2019 Marion County 4-H Camp
Camper Registration Packet

July 17-21, 2019

Registrations will be accepted beginning April 28.
4-H (Marion County) member rate: $180 (due June 14)
Non-member rate: $210 (due June 14)

Camp Registrations are due to the Extension Office by June 14, 2019 at 4:00 p.m.
Registrations must be received by this date.

We strongly encourage you to turn in registrations early because they are processed as they are received. High ropes and scuba have a maximum number who can register. While we don’t wish to turn anyone away, there is a limit to what 4-H Camp Ohio and our camp team can handle. Any registration received after we reach our maximum will be placed on a wait list and contacted if space is available after a cancellation.

Camper Registrations will not be processed without completed forms from this packet and receipt of registration fees:
- Camper Registration Form
- Camper Code of Conduct
- Camper Health Form (Photo Required. Registrations will not be accepted without this photo.)
- Scholarship Form (if applicable)

Marion County 4-H Camp Scholarships
Camp scholarships are available for Marion County 4-H members that have a financial need and cannot afford the full camp fee. The scholarship forms are due May 17.

Camp Basics

Who?
Youth 8 years old and in the 3rd grade, or 9 years old and in any grade to age 13 as of January 1, 2019 or in 8th grade. Non 4-H community club members are welcome!

Where?
4-H Camp Ohio – Located in the northeast corner of Licking County, near St. Louisville and Martinsburg. Campers are responsible for their own transportation to and from camp. See enclosed map for directions. Visit 4hcampohio.org for more information.

Cost
4-H (Marion County) member rate: $180 (due June 14)
Must pay $50 with application; 2nd payment of $60 is due June 3; and final payment of $60 is due June 14.

Non-member rate: $210 and must be paid in full at time of registration (due June 14)

Acceptable methods of payment: cash, check or money order to OSU Extension.

Our camp is conducted by a 4-H professional employed by Ohio State University Extension in Marion County, adult volunteers with backgrounds in education, and trained 4-H teen counselors. A registered nurse is on-site during camp to tend to all healthcare needs. Our team works with the staff at 4-H Camp Ohio to conduct a variety of learning experiences for campers.
You have the opportunity to let our staff know about any health concerns or special accommodations on the Camper Health Form. This information is used to make sure your child is well cared for by our counselors and staff during camp. If you have additional concerns, please feel free to contact Margo, 4-H Educator and Camp Director (long.1632@osu.edu, 740-223-4040).

Each camper will receive a camp t-shirt as part of their registration. Camp counselors and staff are working hard to provide a great camp program based on this year’s theme: The SOLE of 4-H Camp. Campers may want to pack props and costumes for skits, evening programs, etc.

Optional Activities for Additional Fees
Due with Registration

**Scuba** - $37
Open to all campers! First, come, first served –limited spots available. Will need a minimum of 16 campers. Activity is limited to 24 campers.

**High Ropes** - $10
The high ropes course is a series of 12 obstacles 20 feet above the ground. The experience teaches problem solving skills and cooperation. Campers must be at least 12 years old by camp to participate.

A Day at Camp

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00</td>
<td>Rise &amp; Shine</td>
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<tr>
<td></td>
<td>Polar Bear Swim</td>
</tr>
<tr>
<td>8:00</td>
<td>Breakfast</td>
</tr>
<tr>
<td></td>
<td>Followed by Flag Raising</td>
</tr>
<tr>
<td>9:00</td>
<td>Cabin/Camp Clean Up</td>
</tr>
<tr>
<td>9:45</td>
<td>Pick &amp; Choose Sessions or Camp Activity</td>
</tr>
<tr>
<td>12:30</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:30</td>
<td>Rest &amp; Relaxation</td>
</tr>
<tr>
<td>2:05</td>
<td>Pick &amp; Choose Sessions or Camp Activity</td>
</tr>
<tr>
<td>3:15</td>
<td>Pick &amp; Choose Sessions or Camp Activity</td>
</tr>
<tr>
<td>5:30</td>
<td>Supper</td>
</tr>
<tr>
<td></td>
<td>Followed by Flag Lowering</td>
</tr>
<tr>
<td>6:45</td>
<td>Evening Program</td>
</tr>
<tr>
<td></td>
<td>(campfire, dance, snack, etc.)</td>
</tr>
<tr>
<td>9:45</td>
<td>Evening Reflections then to cabins</td>
</tr>
<tr>
<td>11:00</td>
<td>Lights Out</td>
</tr>
</tbody>
</table>

