Name:** \_\_\_\_\_

**Military Service:**    \_\_\_ I am serving in the Military    \_\_\_ No one in my family is currently serving  
                                  \_\_\_ I have family member(s) serving in the Military

<b>Branch of Service (circle)</b>	Air Force	Army	Coast Guard	Marines	Navy	DOD Civilian	Not applicable
<b>Branch Component (circle)</b>	Active	Guard	Reserves	Not applicable			

**Resident County:** \_\_\_\_\_

**T-Shirt Size (circle)**                      YXS    YS    YM    YL    YXL    AS    AM    AL    AXL    A2X    A3X

ATTENTION ADULTS: Camp t-shirts can be ordered for you if you like for an additional \$10.00.

Please list your size(s) here: \_\_\_\_\_

**Information Sharing Acknowledgement**

I hereby give permission for the youth mentioned above to participate in organized events and activities offered by Ohio 4-H Youth Development Program for the current 4-H enrollment year. Further, I understand and agree that my child's 4-H enrollment information (including but not limited to name, address, age, projects) may be shared with organizations providing oversight of county and independent fairs and elected officials.

Member Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OHIO 4-H CODE OF CONDUCT**

4-H members, parents, and other adults participating in 4-H activities will:

1. Adhere to program rules, curfews, dress codes, policies, and rules of the facility being used.
2. Conduct themselves in a courteous, respectful manner, use appropriate language, exhibit good sportsmanship, and provide positive role models.
3. Abstain from illegal behaviors, use of alcohol, illegal or illicit drugs, tobacco in any form, and/or any vaping products during 4-H events and activities.
4. Fully participate in scheduled activities.
5. Respect other's property and privacy rights.
6. Abstain from child abuse (physical and/or verbal) and harassment.
7. Accept personal responsibility for behavior including any financial damage.
8. Be responsible for any financial damage caused by inappropriate behavior.
9. Adhere to rules of safety.
10. I will uphold and support the responsible and lawful use of social media. In so doing, I will not create or post social media content that is abusive, threatening, defamatory, obscene, harassing, or creates a hostile environment.

As a program participant in OSU Extension, 4-H participants must not engage in discriminatory behavior, which includes harassment, discrimination, sexual misconduct, and retaliation. This means you should not exclude anyone from participating in any program or activity or discriminate against them because of their identity. Identity includes: age, ancestry, color, disability, ethnicity, gender, gender identity or expression, genetic information, HIV/AIDS status, military status, national origin, pregnancy, race, religion, sex, sexual orientation, or protected veteran status. A full definition of harassment and discrimination can be found in the [Affirmative Action, Equal Employment Opportunity, and Non-Harassment/Discrimination policy](#).

Consequences for violating any part of this code of conduct may include, but are not limited to: removal from participation in the event in which the code of conduct has been violated (at the individual's expense); sanctions on participating in future 4-H events; forfeiture of financial support for the event; removal from offices held, etc.

**Permission to Participate and Informed Consent**

I understand and acknowledge that there are certain hazards and risks associated with my child’s participation in 4-H educational activities. I understand and accept such risks, and thus waive all claims, demands and causes of action against the State of Ohio, The Ohio State University, the County and their members, officers, employees, agents and volunteers acting on their behalf. I understand that I am solely responsible for any costs arising out of any injury or property damage sustained through my child’s participation in 4-H educational programs. I have read, understand, and have discussed with my child that:

- Participants are expected to follow instructions of adult volunteers and other individuals that are hosting our group.
- Participants are expected to fully participate in activities outlined by the adults/person in charge of events and activities, unless parent/guardian has made prior arrangements.
- Participants are expected to respect each other, equipment/materials that are made available to them, and adults in charge of the event.

I have discussed with my child the importance of following directions and safety procedures that will be outlined by the adults in charge of the activity. I understand that my child is not required to participate in this activity but grant permission for him/her to do so, despite the possible risks. I recognize that by participating in this activity my child may risk personal injury. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

**I HAVE READ THE ABOVE AND UNDERSTOOD THE ABOVE STATEMENTS**

Information Sharing Acknowledgment	YES	NO
Ohio 4-H Code of Conduct	YES	NO
Ohio Revised Code Standards Acknowledgment	YES	NO
Permission to Participate and Informed Consent	YES	NO

**PHOTO RELEASE**

**Photo Release: Permission to use photographic form for promotion contingent upon completing volunteer process:**  
 Ohio State University Extension would like to share the positive results of youth and volunteer participation in Extension and 4-H Youth Development events. However, in some cases, volunteers may prefer not to permit such publicity. The Ohio State University may publish in print, electronic, or video formats the likeness or image of me/my child. I release all claims against the University with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

\_\_\_\_\_ **YES, I give permission**                      \_\_\_\_\_ **NO, I do not give permission**

Member Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_