

4-H FAMILY CAMP

2024

MAY 31 – JUNE 2

Lindley G. Cook 4-H Camp
100 Struble Rd
Branchville, NJ 07826



Register by May 15th

Lindley G. Cook 4-H Camp

is located in Sussex County within Stokes State Forest. Lodging is in cabins with bunk beds and electricity. The bath house has hot/cold water, flush toilets, and showers.

There is a large dining hall, covered recreation area, craft barn, nature center, archery range, and beautiful Lake Shawanni.



4-H Family Camp Weekend

begins Friday evening with check-in, snack and welcome, and ends on Sunday at noon after breakfast and cleanup. There are LOTS of activities to choose from including:

- Boating
- Archery (grades 4+)
- Hiking
- Scavenger Hunt
- Games
- Torch March
- Arts & Crafts
- Campfire
- Fishing
- & More!

To Register

Submit 3 forms:

- Family Camp Registration
- NJ 4-H Event Permission Form for Youth (one per child)
- NJ 4-H Release/Agreement Form for Adults (one per adult)

Submit Payment:

The nonrefundable camp fee is \$65/person. This covers lodging, meals, snacks, and activities. Payment can be made online or by check. Financial assistance is available and confidential.

After registering, a confirmation email with more details will be sent.



For more information, contact
Jill Brochinsky:
jbrochinsky@co.somerset.nj.us
908-526-6644

Somerset County 4-H Family Camp Registration – May 31-June 2

Please complete this form with the names of all family members attending.

4-H Members _____ Age ____ Pronoun _____ Grade _____
_____ Age ____ Pronoun _____ Grade _____
_____ Age ____ Pronoun _____ Grade _____

Additional Children _____ Age ____ Pronoun _____ Grade _____
_____ Age ____ Pronoun _____ Grade _____

Adults _____ Pronoun _____
_____ Pronoun _____

Cell Phone(s) _____

Email _____

Total No. Attending _____ X \$65.00 Total Fee Submitted \$ _____

Financial assistance is available. Children under 3 are free.

Make checks payable to: **Somerset County 4-H Prep**, or pay online by clicking this link:

[Family Camp Payment 2024](https://www.paypal.com/ncp/payment/F9LMXUUAMY8PQ) (https://www.paypal.com/ncp/payment/F9LMXUUAMY8PQ)

4-H Club(s) _____

To facilitate cabin assignments, please check off the following:

_____ Female only cabin _____ Male only cabin _____ Multi-Family cabin

Will accommodate male or female only cabin if possible.

If possible, assign me/us in a cabin with:

_____ name(s) or club

List any dietary restrictions: _____

All forms and payments are due by: May 15, 2024.

Email: jbrochinsky@co.somerset.nj.us

In Person/Mail: Somerset County 4-H, 310 Milltown Rd, Bridgewater, NJ 08807

4-H Family Camp Payments

May be made online via PayPal, Venmo, Debit Card, or Credit Card
by clicking this link: [Family Camp 2024 Payment](https://www.paypal.com/ncp/payment/F9LMXUUAMY8PQ).

<https://www.paypal.com/ncp/payment/F9LMXUUAMY8PQ>

There is no additional fee for online payments.



In-person payments may be cash or check payable to:
Somerset County 4-H Prep.

Completed Forms

- Family Camp Registration
- NJ 4-H Permission Form for Youth (one per child)
- NJ 4-H Release/Agreement Form for Adults (one per adult)

may be emailed to: jbrochinsky@co.somerset.nj.us

or delivered to the Somerset County 4-H Office, 310 Milltown Rd, Bridgewater NJ 08807. They may be brought to the office (8:30 AM - 4:30 PM) or placed in the mail slot in the door (under the stairs) in the 4-H Center lobby during weekday evenings.

Forms and Payment are due May 15, 2024.

New Jersey 4-H Event Permission Form for Youth



Both sides of this form must be completed by all youth participating in overnight activities, field trips, events requiring group transportation, and any other events sponsored through the 4-H Youth Development Program where it is deemed necessary by the event coordinator(s) (paid 4-H staff and/or registered 4-H volunteer) responsible for the youth participants. The form should be submitted prior to the event. The form has five parts: (1) information about the participant and activity, (2) parental permission and liability release, (3) medical emergency authorization and health information, and (4) code of conduct and (5) media policy. *Be sure to complete all five parts and sign where requested!*

Information about the Youth Participant and Activity

Name of Youth participant: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone number: _____ Email Address: _____

4-H county: _____ Birthdate: _____ Grade: _____

Name of activity/event: _____

Name of 4-H group sponsoring or participating in this event: _____

Location of event: _____

Date and time of participation of individual named above: _____

Parent Permission and Release of Liability

I hereby give my son/daughter named above permission to participate in the event listed. Although Rutgers Cooperative Extension and its event coordinator(s) will use the utmost precaution in guarding the health of the above participant and preventing accidents, I release them and their Cooperating Agencies: Rutgers, The State University of New Jersey, U.S. Department of Agriculture, and Boards of County Commissioners, from any liability in case of illness or injury as a result of this activity. Furthermore, I release the owner and driver of the car transporting my child to and from the event, from any liability in case of illness or injury.

