

**PLEASE PRINT EACH PAGE AS FOLLOWS:
(or you may come by our office and pick up a
correctly printed package) Thank you.**

- **4-H Participation Form (white paper black type)(you will have to print this separately)**
- **Registration Form (yellow paper or in yellow print)**
- **Medication Administration (red paper or in red print)**
- **Cell Phone Policy Agreement (green paper or green print)**
- **Cabin Assignment Request/Graffiti Policy Agreement (blue paper or blue print)**
- **Summer Food Service Form (orange paper or orange print)**
- **Special Dietary Needs Form (red paper or red print)**

The following things must be done to go to camp:

- **Fill out the Camp Fee Form if it applies to you.**
- **Attend the Parent Orientation Meeting.**
- **Lunch Form must be filled out or have declined written on it.**
- **All forms must be turned back in with the information needed. If it doesn't apply to you please put that on the form**

Thank you for your cooperation.

March 4, 2009

Dear Parents/Guardian:

We are happy that your child is going to be with us at 4-H Camp Cherry Lake, July 6-10th. With the program we have put together, and the State support we have, we feel all of the 4-H Campers will have a good and safe time.

Please make sure that all forms are filled out and completed. Those forms that are enclosed in the packet are participation, medical, summer lunch, and camp form. The cost of camp is **\$60.00**; the fee will cover overnight stay, all meals, skating, crafts, and canteen. A \$20.00 deposit will reserve a spot for your child. The \$20.00 is non-refundable. The deadline to pay your \$20.00 deposit is Monday, June 29. See camp fees attachment page. **All forms and camp fee balance is due at the 4-H Office by Monday, June 29th. If this is not taken care of by then, we cannot hold your spot. Please remember, there are no refunds for camp fees.** Please may check payable to: **JEFFERSON COUNTY 4-H CLUBS.**

A CHANGES THIS YEAR: Camp packets will not be given out until your camp application has been received and deposit has been paid. If your child qualifies to attend camp at no cost, you will receive a packet. Also you can get the entire camp packet off of our website. Please go to <http://jefferson.ifas.ufl.edu/>, under 4-H Youth Development, click on SUMMER CAMPS.

We will be leaving from the Extension Office for Camp Cherry Lake promptly on Monday, July 6, at 10:00 a.m. **WE WILL NOT WAIT FOR ANY CHILD THAT IS LATE.** We should arrive back at the Extension Office on Friday, June 10th around 11:30a.m.

Following is a list of items you will need to bring to camp with you.

- Sheet
- A blanket or spread
- A pillow
- Towel and wash cloths
- Toilet articles (soap, brush, toothbrush, comb, toothpaste, deodorant, etc.)
- A variety of camp or play clothes (jeans, T-shirts, shorts, enough to last the length of stay -5days)
- Pair of closed - in typed shoe (like sneakers)
- Swimsuit
- Socks to wear skating
- A raincoat/Umbrella

SWIMMING: At least two lifeguards and one Extension Agent will be on hand during all swimming activities. If parents do not want their children to participate in water activities, they must indicate this on the bottom of the camp application.

CELL PHONE POLICY: NO CELL PHONES ALLOWED. IF A CELL PHONE IS BROUGHT WITH A CAMPER OR COUNSELOR IT WILL BE HELD BY THE 4-H AGENT UNTIL WE RETURN TO THE COUNTY OFFICE.

We have listed the telephone number and mailing address for your information in case of an emergency. The phone number at Cherry Lake is (850) 929-4429, and the address is 3861 NE Cherry Lake Cir., Madison, Florida 32340.

SNACKS: We will provide them with canteen each day. The costs of snacks are included in the overall camp fee.

SKATING: On Wednesday night we will be going to Jungle Jym Family Fun Center. Your child is allowed to bring up to \$20.00. The money will be collected at the beginning of camp.

CAMP THEME: The camp theme is "**Exploring New Adventure by Investigating Our Past**"

Have all of your clothing, bedding, linens, and suitcase plainly marked with your name.

DO NOT BRING THE FOLLOWING ITEMS!!! Cell phones, MP3's, IPODs, games boys, fireworks, expensive jewelry, food, firearms/knives, money, matches, tobacco or snuff.

