



Explore 4-H!

2021 4-H Multi-County Camp

July 5-7, 2021

Lakeview Baptist Encampment

Lone Star, Texas

Dear Parents & Guardians:

We are so glad that you have decided to let your child(ren) join us for 4-H Multi-County Camp. We know there are many opportunities and choices when it comes to summer camp – we thank you for choosing 4-H Multi-County Camp! “EXPLORE 4-H!” is this year’s theme. The campers will experience 4-H projects. Camp will be held at Lakeview Baptist Encampment in Lone Star Texas on July 5-7,2021. We have a lot of fun activities and events planned. A \$120.00 (transferable but non-refundable) registration fee and your camp forms are due to the Bowie County Extension Office by JUNE 11th.

SOME IMPORTANT POINTS TO SAVE YOU & CAMP VOLUNTEERS TIME & FRUSTRATION:

- ☼ ALL registration fees and forms are due by stated deadline to YOUR county office (they also have a deadline to turn documents into camp committee) (*due to Cherrie Curtis – Bowie County by June 15th*)
- ☼ Be sure to **read and sign ALL required release forms**. Youth and adults serving as volunteers must also complete the release forms.
- ☼ Be aware of camp start and pickup times – ALL campers MUST be picked up by 10 a.m.
- ☼ ALL medications, prescription & non-prescription, MUST be in the original container with dosage information and listed on camp medical release form. These will be given to camp nurse upon arrival. The camp nurse will dispense ALL medications. Medications &/or containers will be returned at check-out.
- ☼ **Special Accommodations:** 4-H Multi-County Camp strives to meet the individual needs of our campers. Please indicate any special need on the registration/release forms. Food allergies especially should be noted so that other options can be made.
- ☼ **Dress Code:** items NOT allowed – tops with spaghetti straps, halter type tops, shirts that reveal the midriff, excessively loose-fitting pants/jeans, short shorts or skirts, clothing advertising or referencing alcohol, drugs, violence or having a sexual content. Campers SHOULD wear comfortable clothing that follows the 4-H dress code. Athletic or tennis type shoes are preferred. NO flip-flops or open back shoes – camp is on a hillside with a lot of rocks, making these type shoes dangerous.
- ☼ **Cell Phones:** phone calls to or from campers is discouraged. The calls tend to defeat a sense of independence and interrupt the camp environment. They also contribute to homesickness. *Please do NOT send cell phones with your camper – 4-H agents have phones and access to your number.* 4-H Multi-County Camp volunteers or Lakeview staff will NOT be responsible for loss or damage. Cell phones may be taken from campers and secured until camp departure if deemed necessary.
- ☼ **EMERGENCIES:** Camp emergency numbers are: 903-656-3871 or 903-656-2993 or contact your county office to relay a message to your county agent.

✿ **Appropriate behavior:** the Texas 4-H Youth Development Program recognizes that positive discipline teaches and encourages the healthy development of a child's self-esteem. 4-H Multi-County Camp sets limits that are developmentally appropriate and consistently enforced. Please review the code of conduct form with your camper. Campers are asked to be respectful of each other's feelings and privacy. We have a no tolerance for bullying. (bullying is any intentional hurtful act, be it physical or mental). We ask you to help us prevent bullying by talking with your camper. It is important for the bullied child to speak out and let an adult know preferably while at camp. Please do not hesitate to contact your county agent if your camper waits until they get home to speak out. Even though this isn't the best situation, we want to help resolve the situation.

4-H Multi-County Camp suggests 5 things to help prepare for camp and avoid homesickness. 1) do not make a "pick-up deal – promising to pick them up if they feel homesick makes it worse. Instead talk positively about camp and what they will experience. 2) double-check the camp packing list – be sure clothes meet the guidelines & don't pack what they don't need. 3) spend practice time away from home – nothing builds confidence & teaches coping like spending time away from home in a familiar place. Leave things like pets & video games at home. 4) label everything – things get lost or misplaced. It is easier for camp volunteers to help find the lost item if it has their name and county on it. 5) double check times – being late for pickup creates anxiety and may affect your camper wanting to return to camp next year.

Dorm assignments are by gender and county groups. However, if your camper needs to room with someone (of the same gender) from another county, please note that on the registration form. We cannot guarantee the request but we will make every effort to meet this request. Group assignments are random to encourage meeting new friends. This allows the camper to meet other campers from other counties and bond with them during the day.

Camp is designed to allow your child to enjoy the true feelings of childhood. It is a time for them to build strong friendships, create lifelong memories, learn from their peers and counselors, experience 4-H & nature and all the joys of camp! We look forward to providing your camper with an experience of a lifetime!

