



Calling all 4-H members and their friends!

We are excited to offer the **2019 Forestry - Wildlife Camp** at Canter's Cave 4-H Camp again this year. This is the fourth year for this unique camp, which specializes in environmental education! Camp participants will get to try new and exciting challenges, learn about and appreciate the natural world around them, while meeting experts in the field of Forestry and Wildlife Conservation.

So what will my camper get to do?

Here is just a short list from our agenda!

- Tree I.D. Hike
- Fishing
- Radio Telemetry
- Wilderness Survival Techniques
- Sawmill & Tree Felling Demos
- Tree Climbing
- Wildlife Identification
- Hunting and Trapping Techniques
- Shooting Sports Activities
- Boating
- Campfire
- Evening activities
- Outdoor cooking
- Nature Crafts

New... We are working on putting together some additional nighttime activities, which could include a night hike, owl calling, and naturalist programming.

Dates & Times

Camp will begin **Friday, October 11, check-in is from 6:30 PM – 7:30 PM with counselors arriving at 6 PM.**

Please do not arrive before 6 PM and please plan to eat dinner before your arrival. We will be doing some outdoor cooking around the campfire. Camp will dismiss on **Sunday, October 13, at 10:30 AM.**

Health & Safety

A medical professional 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.

BUT FOR OHIO STATE



Camp Location & Information

Canters 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 youth ages 12 - 16.

Fees and Expenses

Camp fee for the **first 40 campers is \$35.00 each**. Thanks to sponsorship from Ohio 4-H Foundation! Once we have reached 40 campers the registration will increase to \$77.00 each.

Registration Deadline

The Deadline for camp registration is **October 1st, 2019**, or until the camp is full. Payment may be made by cash or check and must accompany the completed registration forms.

If you have any questions, please give me a call at the Gallia County Extension Office - 740-446-7007.

We are excited to see you at camp this fall!

Sincerely,

Tracy Winters
OSU Extension Educator, Gallia County



Registration Form

2019 Forestry and Wildlife Camp

Canter's Cave 4-H Camp - Jackson, OH
October 11-13, 2019

Camper's Name _____ Age _____ Male / Female
(circle one)

Address _____

E-mail _____

County _____ Phone _____

The child registered on this form may participate in activities to be conducted at the 2018 Forestry and Wildlife 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 _____

Camper fee - \$35 for the first 40 campers to sign-up, fee after that is \$77/ youth
Thanks to generous sponsorship from the Ohio 4-H Foundation

Return this form with payment (cash or check) by October 1, 2019 to:
Gallia County Extension Office
111 Jackson Pike,
Suite 1572
Gallipolis, Ohio 45631



Sign In _____

Sign Out _____

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: _____	Parent/Guardian Cell Phone: _____
Other Contact: _____	Other Cell Phone: _____
Other Contact: _____	Other Cell Phone: _____
Physician: _____	Physician Phone: _____
Dentist: _____	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.

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.

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: _____

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.

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 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

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 or other internet-enabled devices 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>.

By registering for this activity, the camper is agreeing to follow all Camp policies.

CFAES provides research and related educational programs to clientele on a nondiscriminatory basis. For more information: <http://go.osu.edu/cfaes.diversity>.



Standards of Behavior for Minor Participants Participating in
Activities and Programs with Minor Participants

Minors participating in activities and programs with minor participants sponsored by Ohio State are required to
conduct themselves according to the following standards of behavior. These standards operate in conjunction with
the guidelines and regulations of the specific activity or program.