PARTICIPATION FORMS: PARTICIPATION FORM MUST BE COMPLETED...NO EXCEPTIONS

MEDICINE: All medicine will be administered only by the Camp Nurse with the approval of the County 4-H Agent. **Parents should advise us of any special problems that involve your child's health.**

SUMMER FOOD SERVICE PROGRAM: This year Jefferson County 4-H will be participating in the Department of Education Summer Food Service Program. This allows the 4-H Office to receive payment for meals from the Summer Food Service Program to eligible 4-H'ers. It is very important that you register your child so that each year he or she can attend 4-H Summer Camp at a low cost. If you do not register your child, he or she will not be eligible to receive summer lunches from the Summer Food Service Program, but from the State 4-H Office. All of the information that is provided on the forms will be kept strictly confidential. As I indicated to you before, this is just a way of cutting the cost of camp.

Because of the ranges in ages, interests, and personality types that 4-H campers represent, we must require standards of conduct which will help us ensure that all of the campers have a good time. **If a serious disciplinary problem arises with a camper, then his/her parents/guardians will be called and asked to come pick the 4-H camper up immediately.** We don't anticipate that this will occur, but we want you to understand that our camping program is planned in the best interest of all the campers who will be attending.

If you have any questions regarding this program, please do not hesitate to call the 4-H Office at 342-0187.

Sincerely,

John G. Lilly, Sr.
4-H Coordinator
Jefferson County

Enclosures



**ATTENTION PARENT
OR GUARDIAN:
PLEASE READ THIS**

March 3, 2009

TO: Parent or Guardian

FROM: John G. Lilly Sr., 4-H Coordinator

RE: Mandatory Camp Orientation

I am elated that your child will be attending 4-H Camp Cherry July 6-10, 2009. **THERE IS GOING TO BE A MANDATORY MEETING WITH YOUTH AND PARENTS OR GUARDIAN ON THURSDAY, JULY 2, AT THE OLD HIGH SCHOOL AUDITORIUM BEGINNING PROMPTLY AT 6:30PM.** I need to go over the code of conduct, items to bring to camp, camp rules and lot of other important things before Camp.

The meeting will not last any longer than one hour. Please mark your calendar now. Failure to attend this meeting will eliminate your child from attending 4-H Camp.

Parent or Guardian, our main concern for your child is to have a safe and fun week. Please attend and do not forget to bring your child or children.

Remember, if you and your child do not attend the orientation he/she will not be allowed to go to camp!!!!

**4-H Camper Registration Form 2009
Jefferson County**

Name _____ **Age** ____ **Race** ____ **Sex** ____

Address _____ **City** _____ **Zip** ____

Parents' Name(s) _____

Camper Birth Date: ____/____/____ **(Must be 8 by September 1, 2008)**
(Month, Date, Year)

Camper Social Security Number: _____

Home Phone Number _____ **Work Phone Number** _____

Cabin Mate Selection (Please list two people you would like to room with. We will try to place you with at least one of them.)

1. _____ **2.** _____

Have you been to 4-H Camp before? _____ **If yes, how many times?** _____

What type of swimmer are you? (Circle one)

Non-Swimmer Beginner Intermediate Advanced

Do you have any special Dietary needs? _____ **If yes, explain below.**

Camp fees are on the back of this application.

4-H Camp Fees 2009

*Any family that receives food stamps, temporary assistance from needy families benefits or if the youth is a foster child **there is no cost to attend 4-H Camp. Please provide the information below.**

*Families with 1 child and is not receiving benefits from the state or federal government the cost will be **\$60.00 per child.**

*Families with 2 children and is not receiving benefits from the state or federal government the cost will be **\$30.00 per child.**

*Families with 3 children and is not receiving benefits from the state or federal government the cost will be **\$20.00 per child.**

*Families with 4 or more children and is not receiving benefits from the state or federal governments please see Mr. Lilly.

Return this portion with all forms

Are you getting FOOD STAMPS, TANF or FDPIR benefits for your child or for Tier II day care homes? Are you enrolled in any other eligible subsidized benefit program? List child name and parent/guardian name. List the CASE NUMBER.

Parent/Guardian name: _____

Child name: _____

Food stamp case number: _____

FDPIR case number: _____

TANF case number: _____

For Parents of children in Tier II day care homes only other eligible program and case number: _____

**PERMISSION FORM FOR
ADMINISTRATION OF
MEDICATION
(PRESCRIPTION & NON-PRESCRIPTION)
Jefferson County**

Please list child's name and turn in form whether or not any medication is listed.
Thank you!

