OHIO STATE UNIVERSITY EXTENSION

OSU Extension Jackson County
Ohio Valley EERA
17 Standpipe Rd.
Jackson, OH 45640-9268
740-286-5044 Phone
740-286-1578 Fax
jackson.osu.edu

Teen Winter Retreat

Dear Registered and/or Potential Camper:

The Teen Winter Retreat is almost here and we hope you are looking forward to having a great time again this year. Registration for the retreat will be held on **Saturday, January 30, from 3– 4 p.m. and will dismiss at 10 a.m. on Sunday, January 31.**

The Teen Winter Retreat will feature many fun events, activities and programs that we hope you will take part in. You will need to bring your completed health form and activity release form that is signed by your parent/guardian in order to participate. Please bring warm clothes and comfortable shoes as we will probably be taking part in some outdoor activities during the retreat. You will also need to bring your own, bedding, towels and bathroom supplies.

I would also like to remind you of the camp rules that everyone will need to observe.

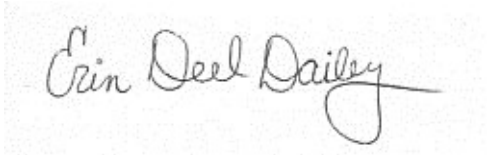
1. ***NO alcoholic beverages***
2. ***No tobacco products***
3. ***No fireworks***
4. ***No firearms or knives***
5. ***No harmful or illegal drugs***

Please remember that no visitors *(except parents)* will be allowed without prior permission from the camp director. It is important that you share this information with anyone who may be planning to visit you during camp, as we will require them to leave.

Registrations should be submitted by Friday, January 22 to Canter's Cave 4-H Camp. If you know of other individuals who are interested in attending the Teen Winter Retreat, we still have space available. A minimum of 20 campers need to be registered before January 22, or event will be cancelled. Contact your County Extension Office immediately for more information. We are looking forward to the Teen Winter Retreat this year and hope you are too!

See you on Saturday, January 30!!!

Sincerely,



Erin Deel Dailey
Extension Educator, 4-H Youth Development
OSU Extension, Jackson County
Ohio Valley EERA

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

Jackson County Extension embraces human diversity and is committed to ensuring that all research and related educational programs are available to clientele on a nondiscriminatory basis without regard to age, ancestry, color, disability, gender identity or expression, genetic information, HIV/AIDS status, military status, national origin, race, religion, sex, sexual orientation, or veteran status. This statement is in accordance with United States Civil Rights Laws and the USDA.

Keith L. Smith, Associate Vice President for Agricultural Administration; Associate Dean, College of Food, Agricultural, and Environmental Sciences; Director, Ohio State University Extension; and Gist Chair in Extension Education and Leadership. For Deaf and Hard of Hearing, please contact Jackson County Extension using your preferred communication (e-mail, relay services, or video relay services). Phone 1-800-750-0750 between 8 a.m. and 5 p.m. EST Monday through Friday. Inform the operator to dial 740-286-5044. 3/12

January 30-31, 2016

Canter's Cave 4-H Camp

Teen Winter Retreat

A fun-filled overnight adventure where you can relax and spend time with 4-H friends from across southeastern Ohio.

WHEN: Saturday, January 30
(Registration from 3-4 p.m.)
to Sunday, January 31
(Checkout at 10 a.m.)

WHERE: Canter's Cave 4-H Camp
1362 Caves Rd.
Jackson, OH 45640

WHO: Teens ages 13-18 (as of Jan. 1)

COST: $35 *Make checks payable to:
Canter's Cave 4-H Camp
Payment and Registration Forms sent to camp by Friday, January 22

Winter Hike
Outdoor Activities
Games Movies
And much more!

OHIO STATE UNIVERSITY EXTENSION

Teen Winter Retreat Registration Form

Name: _____

County: _____ Age (as of January 1st) _____

Address: _____

Home Phone _____ Mobile Phone: _____ Text-enabled? Y / N

E-mail Address: _____

The Teen Winter Retreat will feature many fun events, activities and programs that we hope you will take part in.

I would also like to remind you of the camp rules that everyone will need to observe.

1. ***NO alcoholic beverages***
2. ***No tobacco products***
3. ***No fireworks***
4. ***No firearms or knives***
5. ***No harmful or illegal drugs***

Please remember that no visitors *(except parents)* will be allowed without prior permission from the camp director. It is important that you share this information with anyone who may be planning to visit you during camp, as we will require them to leave.

If you know of individuals who are interested in attending the Teen Winter Retreat, please encourage them to come. This is a great opportunity for non 4-H members and members alike to try out camp. A minimum of 20 campers need to be registered before January 22, or event will be cancelled. Contact your County Extension Office immediately for more information. We are looking forward to the Teen Winter Retreat this year and hope you are too!

Participant's Signature: _____

Parent(s)/Guardian(s): _____

Parent/Guardian's Signature: _____

If you have any questions, please contact Erin Dailey, OSU Extension Jackson County, dailey.108@osu.edu or call 740-286-5044, ext. 25.

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

Jackson County Extension embraces human diversity and is committed to ensuring that all research and related educational programs are available to clientele on a nondiscriminatory basis without regard to age, ancestry, color, disability, gender identity or expression, genetic information, HIV/AIDS status, military status, national origin, race, religion, sex, sexual orientation, or veteran status. This statement is in accordance with United States Civil Rights Laws and the USDA.

Keith L. Smith, Associate Vice President for Agricultural Administration; Associate Dean, College of Food, Agricultural, and Environmental Sciences; Director, Ohio State University Extension; and Gist Chair in Extension Education and Leadership. For Deaf and Hard of Hearing, please contact Jackson County Extension using your preferred communication (e-mail, relay services, or video relay services). Phone 1-800-750-0750 between 8 a.m. and 5 p.m. EST Monday through Friday. Inform the operator to dial 740-286-5044.

