

**REGISTER ONLINE AT www.4hcampct.org
CAMP APPLICATION - 2018 WINDHAM-TOLLAND 4-H CAMP - FORM A**

Camper's Name (Last Name) _____ (First Name) _____

Mailing Address _____, Town _____, State _____, Zip Code _____

Boy ____ Girl ____ Date of Birth (Month, Day, Year) _____ Age _____ School Grade in Sept., 2018 _____

Parent/Guardian's Name _____ Email Address _____

Home Phone (_____) _____ Work Phone (_____) _____ Cell Phone (_____) _____

Alternate Emergency, please contact: _____

Home Phone (_____) _____ Work Phone (_____) _____ Cell Phone (_____) _____

Please circle your choice below:

RESIDENT (Overnight) CAMP	Sun 2:30 PM – 4 PM thru Fri 7 PM	(Boys & Girls, Ages 9-15)
DAY CAMP	Mon thru Fri - 8-8:30 AM – 5-5:30 PM	(Boys & Girls, Ages 6-15)
CLOVER CAMP A, C, E, or G	Mon 8:00 AM thru Tues 5 PM	(All Clover Boys & Girls, Ages 7-8)
CLOVER CAMP B, D, F, or H	Wed. 8:00 AM thru Fri 7 PM	(All Clover Boys & Girls, Ages 7-8)
EXPERIENCED CLOVER CAMP I, J, & K	Same Schedule As Resident Camp	(All Clover Boys & Girls, Ages 7-8)

RESIDENT CAMP June 24-June 29 (WK 1) Superhero Week (Marvel v. DC)	RES General \$465	DAY General \$260	CLOVER A 6/26 - 6/27 Mon - Tues \$185	CLOVER B 6/28 - 6/30 Wed - Fri \$250	DAIRY COW CAMP \$25	WOOD FIBER CRAFTS \$25	(9+ Yrs Old) Riding + \$170
RESIDENT CAMP July 1-July 6 (WK 2) Medieval Week	RES General \$465	DAY General \$260	CLOVER C 7/3 - 7/4 Mon - Tues \$185	CLOVER D 7/5 - 7/7 Wed - Fri \$250	BEEF COW CAMP \$25	WOOD FIBER CRAFTS \$25	Riding + \$170
RESIDENT CAMP July 8-July 13 (WK 3) Carnival Week	RES General \$465	DAY General \$260	CLOVER E 7/10 - 7/11 Mon - Tues \$185	CLOVER F 7/12 - 7/14 Wed - Fri \$250	WOOD FIBER CRAFTS \$25		Riding + \$170
July 13-July 15 (RESIDENT CAMP ONLY)	Stayover Weekend - Available to campers enrolled for both weeks 3 and 4 (Includes a FUN TRIP to Bronx Zoo on Saturday & Laundry Service) \$225						
RESIDENT CAMP July 15-July 20 (WK 4) Prehistoric Week	RES General \$465	DAY General \$260	CLOVER G 7/17 - 7/18 Mon - Tues \$185	CLOVER H 7/19 - 7/21 Wed - Fri \$250	WOOD FIBER CRAFTS \$25		Riding + \$170
RESIDENT CAMP July 22-July 27 (WK 5) International Week	RES General \$465	DAY General \$260	Experienced Clovers I \$465		WOOD FIBER CRAFTS \$25		Riding + \$170
RESIDENT CAMP July 29-August 3 (WK 6) Mystery Week	RES General \$465	DAY General \$260	Experienced Clovers J \$465		WOOD FIBER CRAFTS \$25		Riding + \$170
RESIDENT CAMP August 5-August 10 (WK 7) Aqua Adventure Week	RES General \$465	DAY General \$260	Experienced Clovers K \$465		WOOD FIBER CRAFTS \$25		Riding + \$170
DAY CAMP ONLY August 13- August 17(WK8) Capture the Flag Week	Check-in registration is on Monday Morning Week 8 Only DAY CAMP ONLY \$260					<u>WOOD FIBER CRAFTS</u> <u>\$25</u>	

A CONFIRMATION LETTER TO EACH CAMPER WILL BE MAILED AFTER YOUR REGISTRATION IS PROCESSED. I understand that there is a non-refundable \$200.00 deposit for Resident Camp and Experience Clovers, a \$100.00 non-refundable deposit for Day Camp and Teen Leaders and a \$50.00 non-refundable deposit for Clover Camp and Horseback Riding. I also understand there are NO REFUNDS FOR EARLY DISMISSAL DUE TO HOMESICKNESS, MISCONDUCT OR MEDICAL REASONS

PAYMENT METHOD: A 50% deposit for each camper per week per session is required.

