

Participant Registration Worksheet
Making eXtreme Counselors (MXC) 2024
Statewide Ohio 4-H Camp Counselor Workshop

Please return to your County Extension Office with payment by **January 26th, 2024**, with a payment of **\$65.00**.

Please make checks payable to Jackson County OSU Extension.

First Name _____

T-Shirt Size (adult unisex sizes)

Last Name _____

Small

County _____

Medium

Age (1/1/24) _____

Large

Gender _____

XLarge

XXLarge

XXXLarge

Ethnicity

Race (check all that apply)

Non-Hispanic

Hispanic

Prefer Not to State

White

Black

American Indian/Alaskan Native

Hawaiian/Pacific Islander

Asian

Prefer Not to State

Number of Years as an Ohio 4-H Camp Counselor (including 2024) _____

← Be sure to include virtual experiences!

Number of MXC workshops you have attended before 2024 _____

I am (check all that apply):

Current Counselor Adult Volunteer Extension Professional

Street Address _____

City, State, ZIP _____

Phone _____

Check here if this is a cell phone number that can receive text messages

Email (list the email address that forms and other important information can be sent to)

Parent/Guardian Name(s) _____

Parent/Guardian Phone Number(s) _____

Check here to use Parent/Guardian phone number as emergency contact number

Additional Emergency Contact Name and Number(s) _____

Do you have any dietary needs or special accommodations? If yes, please specify. _____



Camp Counselor Registrants: Each participant will select sessions throughout the workshop. One 90-minute session (Camp Planning) will be pre-determined before the workshop. In order to give you a preference of what you would enjoy planning the most, please rank the following camp program planning options that you would like to learn about and also implement during the workshop. Please note: we will do our best to accommodate your preferences to the extent we are able. Preferences are not guaranteed.

(1 is most preferred, 7 is least preferred)

- ___ **Camp Songs** (learning camp songs, sharing ideas, and leading songs at meals and other times at the workshop)
- ___ **Campfire** (learning different styles / activities to conduct at campfire, sharing ideas, and leading campfire at the workshop)
- ___ **Daily Inspirations** (*this may also be called signatures, inspiration, or vespers in your county*; learning different techniques / tips to conduct at camp, sharing ideas, and leading the daily inspiration at the workshop)
- ___ **End of Camp Closings** (learning different techniques / activities to conduct at camp, sharing ideas, and leading the event closing)
- ___ **Evening Recreation** (learning different styles / activities to conduct for large group activities, sharing ideas, and leading the evening recreation activity at the workshop)
- ___ **Flags** (learning different styles / activities to conduct at flags, sharing ideas, and leading flag lowering and raising at the workshop)
- ___ **Mixer Dance** (learning different styles / types of dances to conduct at camp, sharing ideas, and leading the dance at the workshop)

Bring Ideas for Games/Activities/Themes to share and wear a camp shirt the day you arrive!

Full time participation is expected. Final Camp Letter & Medical Forms will be available on the Ohio 4-H event Web page (<http://go.osu.edu/mxc>) or through your local county Extension office. This information will be available 7-10 days prior to the training.

If you are experiencing any symptoms of COVID or other ill health, we ask that you not attend MXC. If you are in ill health or can no longer attend the training, please contact us and let us know.

YOU MUST BRING A CURRENT MEDICAL FORM WITH YOU TO THE 4-H CENTER!!!

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"/> Decongestant (ex: Sudafed)	<input type="checkbox"/> Poison Ivy Medicine (ex: Calamine Lotion)
<input type="checkbox"/> Aloe Lotion	<input type="checkbox"/> Cough Syrup/Drops	<input type="checkbox"/> Diarrhea Medication (ex: Imodium)	<input type="checkbox"/> Sore Throat Medicine
<input type="checkbox"/> Antacids (ex: Maalox, Tums)	<input type="checkbox"/> Decongestant (ex: Sudafed)	<input type="checkbox"/> Dramamine	<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	<input type="checkbox"/> Dramamine		

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