Margo Long
Camp Director
Extension Educator, 4-H Youth Development

long.1632@osu.edu
740-223-4040
Notes for Families of Registered Campers

Set Your Child Up for Success at Camp

- Teach your child how to care for him/herself. Children need to know how to select appropriate clothing, make a bed, put clothes away, set a table, carry out chores, share a living space, etc.

- Problem solve with your child by using “what if” situations to prepare for unexpected events. What if you lose your towel? What if you don’t get along well with another child? What if you don’t feel well? Let your child brainstorm solutions and make sure they know they can talk to counselors or staff if they need help during camp.

- Homesickness is fairly common. Missing home, parents, pets or friends is normal. It is part of growing up and leaving home. Speak openly about it and your child will experience these feelings with less anxiety and more understanding. Consider sending your child with a comfort object (stuffed animal, blanket, etc.) that may help them get to sleep at night. Camp staff is trained and committed to helping your child through these ups and downs.

- Children react differently to their first experience being away from home. The way parents help them prepare can make a big difference in whether a child enjoys camp. Prepare your child to stay all week. Don’t say “We’ll come get you if…” Kids who come planning to have fun all week usually do. Kids who come anxious or worried about home will have more trouble concentrating on camp. Talk to your child about the things they can look forward to doing (swimming, hikes, making new friends, crafts, games, campfire and more!). Discuss that some things will seem different (the food, schedule, lots of bunk mates, etc.) but that different can be okay. Flexibility and adaptability are important life skills for everyone to learn.

- When you drop your child off at camp, say something like, “Have a good time! We’ll look forward to hearing all about your week when we pick you up!” Don’t say, “We’ll miss you”, “The dog will miss you”, “How will we manage without you?”, or “Too bad you are going to miss…”.

- Homesick campers often think they will feel better if they call home. From our experience, this is not the case - they usually want to go home even more. We want camp to be a growth experience for the kids and strive to make sure each child is engaged in fun activities and has a support system so they can get past homesickness.

Thanks for helping your child have a fun and adventurous week of new experiences at camp!

Arrival Procedures

- Camp will get underway with registration from 3:00 – 4:00 p.m. on July 17 in the Recreation Hall (located on the right as you enter camp, after the basketball courts). We will not be ready to check campers in until 3:00 p.m. Campers are not permitted to move in to cabins until they have completed the check-in process.

- Park and bring medications into the Recreation Hall. You can leave camper belongings in your vehicle for now. Registration takes time as every camper must complete a health screen.

- All medications must be turned in to the camp nurse at registration, including over-the-counter medications. Prescription medications must be in a container with the pharmacy label attached with camper’s name, dosage, etc. Note: Many over-the-counter medications (listed on the health form) are available in the Nurse’s Station and will be administered according to the Camper Health Form and nurse discretion.

- Take your child and their belongings to his/her cabin. There is additional parking across the vehicle bridge where the girls’ cabins are located. Feel free to help them make their bed and meet their counselors and cabin mates. Share any information with the counselor they may need to know. Family members must leave camp once Cabin Time and Camp Tours have started. Please take camper cell phones and internet-enabled devices home with you as they are not permitted at camp.

Dismissal Procedures

- Campers will be dismissed at the conclusion of camp - 10:00 a.m. on July 21. Please arrive between 9:45 and 10:00 a.m.