- Check/ money order enclosed payable to: **Windham-Tolland 4-H Camp.** Amount: \$ _____
- VISA/Discover/MasterCard # _____ Exp. Date _____ Amount: \$ _____
- I authorize the balance to be charged to my credit card on May 24th, 2018. (Please check if desired.)

I wish to bunk with (MAXIMUM OF ONE CAMPER ONLY) _____, age ____ (MUST BE SAME AGE). Both friends must request each other on their applications. Applications with more than one person requested for bunking will not be accepted.

Signature of Parent/Guardian

Cardholder Signature/Parent/Guardian

Date

FORM B – RETURN WITH FORMS A, C, D, E, F, G

**WINDHAM-TOLLAND 4-H CAMP
CODE OF CONDUCT AGREEMENT
FOR CAMPERS, TEEN LEADERS AND PARENTS**

I, the undersigned camper/teen leader and parent/legal guardian have read the basic rules for participation at the Windham-Tolland 4-H Camp program outlined below and agree to abide by the rules.

Campers will:

- Participate fully in the program.
- Be responsible for his/her own behavior and uphold standards for their peers.
- Follow all scheduled times, including curfew and wake-up.
- Will dress appropriately for a co-ed outdoor recreation experience.

Campers will not:

- Leave the camp premises without staff supervision and director permission.
- Disobey directives from camp staff or camp policies, rules and regulations.
- Be disrespectful or direct profanity, vulgar language, or obscene gestures towards other campers or camp staff or wear offensively worded or graphic clothing.
- Play with matches, fire, or commit arson.
- Partake in the theft or the unauthorized removal of camp property, staff property or camper property.
- Fight, provoke fighting or commit physical abuse to others or themselves.
- Commit extortion, coercion or blackmail that force an individual to act through the use of force or threat of force.
- Make derogatory statements that may substantially disrupt the camp program or insight violence.
- Engage in sexual harassment: any unwelcome sexual advance or conduct including lewd remarks, touches, or request for sexual favors that have the effect of intimidating individuals or disrupting the camp environment will not be tolerated.
- Sell, give, deliver, possess, use or be under the influence of drugs, alcohol or tobacco products. This includes the misuse of prescription and over the counter medications.
- Haze other campers.
- Possess a weapon or dangerous instrument to be used as a weapon.
- Violate local, state or federal laws.
- Intentionally damage camp facilities including graffiti; you will be billed for damages.
- Bring electronic equipment including but not limited to: cell phones, CD players, MP3 players, iPods, video games, radios, or Kindles and Nooks or other electronic devices.

Failure to comply with these rules may result in but not be limited to a “time-out” from an activity, removal from a program area or expulsion from the camping program. Corporal Punishment is not permitted at the Windham-Tolland 4-H Camp. Violations in local, state or federal laws will be reported to the authorities.

I understand that there is a non-refundable \$200.00 deposit for Resident Camp and Experience Clovers, a \$100.00 non-refundable deposit for Day Camp and Teen Leaders and a \$50.00 non-refundable deposit for Clover Camp and Horseback Riding. I also understand there are **NO REFUNDS FOR EARLY DISMISSAL DUE TO HOMESICKNESS, MISCONDUCT OR MEDICAL REASONS.**

PERMISSION FORM - Complete a separate application form for each child. I hereby give permission for the named camper to attend the Windham-Tolland 4-H Camp and to participate in all activities, subject to the authority of the camp director. I further give permission for the named camper to participate in any planned out-of-camp outings or trips under the supervision of the director or assigned staff member. I will not hold the Windham-Tolland 4-H Camp responsible for the loss of money, jewelry, or personal articles brought to camp. I also give my permission for use of any photo of the named camper to be used by the Camp Committee for camp public relations.

BOTH CAMPER AND PARENT/ LEGAL GUARDIAN MUST SIGN THIS CODE OF CONDUCT.

