

TO: Somerset County 4-H Teens Grades 8-13
FROM: Lisa Rothenburger, County 4-H Agent
RE: Somerset County 4-H Winter Camp, **February 3-5, 2023**
DATE: October 24, 2022



Here is what you need to know to join us for a fun-filled weekend with other 4-H'ers from Warren and Sussex Counties! Workshops, games, and challenges await you!

INFORMATION

ARRIVAL TIME AT CAMP: Between 8:00 p.m – 8:30 p.m., Friday, February 3, 2023

DEPARTURE TIME FROM CAMP: 11:00 a.m. Sunday, February 3, 2023

COST: \$80.00 (non-refundable) this includes transportation

Scholarships are available – Contact Lisa Rothenburger at (908) 526-6644 or rothenburger@njaes.rutgers.edu

TRANSPORTATION: We are offering a **bus service** for all participants. The bus will leave the 4-H Center Friday, **February 3 at 6:55pm**. It will pick up from camp on Sunday, February 5 at 11am and **return to the 4-H Center approximately 12 noon**. This cost is included in the camp fee.

APPLICATION PROCEDURE: Please **complete and sign the Event Permission** form and return it with your **check for \$80.00** (payable to the Somerset County 4-H) to the 4-H Office **by Friday, January 13, 2023**. Space is limited so return your application early!

WHAT TO BRING: 3 changes of warm layered clothing for winter outdoor sports, 2 pair of boots or waterproof shoes, sleeping bag, pillow, extra socks, towel, toiletries, pajamas, indoor games, etc.

Each person should bring:

- Fruit (bag of apples, bag of oranges, bunch of bananas, whatever)
- Baked goods **OR** chips **OR** candy to share (baked goods can be store bought)
- A reusable mug/cup for warm or cold drinks

We will provide all meals, coffee, tea, hot chocolate, water, milk, and juice .

Space is limited. First come, first serve so sign up early!

FACILITIES INFORMATION:

- The L.G. Cook 4-H Camp is located in Stokes State Forest in Sussex County, NJ.
- We will be utilizing the winterized bunkhouse, restrooms, and dining facilities.
- We will be doing all of our housekeeping **including** cooking and cleaning up after ourselves.

Enclosures: 4-H Event Permission Form/RCE Health Form/Directions to Camp/Application

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, (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 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 _____

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

**Rutgers Cooperative Extension Health Form
4-H Winter Camp 2023**

Name _____

Cell Phone _____

Guardian's Name _____ Day/Cell Phone _____

Guardian's Name _____ Day/Cell Phone _____

In case of emergency, list an alternate to be called if guardians cannot be reached:

Name _____ Cell phone _____

Current Health Information – please answer all questions:

1) Health Insurance Provider _____ Number _____

2) Doctor _____ Phone No. _____

3) Have you been sick, hurt, hospitalized since January 2022? Yes No

Describe, Date & Treatment _____

4) List all **food** allergies _____

5) List all other allergies (including Latex) _____

6) Can your child participate in all activities? Yes No

7) If any restrictions, please forward a doctor's statement to the nurse along with this form.

Date _____

Parent or Guardian's Signature

**Rutgers Cooperative Extension
Somerset County
4-H Winter Camp 2023**

Birth Name _____

Name you preferred to be called

Grade _____

Pronoun _____

Preferred cabin assignment Female Male

Cell phone _____



Date received _____

SOMERSET COUNTY WINTER CAMP WEEKEND
Transportation Information **IF NOT TAKING THE BUS**

L. G. Cook 4-H Camp
February 3-5, 2023

Please return this form **ONLY IF YOU ARE NOT TAKING THE BUS** by **January 13** with Event Permission slip and RCE Health Form .

Space for this weekend is limited, register early. Return to: Somerset County 4-H Office, 310 Milltown Road, Bridgewater, NJ 08807

Name _____ Grade _____

Telephone () _____ E-mail _____

TRANSPORTATION INFORMATION: A bus is being provided and included in the cost for camp. There are no refunds if you do not take the bus. **IF YOUR CHILD IS NOT TAKING THE BUS YOU MUST COMPLETE THIS FORM.**

I give my son/daughter permission to drive to the 4-H Winter Camp Weekend at the LG. Cook 4-H Camp (we **DO NOT** recommend this option, as it is very dark on Friday night driving to camp, and the kids are **VERY** tired on Sunday morning driving home from camp).

Parent's Permission required:

Parent's Signature

I will be driving my child to camp or carpooling with another family
Estimated arrival time at 4-H Camp _____
Families with whom you are carpooling _____

Parents email _____

Parent's cell number _____

Lindley G. Cook 4-H Camp

100A Struble Road

Branchville, NJ 07826

(973) 948-3550

Directions to Camp

Take Route 206 North all the way to Sussex County. Continue on Route 206 N. out of Newton to Ross's Corner at Augusta*

Or

Take 287 North to Route 80 West. Exit onto Route 15 North to 206 North at Ross's Corner in Augusta.*

- From Augusta: At this point, turn left and stay on Rt. 206 N. past Branchville and Culver Lake. Watch for the Stokes State Forest office sign on the right. Continue on Rt. 206 for a short distance. After you pass the Jumboland Diner, you will see a yellow sign for Coursen Road. Once you pass Coursen Road the next left turn will be Struble Road. Turn left (about half way down the hill) onto Struble Road. You will go past a Boy Scout Camp, vacation homes, and a lake on your left. At the fork in the road you will see the sign for L.G. Cook 4-H Camp. Bear right at the fork and slowly follow the road into camp.