- Check the clotheslines outside the cabin and lost and found before leaving camp.

- Everyone should load campers/belongings and depart camp by 11:00 a.m., as another county camp starts later that day.
Notes for Families of Registered Campers - Continued

**Restricted Release Form**
If it is necessary to restrict who is allowed to pick your child up from camp, you must contact the Marion County Extension Office prior to June 20.

**Reaching Staff During Camp**
Parents may contact Marion County camp staff by calling the Cow Palace/Nurse’s Station at 740-745-3388. Please note this phone is for emergency/important phone calls only. There may not always be a staff member available to answer the phone due to camp activities - please leave a message and your call will be returned as soon as possible.

**Visitors**
The camp program is designed for the campers. Visitors to camp are only allowed in case of emergency or when pre-arranged with the Camp Director. We take camper, counselor and staff safety seriously and therefore ask that parents, other family members, 4-H volunteers and friends limit visits to registration and dismissal times. Any unauthorized visitors will be asked to leave camp.

**Severe Weather**
4-H Camp Ohio staff and Marion County staff are trained to handle severe weather should it arise. We carefully monitor weather while we are at camp and take precautions to ensure camper safety 24 hours a day.

At camp orientation, we review safety procedures with campers, including what to do in severe weather. Camp has a siren system and campers are told where to report and what to do in case the siren goes off for a weather emergency. There are cement block buildings built into the side of the hills that campers report to for safety.

For your own peace of mind, 4-H Camp Ohio has a Facebook page that is updated often, especially when severe weather is in the area. Many parents find it calming to check the page to see updates on how weather has affected camp activities.

**Snacks**
Campers are provided three meals each day and an evening snack. If campers choose to bring snacks and drinks to camp, please consider the following: 1) food in the cabins attracts wildlife (raccoons, skunks, etc.); 2) cabin mates may expect them to share; 3) campers will be responsible for cleaning up any mess created by these snacks; 4) this “food” is not necessary and is generally not very nutritious; 5) some may be allergic to a snack; 6) many campers will eat too much at once.

**Money**
There are items to purchase at the camp store: ice cream, candy, pop, camp souvenirs, etc. All of these items are optional. The camp store will be open during registration and at the conclusion of camp for parents to make souvenir/clothing purchases. Please do not send your camper with excessive amounts of money. No more than a few dollars is necessary if they wish to make snack purchases during camp!

**Cancellations/Refunds**
If a camper is not able to come to camp for any reason, you must contact the Extension Office at 740-223-4040 as soon as possible so that we will not expect your child at camp.

Camper fees for cancellations before June 22, 2019 will be refunded minus $25. There will be no refunds for cancellations after this date or for no shows. No refund or partial refund can be made to campers who arrive late to camp or leave for any reason during camp. No refunds will be made for a camper who does not participate in an activity for which they prepaid at registration.
# Suggested Camper Packing List