Signature of Camper

AND

Signature of Parent/ Legal Guardian

Date _____

FORM D - COMPLETE EACH YEAR & RETURN WITH FORMS A, B, C, E, F, G

**CAMPER/STAFF PERSONAL HEALTH HISTORY
TO BE COMPLETED AND SIGNED BY PARENTS/LEGAL GUARDIAN**

NAME _____ Birth Date _____ Sex _____ Age _____
Last First Middle initial

PARENT/GUARDIAN _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

HOME ADDRESS _____, Town _____, State _____, Zip Code _____

EMERGENCY CONTACT NAME #1: _____

Home Phone () _____ Cell Phone () _____

EMERGENCY CONTACT NAME #2 _____

Home Phone () _____ Cell Phone () _____

<u>HEALTH HISTORY:</u> (Check--giving approximate dates)		<u>ALLERGIES</u>
Frequent Ear Infections _____	Psychiatric Treatment _____	Hay Fever _____
Heart Disease/Defect _____	Mononucleosis _____	Ivy Poisoning, Etc. _____
Bleeding/Clotting Disorders _____	<u>DISEASES</u>	Insect Stings _____
Convulsions _____	Chicken Pox _____	Asthma _____
Diabetes _____	Measles _____	Penicillin _____
Hypertension _____	German Measles _____	Other Drugs _____
	Mumps _____	Foods _____

Has this camper had a serious illness, hospitalization, or accident in the last 12 months? ___ If yes, please explain: _____

Disability or chronic or recurring illness: _____

Has this camper ever required any psychiatric counseling/hospitalization? _____

Does this camper wear contact lenses or glasses? _____

Any specific activities to be encouraged or limited by physician's advice (send with physician's orders): _____

Dietary modifications: _____

Current medication (send with physician's orders): None _____ Yes _____ (If Yes, **See Form E**)

Other diseases or details of above: _____

Name of dentist or other physician: _____

Name of family physician: _____ Phone (Area Code #) _____

Date of last physical examination: _____ (NO OLDER THAN 2 YEARS AT LAST DAY OF CAMP SESSION)

Suggestions or health related information for camp personnel: _____

IMPORTANT - THIS BOX MUST BE COMPLETED FOR ATTENDANCE*

(*If for religious reasons you cannot sign this, the camp should be contacted for a legal waiver which must be signed for attendance.)
(If additional space is required to answer any of the above, please use and attach a separate sheet of paper.)

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. **EMERGENCY AUTHORIZATION:** I hereby give permission to the medical personnel selected by the Camp Director to order X-rays, routine tests and treatment for me/or my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me/or my child as named above. This form may be photocopied for use out of camp. I also give permission for routine medical care for my child by the camp.

Date: _____

SIGNATURE OF PARENT/GUARDIAN OR ADULT STAFF MEMBER

THIS FORM REQUIRES PHYSICIAN'S SIGNATURE
AND PARENT/GUARDIAN'S SIGNATURE
FOR PRESCRIBED MEDICATIONS

Camper's Name: Last _____ First _____ Middle _____

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION BY YOUTH CAMP PERSONNEL

If a Youth Camp chooses to administer medications, the Connecticut State Law and Regulations require a physician's or dentist's written order and parent or guardian's authorization for a nurse, first aide, the director, alternate director or youth camp counselor to administer medications. Medications must be in pharmacy prepared containers and labeled with the name of the child, name of the drug, strength, dosage, frequency, physician's or dentist's name and date of the original prescription.

MEDICATIONS CURRENTLY BEING TAKEN (Meds brought to camp must be in their original labeled pharmacy container.)

Med #1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #3 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #4 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

ATTACH ADDITIONAL PAGES FOR MORE MEDICATIONS.

Identify any medications taken during the school year that participant does/may not take during the summer:

AUTHORIZATION FOR LICENSED MEDICAL PERSONNEL (PHYSICIAN OR DENTIST)

The person named herein may be administered the medications indicated above. In the event the camp nurse is unavailable, camper/staff member (check one) _____ may _____ may not self-administer this medication under the supervision of camp first aid personnel.