Minor participation expectations:

- Be responsible for own behavior and uphold high standards for the group and accept consequences for inappropriate behavior
• Support and abide by the group’s designated leader
• Practice good citizenship, leadership and self-control
• Follow the direction of activity or program staff and/or leaders
• Demonstrate positive sportsmanship and attitudes at all times which is becoming of a leader
• Show respect to others, be courteous and respectful
• Use appropriate language at all times

The following behaviors and actions are not permitted at The Ohio State University in activities or programs with minor
participants:

- Unsportsmanlike conduct, unethical, immoral conduct
• Improper language, e.g., profanity
• Possession or consumption of alcohol and illegal drugs, including the use of tobacco by a minor
• Possession or use of harmful objects with the intent to harm or intimidate others, e.g., weapons, fireworks
• Boys in girls’ rooms/restrooms and vice versa
• Destruction of property
• Violation of established curfew, when applicable
• Disrespect of adults, other participants, volunteers, staff and/or those in leadership positions
• Belittling others/putting others down and being disrespectful of individuals’ differences
• Aggressive physical behavior, e.g., fighting
• Taking property that belongs to others
• Other conduct determined to be inappropriate for youth development by the event chair or designated Ohio State faculty/staff

Violations of the standards of behavior will be handled as follows:

1. If a chaperone is present for the minor involved in the violation, this person will be made aware of the violation.
2. The parents will be notified of the incident and actions taken. When necessary, arrangements will be made to remove the minor
from the activity or program.
3. The minor can/may be barred from participating in future Ohio State activities and programs with minor participants.
4. When warranted (e.g., violation of law) the situation may be turned over to the appropriate law enforcement authority.

I, _____, as a participant in an activity or program with minor participants, _____,
(name of minor, print) (name of activity/program, print)

have read these standards of behavior and agree to accept and follow them. I also accept the consequences for my
actions if I choose not to follow the standards of behavior.

Minor signature

Date

I, we _____ have read the standards of behavior and support my minor’s participation in the
(parent/guardian, print)
activity/program.

Parent/guardian signature

Date

The Elizabeth L. Evans Outdoor Education Center Canter's Cave 4-H Camp

- **From Columbus:**

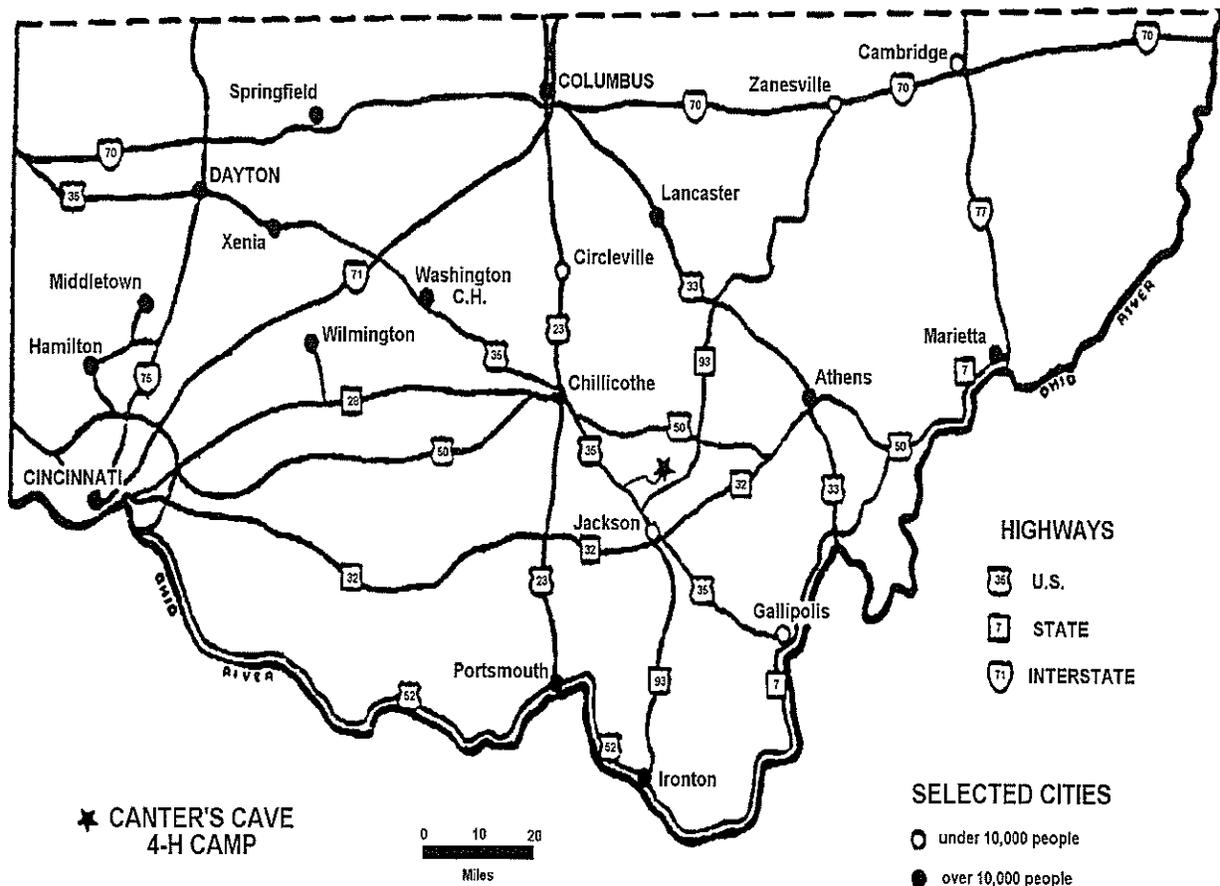
Follow US Route 23 (South) from Columbus to Chillicothe. Take US Route 35 (EAST) in Chillicothe towards Jackson. After about (22) twenty two miles on US Route 35 (EAST) you will come to a green and white highway sign indicating "Canter's Cave 4-H Camp 1 mile. Immediately turn LEFT onto Township Road #223 (Caves Road). Follow this road for approximately (1) one mile. Turn LEFT onto gravel drive at the Elizabeth L. Evans Outdoor Education Center Canter's Cave 4-H Camp sign. Follow gravel road to Main Lodge located at end of gravel drive.