*Please put camper name on all items!*

<table>
<thead>
<tr>
<th>Category</th>
<th>Item</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bedding</strong></td>
<td><strong>Sheets, Blanket &amp; Sleeping Bag</strong></td>
<td>1 each</td>
</tr>
<tr>
<td></td>
<td><strong>Bath Towels</strong></td>
<td>2-4</td>
</tr>
<tr>
<td></td>
<td><strong>Wash Cloths</strong></td>
<td>2-4</td>
</tr>
<tr>
<td></td>
<td><strong>Pillow</strong></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>Pillowcase</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Personal</strong></td>
<td><strong>Toothpaste</strong></td>
<td>1 tube</td>
</tr>
<tr>
<td></td>
<td><strong>Toothbrush</strong></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>Soap or Body Wash</strong></td>
<td>1 bar</td>
</tr>
<tr>
<td></td>
<td><strong>Shampoo/Conditioner</strong></td>
<td>1 bottle</td>
</tr>
<tr>
<td></td>
<td><strong>Deodorant</strong></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>Tissues or Handkerchiefs</strong></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>Flashlight &amp; Batteries</strong></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>Hairbrush and/or Comb</strong></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>Laundry Bag/Trash Bag for Dirty Clothes</strong></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>Refillable Water Bottle</strong></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>Medications (ALL Prescription and Over-the-Counter Medication must be turned in to the Camp Nurse at Registration)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Clothing</strong></td>
<td><strong>Jacket or Coat</strong></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>Sweater or Sweatshirt</strong></td>
<td>1-3</td>
</tr>
<tr>
<td></td>
<td><strong>Raincoat or Poncho</strong></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>Waterproof Shoes or Boots (especially if you plan to go creeking)</strong></td>
<td>1 pair</td>
</tr>
<tr>
<td></td>
<td><strong>Shoes</strong></td>
<td>2 pair</td>
</tr>
<tr>
<td></td>
<td><strong>Shorts and Shirts (t-shirts or other)</strong></td>
<td>5</td>
</tr>
<tr>
<td></td>
<td><strong>Underpants</strong></td>
<td>5</td>
</tr>
<tr>
<td></td>
<td><strong>Socks</strong></td>
<td>5-6 pair</td>
</tr>
<tr>
<td></td>
<td><strong>Pajamas</strong></td>
<td>1-2 pair</td>
</tr>
<tr>
<td></td>
<td><strong>Tough Trousers or Jeans</strong></td>
<td>2-4 pair</td>
</tr>
<tr>
<td></td>
<td><strong>Swim Suit/Beach Towel/Swim Goggles</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Convenient Items</strong></td>
<td><strong>Shower Caddy</strong></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>Hand Lotion/Sunscreen</strong></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>Glasses Case</strong></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>Flip Flops/Slippers (flip flops only allowed to restroom or pool)</strong></td>
<td>1 pair</td>
</tr>
<tr>
<td></td>
<td><strong>Chapstick (or equivalent)</strong></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>Hat</strong></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>Insect Repellent (non-aerosol)</strong></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>Camera (If campers would like to take pictures, they are encouraged to bring a disposable camera with their name written on it.)</strong></td>
<td>1</td>
</tr>
</tbody>
</table>

**What not to bring to camp:**

Cell phones and other electronic devices—INCLUDING APPLE WATCHES, valuables, jewelry, knives, firearms, fireworks, squirt guns, footballs, fidget spinners, illegal substances (tobacco, alcohol, drugs).

Please do not pack expensive clothing or items with sentimental value for your child to bring to camp. We are outdoors where items get dirty. Many items also end up in the lost and found and don’t always get claimed!

*4-H Camp Ohio and OSU Extension is not responsible for any lost, stolen or damaged items.*
Camp & Bed Bugs: Packing for Prevention

Whether they come to camp every year or this is their first trip, attending camp is an exciting time for children. Making new friends, exploring nature, and trying new things are all part of the camp experience and create memories that will last a lifetime.

However, along with all the good parts of camp, a pesky little bug can also be part of the experience. In recent years, bed bugs have made a resurgence in North America. They are often found in hotels, multi-unit dwellings, and other structures that house people for short periods of time, such as camps. While bed bugs may be a nuisance, they do not transmit disease to people.

The good news is that there are simple steps that can be taken to help ensure that children do not bring bed bugs to camp or back home. We are taking proactive steps in our camp facilities, please help us by following the packing advice listed below:

PACKING FOR CAMP

Visually inspect items for bugs. Take sleeping bags, blankets, and luggage out of storage, place them outdoors, and inspect them carefully for any signs of bugs or eggs.

Tumble bedding and luggage in clothes dryer. Place bedding or luggage in the clothes dryer and tumble them on a high heat setting for 30 minutes. The heat from the dryer kills bed bugs and eggs. For items that cannot be placed in a dryer, place into a black plastic garbage bag, then put it out in the hot sun for a day(s) as heat can kill this pest.

