



# 4-H FAMILY CAMP

**JUNE 2 - 4, 2023**



Photo Credit: Mike Parker

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
- Hiking
- Games
- Arts & Crafts
- Fishing
- Archery (grades 4+)
- Scavenger Hunt
- Torch March
- Campfire
- & 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 (additional \$2 fee/person) 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 - June 2 - 4, 2023

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 \$ \_\_\_\_\_

Make checks out to: **Somerset County 4-H Prep** or click this link to pay online at: [4-H Family Camp Payment](#). There is a \$2/person fee for online payment. Children under 3 are free.

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 payment are due by: May 15, 2023.**

Email: [jbrochinsky@co.somerset.nj.us](mailto:jbrochinsky@co.somerset.nj.us)

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

# 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: \_\_\_\_\_

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## 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 \_\_\_\_\_

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## 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*

# 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

\_\_\_\_\_  
Date

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## 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.**
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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 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: \_\_\_\_\_

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## 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: \_\_\_\_\_

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## 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*



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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

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