We look forward to having your camper join us for the 2021 4-H Multi-County Camp.

IMPORTANT: All attending adults (volunteer and CEA's) are required to have taken and passed the "Child Protection Training" course and preferably be enrolled as a 4-H leader through 4-H Connect prior to attending. (This course can be accessed through your 4-H Online profile.)

Please note – registration is due to your county Extension office.

*Again, youth will need to be signed out by an adult – parent, volunteer or county agent - - - we don't want anyone to get left at camp or wonder where & who they left with. **ALL campers MUST to be picked up by 10 am** – parents are invited to come to the closing & awards presentation.*

2021 Camp Workshops (subject to change)

Foods - Archery - Leather Craft - Healthy Lifestyles (team games) - STEM
Ricochet - ROPES station – zip line (conducted by trained camp employees)

TO BE TURNED IN TO YOUR COUNTY EXTENSION OFFICE BY *JUNE 11th*.

Forms: (All Of These Forms Are Required) – to be turned in with fees

- ☼ Extension Waiver/Medical Form
- ☼ Camp Health/Medical Forms
- ☼ Code of Conduct Form
- ☼ Media Release
- ☼ Volunteers – must complete the Registration Form, Extension Medical Waiver and camp medical form
- ☼ \$120 registration fee

THINGS FOR CAMPER TO BRING

1. Bedding:

- ☼ Sheet & blanket or Sleeping bag
- ☼ Pillow

2. Essentials:

- ☼ Towels & wash cloths
- ☼ Toiletries
- ☼ Reusable Drink Bottles
- ☼ Bug spray
- ☼ Sun screen
- ☼ Flashlight
- ☼ Camera (any kind is good, digital if you have one – we will work on a slide presentation for the closing)
- ☼ Money for camp store – snacks or souvenirs

3. Clothing:

- ☼ Comfortable walking shoes – sneakers preferred – NO sandals/flip flops/slip on shoes (terrain is loose gravel, hilly)
- ☼ Lake shoes – shoes that can be worn in the water &/or mud
- ☼ Swimming suit/Beach Towel (females must wear a t-shirt over suit)
- ☼ Shorts, t-shirts – clothing must meet 4-H guidelines (appropriate coverage, no inappropriate language, gestures, pictures or advertising)

4. Fun Items: (mark with your name & county name)

Card games/board games Snacks

5. Things Not To Bring! – VERY important

- ☼ cell phones – IF you bring one – use for camera or leave in cabin (if taken to a session – they may be taken up & returned at the conclusion of camp)
- ☼ video games
- ☼ CD Players/iPods/radios
- ☼ sandals/flip flops/slip on shoes – all up & down hill and VERY rocky
- ☼ fire works
- ☼ Duct Tape
- ☼ Knives – any kind
- ☼ water guns

EACH COUNTY NEEDS TO BRING:

CANNED GOODS – (see guidelines below) enough to build their can structure

1 adult/leader per 8 youth (same sex) - may coordinate with other counties

(Male chaperones are in high demand)

OPTIONAL items for county to bring:

scissors, glue, tape, etc.

board games, wiffle bat & ball, soccer ball or basketball

rainy day options for outdoor sessions

If you are in question about something to bring or NOT to bring – contact your county agent

Canned Food Challenge!

We are asking each county to bring non-perishable, canned good items to camp. Each county will design & build structure. Get your county council involved! You don't have to come to camp to participate in the design. Campers will assemble their counties structure to be on display during camp. Structures will be judged - winners will be announced at the awards presentation on the last morning.

At the conclusion of camp, the items will be donated to a local food pantry.

This is not only a service project but a STEM project as well! Design, Science, Technology, Engineering, Math and Community Service are all involved in this event.

Rules:

- * Canned/Dry goods must not be expired
- * Canned goods must not be rusted, bent, or bulging
- * No labels can be removed from the item or painted over
- * Any other non-perishable item brought must be unopened
 - * fit in a 5' x 5' space



Explore 4-H!