Child's Name: _____

1. Name of Medication _____ Dosage _____
Time to be Administered _____
Purpose of medicine _____
Possible side effects/special instructions _____

2. Name of Medication _____ Dosage _____
Time to be Administered _____
Purpose of medicine _____
Possible side effects/special instructions _____

3. Name of Medication _____ Dosage _____
Time to be Administered _____
Purpose of medicine _____
Possible side effects/special instructions _____

Emergency Phone Numbers:

Parent's Name: _____ Work _____ Home _____
Other _____ Work _____ Home _____

**√ ALL MEDICINES (prescription and non-prescription) ARE TO BE TURNED IN UPON
CAMP ARRIVAL AND WILL BE KEPT BY THE HEALTH SUPERVISOR AND IN A
CENTRALIZED LOCATION.**

I Certify the Necessity of the above Medication (S) and it Is Understood by the Undersigned That
There Shall Be No Liability for Civil Damages as a Result of the Administration of Such Medication
Where the Person Administering Such Medication Acts as a Reasonably Prudent Person Would Have
Acted under the Same or Similar Circumstances.

Date

Parent/guardians' Signature

SPECIAL DIETARY NEEDS FORM

INSTRUCTIONS: The purpose of this form is to communicate special dietary needs, food allergies, etc. for any child, teen, or adult who will be attending 4-H camp.

Name: _____

County: _____

Check One:

- | | | | |
|--------------------------|----------------------------------|--------------------------|---|
| <input type="checkbox"/> | Camper (5-13 years old) | <input type="checkbox"/> | Counselor –in-Training |
| <input type="checkbox"/> | Teen Counselor (14-18 years old) | <input type="checkbox"/> | Adult volunteer or
Extension faculty/staff |

In the space provided below, please list all **food allergies** for the person listed above and any necessary precautions that should be taken:

In the space below, indicate and **food restrictions (non-allergy)** for the person listed above and food substitutes that may be considered:

Camp Release

This authorization form must be completed in full for someone other than the signing parent to pick up a child from camp. Full time participation is strongly encouraged.

I _____ as parent/guardian of _____ authorize the persons listed below to pick up my child in the case of an unexpected emergency.

Names of person(s) who are authorized to pick up my child (Remember, we do not know you so list both parents/guardians names also). Persons leaving camp will be required to check out and show their license Or other picture ID as proof of identification. If a teen drives themselves or other friends be sure to list the teen driver as an authorized release person.

Signature of Parent or Legal Guardian Date Signature of 2nd Parent or Legal Guardian

* If married, or divorced but having joint custody of the youth, both parents must sign. If divorced and having sole custody of the youth, only that parent with sole custody needs to sign.

Cabin Assignment Request / Graffiti Policy Form

CABIN ASSIGNMENTS

Please indicate the name of a friend going to camp that you would like to be in the cabin with (1 person of the same sex). We will do our best to accommodate your request.

NAME OF FRIEND GOING TO CAMP: _____
(Also have your friend put your name on his/her blue form)

GRAFFITI POLICY

Graffiti is defined as words or images that are written, scratched, painted or sprayed on walls or surfaces.

Campers are not allowed to defame or deface **ANY** camp property. Campers/County will be held responsible for any and all graffiti and may be subject to any costs associated with the cleanup and/or repair of said graffiti.

I, _____, understand that I am not to deface or
(Print name of 4-H'er)
defame any camp property.

I, _____, understand the above 4H graffiti policy. (Print name of 4-
H'er Parent/Legal Guardian)



2009 Summer Camp Youth and Adult Registration Form

July 6-10, 2009

Indicate One: ADULT YOUTH COUNSELOR # of training hours _____

Name: _____ Gender: Male Female

Female

Address: _____ County: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____ 4-H Age (youth only): _____

Emergency Contact Information:

Primary Contact: _____ Phone: (____) _____ Cell (____) _____

Secondary Contact: _____ Phone: (____) _____ Cell (____) _____

Tertiary Contact: _____ Phone: (____) _____ Cell (____) _____

Costs:

Include the **Registration Fee of \$60.00** with a completed registration packet and return to: **Jefferson County 4-H Clubs, 275 North Mulberry Street, Monticello, FL 32344 by: Monday, June 29, 2009**

Checks must be made payable to (Jefferson County 4-H Clubs).

