



# 2010 4-H Girls Camp "SURVIVOR-The Camp"

## July 25-30, 2010



- WHO** - Open to all girls who have completed 3<sup>rd</sup> grade through completed 6<sup>th</sup> grade.
- WHAT** - 5 Fun-filled days of camping - Arts and Crafts, Nature Walks, Swimming, Recreation, Campfires, Sing-alongs, Interesting Classes, and Lots of Fun
- WHEN** - Arrive July 25, 2010 (Sunday) from 2:00 PM – 3:00 PM  
- Depart July 30, 2010 (Friday) 12 Noon - 2:00 PM
- WHERE** - Camp David Jr. on Lake Crescent.
- TRANSPORTATION** - Transportation is the responsibility of each camper.
- FEE** - \$170.00 Early registration per camper if received or postmarked by June 1<sup>st</sup>.  
- \$195.00 per camper if received or postmarked after June 1<sup>st</sup>.  
- Camp fee covers food, camp rental, insurance, t-shirt, snacks and supplies. All except \$25.00 of the camp fee is refundable if the office is notified of cancellation by July 10<sup>th</sup>.
- REGISTRATION IMPORTANT** - Register early to insure a place at camp (first-come-first-served basis)  
- Campers will stay on grounds at all times unless given permission by the camp director or the assistant director. To discourage visits from wildlife, food is not permitted in cabins. Food brought to camp **MUST** be labeled and will be kept in the kitchen!
- CAMPERSHIPS** - For those needing financial assistance to attend camp, a limited number of full and partial camperships are available. Contact the Extension Office 417-2398 for application.

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Please complete and return this portion with the registration fee of \$170.00 (\$195.00 after June 1) to:

Clallam Extension 4-H Office  
223 East 4th Street, Suite 15  
Port Angeles, WA 98362

NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX \_\_\_\_\_

AGE AT CAMP \_\_\_\_ GRADE ENTERING THIS FALL \_\_\_\_\_

ETHNIC ORIGIN \_\_\_\_\_ ATTENDED THIS CAMP BEFORE \_\_\_ Yes \_\_\_ No  
(This is optional and is used for Affirmative Action purposes only)

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PARENTS/GUARDIAN \_\_\_\_\_

NAME OF PREFERRED CABINMATE \_\_\_\_\_  
(cabinmate ages must be within one yr. of each other) Requests will be honored if space allows.

**FOR OFFICE USE ONLY**

AMT. PAID \_\_\_\_\_

AMT. DUE \_\_\_\_\_

DATE \_\_\_\_\_

CAMPERSHIP \_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE CONTACT:**

#1 \_\_\_\_\_ (Relationship) \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

#2 \_\_\_\_\_ (Relationship) \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**T-shirt size:** Yth SM \_\_\_ Yth MED \_\_\_ Yth LG \_\_\_ Yth XL \_\_\_ Adult SM \_\_\_ Adult MED \_\_\_ Adult LG \_\_\_

In order to help your camper have a safe, quality experience, please answer the following questions. Our counselors will be able to assist your camper more efficiently and with more confidentiality if we are aware of these problems.

Is your camper a sleep-walker? Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_

Does your camper wet the bed? Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_

(If yes, please send an extra set of bedding and pajamas.)

**PARENT'S NOTE** - We provide a program that includes: Planned and supervised recreational activities, educational classes, arts and crafts, planned, nutritious meals with full-time cook on duty at all times, trained teen and adult counselors, certified lifeguard, registered nurse, camp director, and assistant director. All medicines will be administered in accordance with label instructions and doses adjusted for the weight and/or age of the camper. Any medicines or treatments given will be documented and a copy made available.

- Parents are responsible for any damage caused by their children.
- Signature below signifies that I have read and agree to the obligations outlined above.

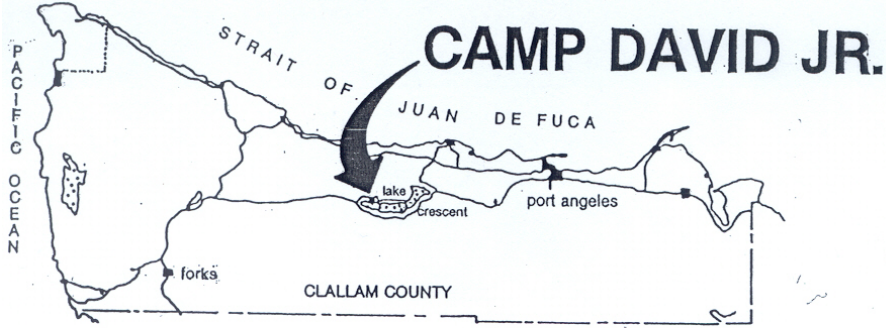
In consideration of the acceptance of this application, we, the parents/guardians of the child listed above, do hereby agree to indemnify and hold harmless the WSU Clallam County Extension Office and the Clallam County Parks Department.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

**\*\*\*\* PLEASE COMPLETE THE HEALTH STATEMENT ON THE REVERSE SIDE \*\*\*\***



**CLALLAM COUNTY 4-H CAMP**  
**JULY 25-30, 2010**  
**"SURVIVOR-The Camp"**



**WHERE IS CAMP DAVID JR.**  
 30 miles west of Port Angeles or 30 miles east of Forks, off  
 Hiway 101, 1 1/2 miles north on North Shore Road at the  
 west end of Lake Crescent.

Cooperating Agencies: Washington State University, U.S Department of Agriculture, and Clallam County. Cooperative Extension programs and employment are available to all without discrimination. Evidence of noncompliance may be reported through your local Cooperative Extension Office.

IF CAMPERS ARE TURNED AWAY AT THE HEALTH CHECK-IN, THEY MAY FOLLOW THE NURSE'S GUIDELINES TO RETURN TO CAMP. **NO REFUNDS WILL BE MADE FOR HEALTH CHECK-IN REJECTIONS.** Please check for communicable diseases and/or parasites before arrival.

HEALTH INFORMATION REQUIRED

Medications? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list and explain \_\_\_\_\_

Allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, to what? \_\_\_\_\_

Epilepsy? Yes \_\_\_\_\_ No \_\_\_\_\_ Diabetes? Yes \_\_\_\_\_ No \_\_\_\_\_ Asthma? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_ Date of last physical \_\_\_\_\_

Physical/Swimming Limitations? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_

Permission to swim? Yes \_\_\_\_\_ No \_\_\_\_\_

Additional comments \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

I give permission for the 4-H Summer Camp Health Care Provider to use the following over-the-counter (OTC) medicines for my child:

1. Tylenol (cetaminophen) – for minor aches and pains
2. Benadryl (Diphenhydramine) – for allergic reactions
3. Sudafed (phenylephrine) – for cold symptoms
4. Tums (Calcium) – for indigestion
5. Pepto-Bismol (Bismuth of Antimony) – for upset stomach, diarrhea
6. Neosporin/Polysporin Ointment – for minor cuts and scrapes
7. Sun Burn Gel (benzocaine/lidocaine 1% and aloe) – for sunburn
8. Insect Repellent – in case camper loses their own
9. SPF 15+ Sun Block – in case camper loses their own

You have my permission to request hospitalization and medical or surgical treatment as recommended by the attending physician. I understand that in case of serious illness or injury I will be notified immediately; but if it is impossible to contact me, I give permission for emergency treatment as recommended by the attending physician for \_\_\_\_\_

(Name of Camper)

\_\_\_\_\_ Date \_\_\_\_\_

(Signature of Parent or Guardian)