Use a heavy gauge garbage bag as a liner in luggage. Place all clothing inside the liner and tightly twist and knot to seal. This will help keep bed bugs out of clothing. In addition, place bedding in a separate garbage bag. Duffie bags are recommended as luggage for campers as they can be placed in a dryer. Additional recommendation is keeping luggage closed when not in use. Rubbermaid container is also an option.

Pack extra garbage bags. Be sure to pack two extra garbage bags for your child. One bag will be used for all dirty clothing and the other will be used for dirty bedding.
**COMING HOME FROM CAMP**

**Inspect items before you bring them indoors.** Inspect items that cannot be placed in a washer/dryer for evidence of bed bugs outdoors and clean if necessary before bringing them indoors. Place bedding and clothes stored in garbage bags directly into the washer/dryer. Dispose of the plastic bag outdoors.

**Clean all camp items.** For items that can be laundered, use a hot water setting and tumble dry on high heat for at least 30 minutes. For items that cannot be laundered, such as suitcases, vacuuming and place into a black plastic garbage bag, then put it out in the hot sun for a day(s) as heat can kill this pest.

**Wipe off shoes.** Use rubbing alcohol to wipe off the bottoms of shoes.

http://www.acacamps.org/knowledge/health/diseases/bedbugs

http://www.centralohiobedbugs.org

**4-H Camp Ohio’s Procedure for Prevention:**

Cabins checks for bugs are performed immediately after a group departs as part of our normal cabin sweep procedures. The inspection is performed by the company Four Paws K9 Detection.

http://fourpawsk9delection.com/

CimeXa dust is professionally applied on each bed and cabin as routine treatment. This is to prevent bugs being brought into the cabins and laying eggs. If any signs of bed bugs are found during inspections, after a group has left, we immediately contact our extermination company for an additional inspection and treatment.

http://www.rockwelllabs.com/CimeXalnsecticideDust.png

Please do not bring and apply store bought sprays as they can dilute or wash away the CimeXa dust leaving an untreated area.

If during a stay a guest believes to have found signs of bed bugs we immediately collect all clothing, luggage and bedding from the cabin and heat using laundry dryers to kill any bugs that maybe in the guests belongings. If possible we then move the group to another cabin.

If you have any further questions, please feel free to contact us.

Anthony Imbody
Executive Director
4-H Camp Ohio
**Directions and Map to 4-H Camp Ohio**

**Camp Address:**
4-H Camp Ohio
11461 Camp Ohio Rd
St. Louisville, OH 43071

Cow Palace (Female Staff Cabin) Phone Number: 740-745-3388
# 2019 Marion County 4-H Camp Registration

**Please Complete a Separate Registration Form for Each Camper**

<table>
<thead>
<tr>
<th>Camper Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State: Zip: Phone #:</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>Age as of 1/1/18: Grade: Gender: M F</td>
</tr>
<tr>
<td>T-shirt size (circle one): Youth-S Youth-M Youth-L Youth-XL Adult-S Adult-M Adult-L Adult-XL Adult-2X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian Name(s):</th>
<th>Parent E-mail Address:</th>
</tr>
</thead>
</table>

| Are you a 4-H Member? Yes____ No_____ If so, name of 4-H Club: | |
| Have you attended camp before? Yes____ No_____ |
| Cabin Buddy (both buddies must list each other): | |
| Meal Buddy (both buddies must list each other): | |
| Health/ Food Allergies Issues: (please list any health issues or food allergies we should be aware of prior to this camper arriving at camp): | 