- AGENDA IS TENTATIVE - SUBJECT TO CHANGE -

Monday - July 5th

- 11:00 - 11:45 a.m. Registration
- 11:45 - 12:00 move-in to cabins
- 12:00 - 1:00 Lunch (**campers wear camp t-shirt to opening**)
- 1:00 - 1:15 Camp Opening & Pledges (general rules & reminders)
- 1:15 - 3:00 Group Activity 1 - Can Challenge set-up; Riccochet Activity
- 3:15 - 4:15 Workshop Session I
- 4:15 - 6:15 Swimming/Free time
- 6:30 - 7:15 Supper
- 7:30 - 8:30 Workshop Session II
- 8:45 - 10:15 Scavenger Hunt; Games; Vespers - Senior Girls
- 10:15 - 11:00 Free Time - Concession
- 11:00 p.m. LIGHTS OUT

Tuesday - July 6th

- 8:00 - 8:30 Breakfast
- 8:30 - 9:30 General Session - county & group photo
- 9:30 - 10:30 Workshop Session III
- 10:45 - 11:45 Workshop Session IV
- noon - 12:45 Lunch
- 1:00 - 2:00 Workshop Session V
- 2:15 - 3:15 Workshop Session VI
- 3:15 - 5:15 Swimming/Free Time
- 5:30 - 6:30 Group Activity 2 Riccochet Activity
- 6:45 - 7:30 Supper (leader meeting - awards)
- 7:45 - 9:30 Social & Vespers - Senior Boys
- 9:45 - 10:45 Free Time - Concession
- 11:00 p.m. LIGHTS OUT

Wednesday - July 7th

- 7:30 a.m. Clean up / Pack up (bring gear to assembly area)
- 8:00 - 9:00 Breakfast (all gear has to be out of cabin by 9 a.m.)
- 9:00 - 10:30 Closing Assembly - Awards & Evaluation (parents welcome!)
- 10:00 camper pick-up

(schedule subject to change)

(concession stand will be open at some point each evening)

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2021 4-H Multi-County Camp

July 5-7, 2021

Lakeview Baptist Encampment

Lone Star, Texas

General Meeting

lower worship - middle room

Leather Craft

Windy Point (building near kayak)

Foods

lower worship - far room

Healthy Lifestyles

volleyball / gaga

ROPES

Zip Line - next to cabins

STEM

TBD

Archery

Gym/Soccer Field area



Explore 4-H!

2021 4-H Multi-County Camp
 July 5-7, 2021
 Lakeview Baptist Encampment
 Lone Star, Texas

Registration Form

FAMILY INFORMATION:

County: _____

Parent/Guardian Name(s): _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Emergency Contact Name & Phone #: _____

Email address: _____

CAMPER INFORMATION:

Camper #1 Child/Adult Name: _____ Male OR Female

Age: (current) _____ Birthdate: _____

T-shirt size: YOUTH - S M L ADULT - S M L XLG XXLG

Camper #2 Child/Adult Name: _____ Male OR Female

Age: (current) _____ Birthdate: _____

T-shirt size: YOUTH - S M L ADULT - S M L XLG XXLG

Camper #3 Child/Adult Name: _____ Male OR Female

Age: (current) _____ Birthdate: _____

T-shirt size: YOUTH - S M L ADULT - S M L XLG XXLG

Camper #4 Child/Adult Name: _____ Male OR Female

Age: (current) _____ Birthdate: _____

T-shirt size: YOUTH - S M L ADULT - S M L XLG XXLG

Fee: \$120.00 per person – adults & youth

Make Checks Payable to: 4-H Multi-County Camp – return forms & fees to your county Extension office

NON-REFUNDABLE – may be transferred to another youth (preferably same gender)

Lakeview Baptist Assembly
P. O. Box 0130 – Lone Star, Texas – Phone 903-656-3871
Medical Information/Consent/Agreement to Participate Church/Organization: 4-H

Participant's Last Name: _____ First Name: _____

Date of Birth: _____ Age: _____ Sex: _____

Address: _____
(Number & Street) (City & Zip Code)

Social Security Number: _____

Parent/Guardian Name(s): _____

Address: _____
(Number & Street) (City & Zip Code)

Relationship: _____ email: _____

Daytime Phone: _____ Cell Phone: _____

Emergency Notification

Name: _____ Relationship: _____

Home/Work Phone: _____ Cell Phone: _____

Medical Dr. Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

Insurance Company: _____

Name of Insured: _____ Policy # _____

Insurance Address: _____

Phone Number: _____

Sponsor allowed authorizing emergency care in lieu of Parent/Guardian:

Person permitted to take Participant from camp: _____

Grade Completed: _____

Please include any other information you think we need to know on an extra sheet of paper.