Forms Needed:

Your registration must consist of these completed forms: registration, participation, dietary needs, medication administration, cabin assignment/graffiti policy, cell phone policy, camp release, and summer food service.

Registration Deadline:

All registration materials and payments must be received by **Monday, June 29, 2009**

For More Information Contact:

John G. Lilly, Sr.
Phone: 850-342-0187
Email: jgl@ufl.edu

Return/Send Registration Information to:

Jefferson County 4-H Clubs
275 North Mulberry Street
Monticello, FL 32344

Please note the following:

Cell phones, MP3's, IPODs, Gameboys, and other electronics are not allowed at camp.
Neither the county nor the camp is responsible for lost, stolen or damaged items.

Refunds will not be given after the camper arrives at camp on Monday.

Cell Phone Policy Agreement Form

- Campers are not allowed to bring cell phones or any other electronic devices to camp.
- If a cell phone is brought with a camper it will be held by the County Agent until we return to the county office.

I, _____, understand that I am not to bring a cell
(Print name of 4-H'er)
phone to camp.

(Signature of 4-H'er) (Date)

I know in this technology age it is difficult for youth to not be in contact via cell phone. Camp is a unique environment. We are trying to help youth develop life skills at camp including independence and self-reliance. Often times homesickness, which is a normal part of a week at camp, can be worsened by talking to mom and dad. We respect and appreciate the wonderful relationship youth and families have, but if our campers are to enjoy camp fully they must be able to develop this independence. If there is an emergency or we are concerned about the youth's well-being, campers will be allowed to call home.

I, _____, have read the above cell phone policy
(Parent Name)
and agree to the guidelines stated, including that the cell phone will be taken to be returned at the conclusion of Camp if the policy is violated. I understand that if there is an emergency and I cannot reach my child on their cell phone, I may contact the camp (850-929-4429).

(Signature of Parent) (Date)



4-H Camp Packing Check List

SUGGESTED ITEMS FOR CAMP



Clothes should be modest and appropriate for active play in an outdoor setting.

1. Girls must wear one piece bathing suits,
Boys are not allowed to wear Speedo swimsuits
2. No underwear of any kind showing (this includes bra straps), pants/shorts must be worn at reasonable waist length
3. No see through clothing without a shirt underneath
4. Shorts must be mid thigh or longer
5. No bare midriffs
6. Shirt sleeves must be at least 1 inch wide. (No spaghetti straps.)

Comfortable Clothes (appropriate for casual dress)

- _____ shorts, jeans, slacks, t-shirts (at least five (5) changes)
- _____ tennis shoes (or other closed toe shoes)
- _____ underclothing (at least five (5) changes)
- _____ one (1) sweater/light jacket/sweatshirt (for cool nights)
- _____ bathing suit / swim clothes
- _____ rain gear
- _____ socks
- _____ pajamas

Personal Articles

- _____ wash cloth
- _____ two (2) towels (swimming & bathing)
- _____ toothbrush, toothpaste
- _____ soap & shampoo
- _____ deodorant
- _____ shower shoes
- _____ comb or brush
- _____ insect repellent
- _____ plastic bag for dirty clothes
- _____ sunscreen

Bedding (for bunk-style beds)

- _____ pillow and case
- _____ two (2) sheets & light blanket or sleeping bag

Other items (optional) label items clearly with campers name

- _____ athletic attire (for sports)
- _____ water shoes
- _____ hat
- _____ alarm clock
- _____ pen, paper & stamps (there is a box for outgoing mail)
- _____ camera & film
- _____ water bottle (very important for hot days)
- _____ flashlight
- _____ sunglasses

HELPFUL HINTS:

- + Do not bring expensive items to camp such a electronic games, jewelry, radios etc.
- + Please try to pack all clothing in a small suitcase or duffel bag, in order to save time and space when loading the bus. Campers will have to carry their own suitcase to and from buses to cabins.
- + No money, candy, gum, snacks, knives or fireworks should be taken to camp.
- + For identification purposes, we encourage parents to mark initials or name of the child on all personal items.