- **From Dayton:**

Take US Route 35 (EAST) to Chillicothe. Follow directions listed above from Columbus.

- **From Cincinnati:**

Take US Route 32 (EAST) to Jackson. At the intersection of US 32 and US 35, turn (WEST) onto US 35 (toward Chillicothe). Follow US 35 for approximately five (5) miles, you will come to a green and white highway sign indicating "Canter's Cave 4-H Camp 1 mile. Immediately turn RIGHT onto Township Road #223 (Caves Road). Follow this road for approximately (1) one mile. Turn LEFT onto gravel drive at the Elizabeth L. Evans Outdoor Education Center Canter's Cave 4-H Camp sign. Follow gravel road to Main Lodge located at end of gravel drive.





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

- Comfortable outdoor clothing (weather appropriate)
- Bedding -sleeping bag, or twin sheets and blanket. *A fitted bottom sheet is nice to have, even if you bring a sleeping bag to cover mattress.*
- Pillow
- A bag for dirty laundry
- A warm jacket, sweatshirt, or sweater for evening activities
- Personal items such as: soap, toothbrush/tooth paste, shampoo, bath towel, washcloth, shower shoes, deodorant, hair brush, etc.
- Optional - Hiking boots or water proof boots for creek walk and hikes
- 2 pairs of comfortable closed toed shoes. Please don't wear new shoes, they will get muddy. Flip flops are not allowed in creek or on hikes.
- Optional - Raincoat / Umbrella
- Insect Repellant and Suntan lotion
- Small flashlight
- Alarm clock
- Watch
- Money - the camp canteen (which sells t-shirts and other camp souvenirs) will only be open during registration and at dismissal. It will be closed during camp; campers will not need money over the weekend.



What NOT to Bring to camp

- Snacks, candy, pop – These items 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."*
- Sporting goods or toys such as fishing gear, balls, gloves, etc. All items needed for camp activities will be provided.
- Items or clothing with slogans, symbols, or pictures that could be offensive to others, are in bad taste.
- **Cell phones** – If campers are caught with a cell phone state 4-H policy requires that we send the camper home. Please help your camper unplug and have fun while at camp!
- Tobacco products, Alcoholic beverages, non-prescription drugs
- Knives, firearms, explosives, fireworks, lighters, candles, weapons of any kind
- Refrigerators, computers, tablets or any Wi Fi device