Medical Information

Allergies (List and Explain Reaction):

Check any conditions:

Diabetes ___ Epilepsy ___ Asthma ___ Heart ___ Chest Pain ___ Thyroid ___ Kidney ___ Dizziness ___ Back pain ___ Broken Bones ___

Bleeding Disorders ___ Operations ___ High Blood Pressure ___ Any Other Conditions

Explanation of the above: _____

List Any dietary or Physical Restrictions on separate sheet:

Are all immunizations current: Yes ___ No ___ Date of Last Tetanus Shot: _____

List Medications currently being taken: _____

I/we hereby authorize the camp nurse or camp director to administer all medication brought by participant. If a medical emergency should arise while the above listed camper is in attendance at Lakeview Baptist Assembly, I/we hereby authorize the camp nurse or camp director to provide care to the camper and/or transport the camper to a medical facility. I/we further authorize the health care provider of the medical facility to administer necessary medical and/or surgical care upon arrival at

the medical facility. I/we understand that camp officials will make a conscientious effort to locate the parent/guardian or the emergency contact listed on this document before any action will be taken. If it is not possible to locate the emergency contact listed, I/we will accept the expense of emergency medical and/or surgical treatment.

I/we give my authority and consent for Lakeview Baptist Assembly or camp nurse to treat my child for minor injuries and illnesses with the appropriate non-prescription medication.

AGREEMENT TO PARTICIPATE: ASSUMPTION OF RISK AND RELEASE OF LIABILITY

WHEREAS, THE UNDERSIGNED ("the PARTICIPANT") wishes to be accepted for participation in all activities conducted by LAKEVIEW BAPTIST ASSEMBLY & CONFERENCE CENTER, INC.

In consideration of, and for the right to participate in such an activity by LAKEVIEW BAPTIST ASSEMBLY & CONFERENCE CENTER, INC., its Directors, Officers, Trustees, Employees, Agents, and/or Associates, I/we have and do hereby assume all of the risks and any other ordinary risk incidental to the nature of the activity. Further, I/we will hold them harmless from any and all liability, actions, causes of action, debts, claims, and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss, medical bills, hospital bills, and doctor bills, or other wise, which the participant now has or which may arise from or in connection with participation in any other activities arranged for me by LAKEVIEW BAPTIST ASSEMBLY & CONFERENCE CENTER, INC., its Directors, Officers, Trustees, Employees, Agents, and/or Associates, and their heirs, executors, and administrators, successors and assigns and for all members of my family, including any minors accompanying me. I/we fully understand that my physical activity involves risk of injury. I/we also understand that my participation in any activity is entirely VOLUNTARY. I/we enter into this activity and take full responsibility for the decision to participate or not to participate and agree to follow all safety instructions.

AGREEMENT TO HAVE PHOTOGRAPH TAKEN:

I/we are aware of the fact that photos of my child or of myself may be taken during the week by camp staff, which may appear in future camp publicity. By signing this, I/we give permission to use these photos, aware of the fact that my child or myself WILL NOT be identified by name in any such photos. I/we hereby give permission to have my photograph taken. If this is unacceptable, I/we will so state that fact here by writing "NO" in the space provided. _____

Signature of parent/guardian (if participant under age 18)

Date of Signature

Signature of participant

Date of Signature

FOR ADULT SPONSORS ONLY (What is your responsibility while attending camp?)

Pastor/Staff Recommendation: I recommend this adult to be a responsible sponsor.
(Sponsor, camp director, recreational team)

Pastor/Staff Signature

Complete and present the consent below, signed by parent or legal guardian for administration of medication while the student attends camp at Lakeview

1. Bring the medication **IN THE ORIGINAL BOTTLE** (prescription or over-the-counter), properly labeled as prescribed by law
2. Present this form and the medication indicated on this form to the nurse upon arrival on campus and abide by his/her instructions for administration
3. If more than one medication is to be administered, a separate form is to be completed and signed for each medication

Medication Information For:

Name: _____ Birthdate: _____ Sex: ___ F ___ M

Church Group student came with: _____
(group name) (group city & state)

Name of Medication: _____

Purpose for Medication Use (allergies, asthma, antibiotic): _____

Form of Medication: _____ tablet/pill _____ capsule _____ liquid _____ inhalation _____ other (specify) _____

Dosage (amount to be given): _____ How Often/What Time: _____

Remarks/Special Instructions: _____

As the parent/legal guardian of the above child, I hereby give permission for the camp nurse/administration to administer this medication to my child.