## Payment Information

<table>
<thead>
<tr>
<th>Camper Fees Due</th>
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</thead>
<tbody>
<tr>
<td>Marion Co. 4-H member – Early Registration ($180 due June 14) $__________</td>
</tr>
<tr>
<td>Non-Marion Co. 4-H member ($210 due June 14) $__________</td>
</tr>
<tr>
<td>Extra Fees</td>
</tr>
<tr>
<td>Scuba: $40.00 $__________</td>
</tr>
<tr>
<td>High Ropes (must be age 12 by camp): $10.00 $__________</td>
</tr>
<tr>
<td>Scholarship Amount</td>
</tr>
<tr>
<td>Total Camper Fees Due $__________</td>
</tr>
</tbody>
</table>

Please submit all required registration forms along with payment to: OSU Extension - Marion County
222 W. Center Street
Marion, OH 43302
by JUNE 14 at 4:00 p.m.

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**Office Use Only**

**Forms Received:**
- Camper Registration
- Code of Conduct
- Health Form (picture attached)
- Scholarship Form

**Payment Received:**

- Date: ___________ Amount: $__________ Cash: __________ Check #: __________ (w/ application)
- Date: ___________ Amount: $__________ Cash: __________ Check #: __________ (June 1)
- Date: ___________ Amount: $__________ Cash: __________ Check #: __________ (June 14)
2019 Marion County 4-H Camp Scholarship Application
DUE: MAY 17 by 4:00 p.m.

Please complete this application form and return it to the OSU Extension Office, 222 W. Center Street, Marion, Ohio 43302 for consideration of a partial 4-H Camp Scholarship.

There are a limited number of scholarships available for Marion County 4-H members only, so return your application to the Extension office as soon as possible, deadline is May 17. Must pay a minimum amount ($50) to hold camp reservation. Applicants will be notified by May 24 via email of scholarship selections.

Family Information

Applicant Name: ______________________________________________________________________________
Address: _______________________________________________________ Phone: _______________________
City: __________________________________________________ State: ________________ Zip: ______________
Email: _________________________ Age (as of 1/1/19): ______ 4-H Club: ______________________________

Father/ Guardian Name & Address: _______________________________________________________________
Employer: ___________________________ Monthly Income: _____________

Mother/ Guardian Name & Address: _______________________________________________________________
Employer: ___________________________ Monthly Income: _____________

Number in Household: _____________ Does the applicant receive free or reduced lunch at school? ____Yes ____No

Please explain below your need for financial assistance for 4-H Camp:
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
# 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:

<table>
<thead>
<tr>
<th>Name:</th>
<th>(Last)</th>
<th>(First)</th>
<th>(Middle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>(Street)</td>
<td>(City)</td>
<td>(State)</td>
</tr>
<tr>
<td>Home Phone:</td>
<td></td>
<td></td>
<td>County:</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td></td>
<td>Male/ Female</td>
<td>Age (today):</td>
</tr>
</tbody>
</table>

## Emergency Contact Information:

<table>
<thead>
<tr>
<th>Parent/Guardian Name:</th>
<th>Parent/Guardian Cell Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Contact/Relationship:</td>
<td>Other Cell Phone:</td>
</tr>
<tr>
<td>Physician:</td>
<td>Physician Phone:</td>
</tr>
<tr>
<td>Dentist:</td>
<td>Dentist Phone:</td>
</tr>
</tbody>
</table>

## 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)

<table>
<thead>
<tr>
<th>Name of Medication:</th>
<th>Dosage:</th>
<th>Frequency/Instructions:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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Check below if the participant is subject to any of the following conditions:

☐ Asthma  ☐ Bronchitis  ☐ Cramps  ☐ Fainting  ☐ Heart Trouble  ☐ Seizures  ☐ Sore Throat
☐ Controlled? yes/no

☐ Athlete’s Foot  ☐ Constipation  ☐ Diarrhea  ☐ Frequent Colds  ☐ Home Sickness  ☐ Sinusitis  ☐ Other?