Sign Here 

Signature of parent or guardian: _____

Medical Emergency Authorization and Health Information

I authorize the event coordinator(s) to dispense the prescription drugs and/or over the counter medications listed below in accordance with the instructions provided on the label (prescription drugs) or below (over-the-counter medications). In case of sudden illness or an accident to the above named participant requiring immediate treatment or surgery while he/she is a participant in this activity, I authorize the 4-H chaperone(s) to take such action as seems appropriate to protect the health and physical well-being of the above participant. This authority extends to any physician(s) and/or surgeon(s) selected by the event coordinator(s) to perform medical and/or surgical procedures including examinations and tests necessary to preserve the health and physical well-being of the above named participant. All efforts will be made to contact the parent(s) or guardian(s) in case of emergency.

Name of parent/guardian **Phone number** **Name of additional emergency contact** **Phone number**

The following information is provided as an aid to the event coordinator(s) in dealing with the well-being of the participant. The participant has the following health conditions: (include allergies, handicaps, diabetes, pregnancy, asthma, medications needed, etc.).

Health conditions: _____

Medications/Instructions: _____

Health Insurance: Company Group# _____ ID# _____

Sign Here 

Signature of parent or guardian _____

Continued on other side

New Jersey 4-H Code of Conduct



The primary purpose of the New Jersey 4-H Code of Conduct is to ensure the safety and well-being of all participants at 4-H sponsored events and activities. It applies to all participants, with participants defined as 4-H members, their parents, and volunteers.

As a participant in the 4-H program, I will:

- **Conduct myself in a courteous manner and treat members, parents, 4-H volunteers, Extension staff, judges and others with respect. Appropriate language and behavior are expected at all times.**
- **Respect and adhere to the rules and guidelines of the 4-H program including all those specific to a 4-H event or activity.**
- **Uphold an individual's right to dignity by supporting an environment of inclusion which welcomes involvement of participants from all backgrounds.**
- **Accept supervision and support from county and state 4-H staff while participating in the 4-H program. This includes acceptance of supervision and support from appointed 4-H volunteers coordinating 4-H events and activities.**
- **Obey local, state and federal laws.**

Participants who fail to adhere to the New Jersey 4-H Code of Conduct are subject to a range of disciplinary actions. Such actions will be taken in compliance with the New Jersey 4-H Discipline Policy and Procedure. When appropriate, immediate corrective action will be taken at the 4-H event to ensure the safety and welfare of all participants.

I understand if I fail to adhere to the above Code of Conduct, I will be subject to disciplinary action and potentially prohibited from attending and participating in the New Jersey 4-H Youth Development program.

	_____	_____
	Signature of participant in event	Date
	_____	_____
	Signature of parent or guardian	Date

New Jersey 4-H Media Policy and Release

The 4-H program routinely promotes activities through various media. This includes, but is not limited to newsletters, newspapers, brochures, and displays. In doing so, the names and photos of members may be included to help tell the 4-H story. However, New Jersey 4-H policy is that on web sites, youth in photos will not be identified by name(s).

- No, do not use my individual picture for any purpose.** I will make an effort to avoid opportunities to be in group photos.
- No, do not use my name for any purpose.**

Revised: January 2013, December 2019, 2021, March 2023

Cooperating Agencies: Rutgers, The State University of New Jersey, U.S. Department of Agriculture, and Boards of County Commissioners. Rutgers Cooperative Extension, a unit of the Rutgers New Jersey Agricultural Experiment Station, is an equal opportunity program provider and employer.

New Jersey 4-H Release/ Agreement Form for Adults

Both sides of this form must be completed and signed by all adults participating in 4-H overnight activities, field trips, and events requiring group transportation where youth are present, or any other events sponsored through the 4-H Youth Development Program as determined by the event coordinator. The form should be submitted prior to the event.

Information about the Adult Participant and Activity

Name of Adult participant: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone number: _____ Email Address: _____

4-H county: _____ Have you gone through the appointed volunteer process? Yes No

Name of activity/event: _____

Name of 4-H group sponsoring or participating in this event: _____

Location of event: _____

Date and time of participation of individual named above: _____

Release of Liability

Although Rutgers Cooperative Extension and its event coordinator(s) will use the utmost precaution in guarding the health of all participants and preventing accidents, I release them and their Cooperating Agencies: Rutgers, The State University of New Jersey, U.S. Department of Agriculture, and Boards of County Commissioners, from any liability in case of injury as a result of this activity. Furthermore, I release the owner and driver of the car transporting me to and from this event, from any liability in the case of illness or injury.

 **Sign Here**

Signature of adult participant _____

Medical Emergency Authorization and Health Information

In case of sudden illness or an accident to myself requiring immediate treatment or surgery while I am a participant in this activity, I authorize the 4-H event coordinator or other adults present to take such action as seems appropriate to protect my health and physical well-being. This authority extends to any physician(s) and/or surgeon(s) selected to perform medical and/or surgical procedures including examinations and tests necessary to preserve my life and well-being. All efforts will be made to contact the individual named as my emergency contact above in case of emergency.

Name of emergency contact	Phone number	Name of additional emergency contact	Phone number
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The following information is provided as an aid to the event coordinator in dealing with my well-being. I have the following conditions (include allergies, handicaps, diabetes, pregnancy, asthma, medications needed, etc.):

Health conditions: _____

Medications/Instructions: _____

Health Insurance: Company Group# _____ ID# _____

 **Sign Here**

Signature of adult participant _____

Continued on other side

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Signature of participant

Date

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