 Parent/Legal Guardian Signature Phone Number – good for daytime & evening Date

FOR OFFICE USE ONLY

Please initial each dose & indicate time given – include notes/comments on back if needed

Day	Date	Time-Dose #1	Time-Dose #2	Time-Dose #3	Time-Dose #4
Sunday					
Monday	July 5, 2021				
Tuesday	July 6, 2021				
Wednesday	July 7, 2021				
Thursday					
Friday					
Saturday					

**Texas 4-H and Youth Development
2020-2021 Code of Conduct**



AND AUTHORIZATION FOR MEDICAL TREATMENT

I, participant (or participant's parent/legal guardian if participant is under 18 years old) _____, authorize my child(s) (listed below) full participation in **Multi-County 4-H Camp – July 5-7, 2021**, including related activities. I understand the activities are not without some inherent risk of injury. In consideration of my (my child's) right to participate in this activity I agree to release, waive, discharge, agree not to sue, and agree to hold harmless for any and all purposes **Camp Volunteers, Texas 4-H and Youth Development Program, Texas 4-H Youth Development Foundation, Texas Cooperative Extension, Texas A&M University, The Texas A&M University System and its Board of Regents, and their officers, employees, agents, and volunteers (Releasees)** from any and all liabilities, claims, or injuries, including death, that may be sustained while participating in this activity, including traveling to, from, and for the activity, or while on premises owned or controlled by Releasees, **including injuries sustained as a result of the negligence of Releasees**. I understand this release does not apply to injuries caused by intentional or grossly negligent conduct on the part of Releasees. I further agree to indemnify and hold harmless Releasees for any loss, liability, claim, or injury caused by me (my child) while participating in this activity, including traveling to, from, and for the activity, or while on premises owned or controlled by Releasees.

I also give my permission for me (my child) to receive any emergency medical treatment by a healthcare professional, including emergency medical transportation, which may be required for injuries sustained by me (my child.) I agree to indemnify and hold harmless Releasees for any costs incurred to treat me (my child), even if a Releasee has signed hospital documentation promising to pay for the treatment.

Participant's Name: _____

Participant's Signature _____ **Date:** _____
(18 or older)

Parent/Legal Guardian Signature _____ **Date:** _____
(younger than 18)

I agree to follow all instructions and procedures in order to maintain a maximum level of safety.

Participant's Signature: _____ **Date** _____

If the participant has medical insurance, please indicate the:

Insurance Company: _____

Policy Number: _____

Name of Primary Policy Holder: _____

State law requires you be informed of the following:

- (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law);
- (2) you are entitled to receive and review that information; and
- (3) you are entitled to have the information corrected at no charge to you.

During my 4-H involvement...

1. I am expected to attend all sessions that are part of the planned program for all activities. I will inform staff if I am not feeling well or have a schedule conflict.
2. I will dress appropriately to the occasion and adhere to any attire requirements stipulated for the event I am attending. 4-H members should be courteous and clean, and possess good manners.
3. Language must be controlled and appropriate for a 4-H member — I will not use language that is socially offensive.
4. Except for planned tours and outings, I will not leave an activity facility any time without permission of the chaperone and/or staff responsible for the event.
5. I will not smoke or use tobacco products, or be in possession of such products, at any 4-H program event.
6. I will not be in possession of, use alcohol or drugs (except those directed by a doctor), or be associated with or remain in the presence of others when they are being used.
7. I will not be in possession of, use, or threaten another person with a weapon, bodily force or language.
8. I will respect the rights of privacy of those attending an activity and those with whom I may be rooming.
9. I will observe hours established by the staff and be in my room. No boys in girls' rooms, no girls in boys' rooms.
10. I will avoid unnecessary roughness to room furnishings, furniture, equipment, etc. Towels, ashtrays, etc., are not to be taken as souvenirs. Occupants of a room or conveyance are financially responsible for any damage or results of misconduct.
11. Any participant at an official 4-H activity who observes a breach of the code of conduct has the responsibility and obligation to report the misbehavior to appropriate chaperones.

_____	_____
Date	Member Signature
_____	_____
Date	Parent/Guardian Signature

**Texas 4-H Youth Development
2020-2021 Media/Photograph Release**



I understand the photograph(s) or video or audio recording(s) taken of me by agents, employees or representatives of the Texas A&M AgriLife Extension Service and its Texas 4-H Youth Development Program (hereinafter called "the Agency") shall be used in connection with the Agency's dissemination of information by its public service and academic programs to the general public.

I hereby irrevocably authorize the Agency to copy, exhibit, publish or distribute any and all such images and audio of me or wherein I appear, including composite or artistic forms and media, for purposes of publicizing Agency programs or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my likeness appears.

I hereby hold harmless and release and forever discharge the Agency from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

_____ Date	_____ Member Signature
	_____ Printed Name
	_____ Street Address
	_____ City/State/Zip Code

(If the person signing is under age 21, there should be consent by a parent or guardian, as follows:)

I hereby certify that I am the parent or guardian of _____, the minor named above, and do hereby give my consent without reservations to the foregoing on behalf of this person.

_____ Date	_____ Parent/Guardian Signature
	_____ Parent/Guardian Printed Name