☐ Bed Wetting  ☐ Convulsions  ☐ Ear Infections  ☐ Headaches  ☐ Kidney Trouble  ☐ 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:

☐ Acetaminophen (ex: Tylenol)  ☐ Antibiotic Ointment (ex: Neosporin)  ☐ Dramamine  ☐ Poison Ivy Medicine (ex: Calamine Lotion)

☐ Aloe Lotion  ☐ Cough Syrup/Drops  ☐ Ibuprofen (ex: Advil, Motrin)  ☐ Sore Throat Medicine

☐ Antacids (ex: Maalox, Tums)  ☐ Decongestant (ex: Sudafed)  ☐ Insect Repellent  ☐ Sun Screen

☐ Antihistamine (ex: Benadryl, Claritin)  ☐ Diarrhea Medication (ex: Imodium)  ☐ Laxative (ex: Milk of Magnesia)  ☐ Swimmer’s Ear Medicine

☐ 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
__________________________ has my permission to participate in the Ohio 4-H program and activities as listed on the 4-H Camp Ohio website (with the exception of any restricted activities listed previously). I understand participants will be supervised. I understand the 4-H staff and volunteers; The Ohio State University Extension and The Ohio State University are not responsible in the event of accidental injury or illness, or for the compounded injury or illness to the participant’s present medical conditions listed. I understand 4-H Camp Ohio is not liable for uncontrollable circumstances such as communicable diseases or infestations including but not limited to bed bugs and lice. I further understand in case of serious injury or illness I will be notified.

I understand my child is not permitted to have a cell phone in their possession during their stay at camp.

Parent/Guardian Signature: ____________________________ Date: __________
Please read carefully before signing.

This is a statement in which you are informed of some potential risks involved in scuba diving and of the conduct required of you during the scuba training program. Your signature on this statement is required for you to participate in the scuba training program offered by COLUMBUS SCUBA, INC STAFF located in the city of COLUMBUS, state/province of OH.

Read this statement prior to signing it. You must complete this Medical Statement, which includes the medical questionnaire section, to enroll in the scuba training program. If you are a minor, you must have this statement signed by a parent or guardian.

Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is relatively safe. When established safety procedures are not followed, however, there are increased risks.

To scuba dive safely, you should not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with coronary disease, a current cold or congestion, epilepsy, a severe medical problem or who is under the influence of alcohol or drugs should not dive. If you have asthma, heart disease, other chronic medical conditions or you are taking medications on a regular basis, you should consult your doctor and the instructor before participating in this program, and on a regular basis thereafter upon completion. You will also learn from the instructor the important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury. You must be thoroughly instructed in its use under direct supervision of a qualified instructor to use it safely.

If you have any additional questions regarding this Medical Statement or the Medical Questionnaire section, review them with your instructor before signing.

Divers Medical Questionnaire
To the Participant:

The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in recreational diver training. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may affect your safety while diving and you must seek the advice of your physician prior to engaging in dive activities.

Could you be pregnant, or are you attempting to become pregnant? YES NO

Are you presently taking prescription medications? (with the exception of birth control or anti-malarial) YES NO

Are you over 45 years of age and can answer YES to one or more of the following? YES NO

• currently smoke a pipe, cigars or cigarettes
• have a high cholesterol level
• have a family history of heart attack or stroke
• are currently receiving medical care
• have high blood pressure
• have diabetes mellitus, even if controlled by diet alone

Asthma, or wheezing with breathing, or wheezing with exercise? YES NO

Frequent or severe attacks of hayfever or allergy? YES NO

Frequent colds, sinusitis or bronchitis? YES NO

Any form of lung disease? YES NO

Pneumothorax (collapsed lung)? YES NO

Other chest disease or chest surgery? YES NO

Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)? YES NO

Epilepsy, seizures, convulsions or take medications to prevent them? YES NO

Recurring complicated migraine headaches or take medications to prevent them? YES NO

Blackouts or fainting (full/partial loss of consciousness)? YES NO

Frequent or severe suffering from motion sickness (seasick, carsick, etc.)? YES NO

The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.