Signature _____ Title _____

Physician or Dentist Signature

Printed _____ License # _____

Address _____ City/State/Zip _____

Telephone # _____ Date _____

AUTHORIZATION FOR PARENT/GUARDIAN

I hereby authorize the camp nurse to administer the medications indicated above as ordered by my physician and the camp physician. In the event the camp nurse is unavailable, camper/staff member (check one) _____ may _____ may not self-administer this medication under the supervision of camp first aid personnel.

Signature _____ Relationship to Child _____

Printed Name _____ Date _____

Parent/Guardian Signature

- Camper
- Staff

FORM F – RETURN WITH FORMS A, B, C, D, E

MEDICAL EVALUATION
MUST BE GOOD WITHIN 2 YEAR OF CAMPERS LAST DAY AT CAMP

MEDICAL PRACTITIONER MUST COMPLETE AND SIGN

Name _____ Date of Birth _____
 Guardian _____ Address _____
 Home Phone () _____ Work Phone () _____ Cell Phone () _____
 Emergency Contact #1 _____ Home Phone () _____ Cell Phone () _____
 Emergency Contact #2 _____ Home Phone () _____ Cell Phone () _____
 Date of Arrival at Camp: _____ Departure Date: _____

Date of Exam _____

_____ **May participate in all camp activities.**
 _____ **May participate except for:** _____

Medical information pertinent to routine care and emergencies: _____

This camper/staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunizations Practices:

	Yes	No		Yes	No
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Polio		
Tetanus			TB Test		Result:

Comments: _____

Health History: (Check any that apply)

_____ Epilepsy or seizures _____ Frequent ear infections _____ Menstrual problems _____ Asthma
 _____ Frequent sore throats _____ Headaches _____ Bed wetting _____ Heart Disease
 _____ Back pain or strain _____ Alcohol/drug addiction _____ Diabetes _____ Eye Glasses
 _____ Heart Disease OTHER: _____

Pertinent past medical treatment: _____

ALLERGIES

Medication Allergies

Describe reaction and management of reaction

Food Allergies

Other Allergies (including: insect stings, hay fever, asthma, animal dander, etc.)

I have examined the person herein described and have reviewed the health history. It is my opinion that this camper is physically able to engage in camp activities, except as noted above.

_____, M.D. Telephone: () _____ Date: _____

Examining Physician

FORM G – OVER-THE-COUNTER MEDICATIONS
Return with Forms A, B, C, D, E, F

THIS FORM REQUIRES PARENT/GUARDIAN'S SIGNATURE
TO AUTHORIZE THE ADMINISTRATION
OF ANY OVER-THE-COUNTER MEDICATIONS

Camper's Name: Last _____ First _____

I DO WISH OVER-THE-COUNTER MEDICATIONS TO BE GIVEN TO MY CHILD.

I understand the Health Care Provider will administer the following over-the-counter medication or the generic version, if necessary, according to directions on the bottles unless a physician directs otherwise. The Camp provides over-the-counter medications.

Symptom:

Athletes Feet
Skin irritations
Minor aches/pain/fever
Minor cough/sore throat

Minor Allergic Reactions/Allergies
Poison Ivy/Rashes
Bug Bites

Indigestion/Heartburn
Constipation
Clogged Ears
Open Areas/Cuts
Lactose Intolerant

Over-The-Counter Medication:

Desenex or similar powder/spray
Gold Bond Powder
Tylenol/Advil/Ibuprofen/Alleve
Robitussin/Cough/Throat Drops/Chloraseptic
Throat Spray
Benadryl, Claritin, Xyzel and Zyrtec
Calagel Lotion/Calamine Lotion
Benzocaine Swabs/Dermoplast
Hydrocortisone Cream/Benadryl Cream
Antacid/Pepto Bismol/Tums
Milk of Magnesia
Auro-Dry
Bacitracin/Triple Antibiotic ointment
Lactaid tablets

If any medication is not listed above, you must obtain a doctor's signature in order for the Camp Nurse to give said medication to your camper.

Signature of Parent or Legal Guardian

Date: _____

Print Parent or Legal Guardian's Name _____

Parent's Home Phone () _____ Work Phone () _____ Cell Phone () _____

=====

I DO NOT WISH ANY MEDICATIONS TO BE GIVEN TO MY CHILD, _____
Camper's Full Name

Signature of Parent or Legal Guardian

Date: _____

Print Name of Parent or Legal Guardian _____

Parent's Home Phone () _____ Work Phone () _____ Cell Phone () _____