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:

☐ Asthma Controlled? yes/no	☐ Bronchitis	☐ Cramps	☐ Fainting	☐ Heart Trouble	☐ Seizures	☐ Sore Throat
☐ 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)	☐ Antiseptics	☐ Diarrhea Medication (ex: Imodium)	☐ Poison Ivy Medicine (ex: Calamine Lotion)
☐ Aloe Lotion	☐ Antibiotic Ointment (ex: Neosporin)	☐ Ibuprofen (ex: Advil, Motrin)	☐ Sore Throat Medicine
☐ Antacids (ex: Maalox, Tums)	☐ Cough Syrup/Drops	☐ Insect Repellent	☐ Sun Screen
☐ Antihistamine (ex: Benadryl, Claritin)	☐ Decongestant (ex: Sudafed)	☐ Laxative (ex: Milk of Magnesia)	☐ Swimmer's Ear Medicine

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

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

Minimum Standards of Behavior for Minor Participants Participating in Overnight Camps sponsored by The Ohio State University

Minors participating in overnight camps 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 camp.

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 camp staff
- 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 overnight camps:

- 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
- 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 staff

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

1. The adult chaperone for the minor involved in the violation 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 event.
3. The minor can/may be barred from participating in future Ohio State overnight camp programs.
4. When warranted (e.g., violation of law) the situation may be turned over to the appropriate law enforcement authority.

I, _____ **as a participant at overnight camp** _____
(name of minor, print) (name of camp, 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 camp standards of behavior and support my minor's participation in the camp.**
(parent/guardian, print)

_____
Parent/guardian signature Date

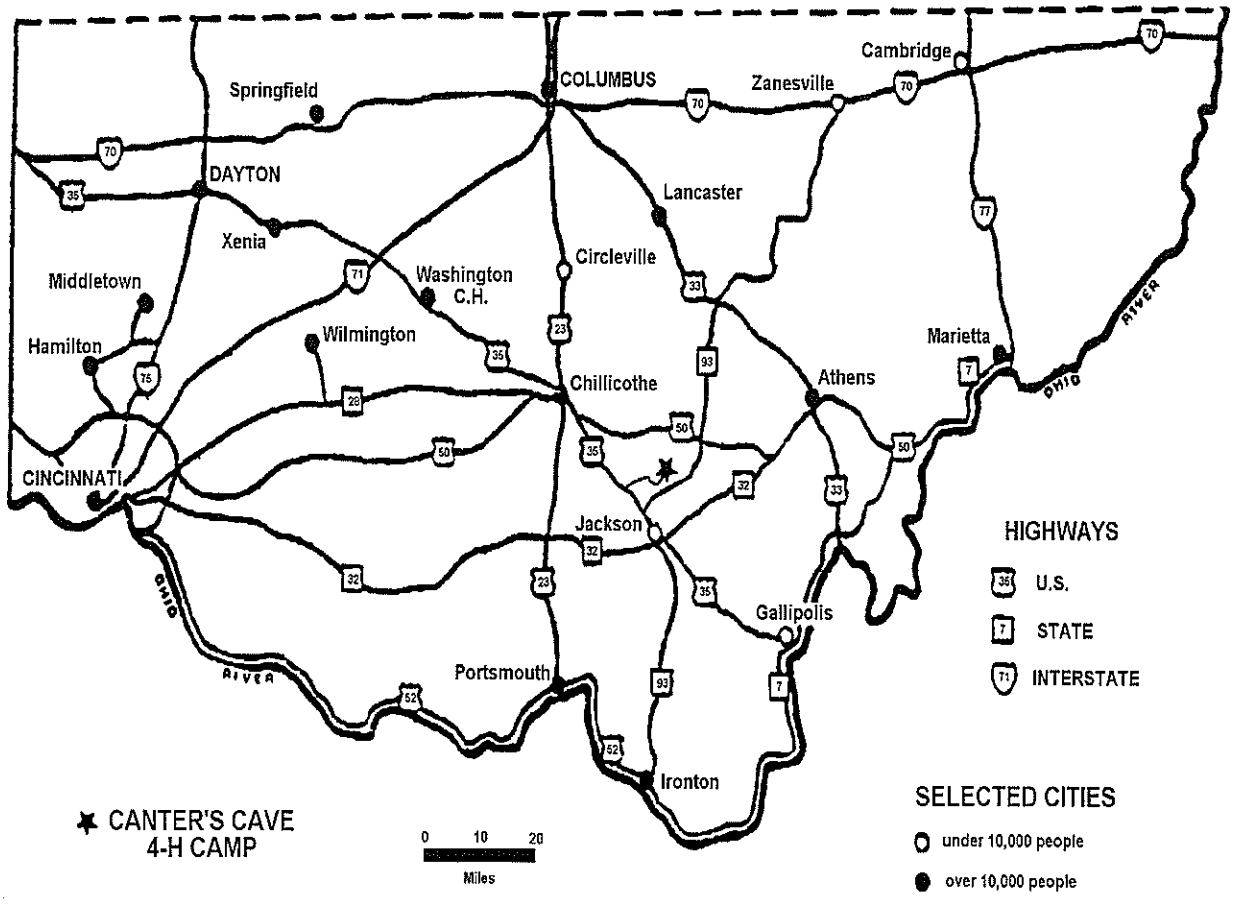
The Elizabeth L. Evans Outdoor Education Center
Canter's Cave 4-H Camp

- **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.