Signature Date Signature of Parent or Guardian Date

IF YOU ANSWER YES TO ANY QUESTION PLEASE DOWNLOAD THE FULL MEDICAL RELEASE FOR YOUR PHYSICIAN TO COMPLETE. YOU WILL NEED THIS FORM COMPLETED BEFORE YOUR FIRST CLASS.
Non-Agency Disclosure and Acknowledgment Agreement

In European Union and European Free Trade Association countries use alternative form.

Please read carefully and fill in all blanks before signing.

I understand and agree that PADI Members (“Members”), including _______________________________, and/or any individual PADI Instructors and Divemasters associated with the program in which I am participating, are licensed to use various PADI Trademarks and to conduct PADI training, but are not agents, employees or franchisees of PADI Americas, Inc., or its parent, subsidiary and affiliated corporations (“PADI”). I further understand that Member business activities are independent, and are neither owned nor operated by PADI, and that while PADI establishes the standards for PADI diver training programs, it is not responsible for, nor does it have the right to control, the operation of the Members’ business activities and the day-to-day conduct of PADI programs and supervision of divers by the Members or their associated staff. I further understand and agree on behalf of myself, my heirs and my estate that in the event of an injury or death during this activity, neither I nor my estate shall seek to hold PADI liable for the actions, inactions or negligence of _______________________________, and agree on behalf of myself, my heirs and my estate that in the event of an injury or death during this activity, neither I nor my estate shall seek to hold PADI liable for the actions, inactions or negligence of _______________________________, and/or the instructors and divemasters associated with the activity.

I, __________________________________________, hereby acknowledge and agree that I am aware that skin and scuba diving have inherent risks which may result in serious injury or death.

I understand that diving with compressed air involves certain inherent risks; including but not limited to decompression sickness, embolism or other hyperbaric/air expansion injury that require treatment in a recompression chamber. I further understand that the open water diving trips which are necessary for training and for certification may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. I still choose to proceed with such instructional dives in spite of the possible absence of a recompression chamber in proximity to the dive site.

I understand and agree that neither my instructor(s), the facility through which I receive my instruction, nor PADI Americas, Inc., nor its affiliate and subsidiary corporations, nor any of their respective employees, officers, agents, contractors or assigns (hereinafter referred to as “Released Parties”) may be held liable or responsible for any injury, death or other damages to me, my family, estate, heirs or assigns that may occur as a result of my participation in this diving program or as a result of the negligence of any party, including the Released Parties, whether passive or active.

In consideration of being allowed to participate in this course (and optional Adventure Dive), hereinafter referred to as “program,” I hereby personally assume all risks of this program, whether foreseen or unforeseen, that may befall me while I am a participant in this program including, but not limited to, the academics, confined water and/or open water activities.

I further release, exempt and hold harmless said program and Released Parties from any claim or lawsuit by me, my family, estate, heirs or assigns, arising out of my enrollment and participation in this program including both claims arising during the program or after I receive my certification.

I also understand that skin diving and scuba diving are physically strenuous activities and that I will be exerting myself during this program, and that if I am injured as a result of heart attack, panic, hyperventilation, drowning or any other cause, that I expressly assume the risk of such injuries and that I will not hold the Released Parties responsible for the same.

I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian. I understand the terms herein are contractual and not a mere recital, and that I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained herein.

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

I, __________________________________________, BY THIS INSTRUMENT AGREE TO EXEMPT AND RELEASE MY INSTRUCTORS, ________________________________, THE FACILITY THROUGH WHICH I RECEIVE MY INSTRUCTION, ________________________________, AND PADI AMERICAS, INC., AND ALL RELATED ENTITIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, INCLUDING, BUT NOT LIMITED TO, THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF THIS NON-AGENCY DISCLOSURE AND ACKNOWLEDGMENT AGREEMENT AND LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING BOTH BEFORE SIGNING BELOW ON BEHALF OF MYSELF AND MY HEIRS.