

“Totally Outrageous Programs for Summer”

Rutgers Cooperative Extension of
Somerset County presents

TOPS Camp

June 27—July 1, 2022

at the Ted Blum 4-H Center
310 Milltown Rd, Bridgewater

For grades **1st—5th**



Outdoor Challenges...Workshops...Science Fun...
Healthy Snacks...New Games...New Friends...and More!

RUTGERS
New Jersey Agricultural
Experiment Station
• Cooperative Extension
Somerset County

\$300 for 5 Days
8:30 am—4:30 pm



The 4-H Youth Development Program is part of Rutgers New Jersey Agricultural Experiment Station Cooperative Extension. 4-H educational programs are offered to all youth, grades K-13 on an age-appropriate basis, with out regard to race, religion, color, national origin, ancestry, sex, sexual orientation, gender identity and expression, disability, atypical hereditary cellular or blood trait, marital status, civil union status, domestic partnership status, military service, veteran status and any other category protected by law. For additional information, contact: nj4h.rutgers.edu. Cooperating Agencies: Rutgers, The State University of New Jersey, U.S. Department of Agriculture, and Board of County Commissioners. Rutgers Cooperative Extension, a unit of the Rutgers New Jersey Agricultural Experiment Station, is an equal opportunity program provider and employer.

January 27, 2022

Dear Parents and Guardians,

Welcome to Rutgers Cooperative Extension of Somerset County's summer camp program, **TOPS (Totally Outrageous Program for Summer), June 27 – July 1, 2022**. We're delighted that your child(ren) will be joining us this summer. This packet contains the following information:

- Registration Form
- Health Form
- Medication Disbursement Form
- 4-H Event Permission Form
- What to Bring to Camp
- Directions to the Somerset County 4-H Center

Please return all forms when you register your child to 310 Milltown Road, Bridgewater, NJ 08807. Space is limited so register early. All forms must be in prior to June 1, 2022.

Children should be brought to the rear of the 4-H Center each day at **8:30 am** and picked up in the rear of the building promptly at **4:30 pm**. Parents or other authorized adult will be required to sign their child **"IN"** upon arrival and **"OUT"** when picking the child up each day. **Children will NOT be released to another adult without written permission. Anyone later than 4:40 will incur a \$2.00/minute late fee.**

Thank you. We look forward to seeing you at camp!

Sincerely,



Lisa Rothenburger
County 4-H Agent

4-H TOPS Camp Registration Form

June 27 - July 1, 2022



Registration Fee: \$300

Payment in full is due with application. Payment is fully refundable before April 15, 2022. Partial and full financial scholarships are available based on need. Scholarship forms can be downloaded at www.4HisTops.org. Scholarship applications are due May 6 and you will be notified in writing as to the amount awarded. Rutgers Cooperative Extension (RCE) educational programs are open and accessible to all. If special accommodations are needed, please contact us at 908-526-6644.

Each child brings their own lunch daily. We will supply snacks and water.
Children must be picked at 4:30 pm or charges will occur.

Please Print (form can be downloaded and completed on the computer)

HAS THIS CHILD ATTENDED TOPS CAMP BEFORE: YES NO

Name of Child

Last Name _____ First Name _____

Name on Nametag _____ Preferred pronoun _____ 4-H Member _____

Address _____

City _____ State _____ Zip _____

Parent or Guardian Name _____

Email _____

Parent phone _____

Child's Grade **COMPLETED** as of June 2022 _____ (child must have just completed grades 1-5 as of June 2022).

Child's Special Needs or Allergies (if any)

Enclosed is a check, made payable to Somerset County 4-H.

Here is my child's registration, I'm enclosing a Scholarship Application for consideration.

Mail to: **Somerset County 4-H Tops Camp, 310 Milltown Road, Bridgewater, NJ 08807**

Signature of Parent or Guardian
(Must be signed)

Date



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: TOPS CAMP 2022

Name of 4-H group sponsoring or participating in this event: RCE OF SOMERSET COUNTY

Location of event: 4-H Center 310 Milltown Rd, Bridgewater, NJ 08807

Date and time of participation of individual named above: June 27 – July 1, 2022 8:30 am to 4:30 pm

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
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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** _____ **Date** _____

 **Signature of Parent/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.**
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**Rutgers Cooperative Extension Health Form
4-H TOPS Camp 2022**

Camper's Name _____ Preferred pronoun _____

Street Address _____ Phone # _____

Mailing Address _____ Zip Code _____

Father's Name _____ Day/Cell phone # _____

Mother's Name _____ Day/Cell phone # _____

In case of illness, etc., list alternates in the area other than father and mother to be called:

Name _____ Phone # _____ Cell Phone _____

Name _____ Phone # _____ Cell Phone _____

Name _____ Phone # _____ Cell Phone _____

Medical Information – Please answer all questions.

1) Health Insurance Provider _____ Policy Number _____

2) Date of last Tetanus (DtaP) immunization (this is required to attend camp) _____

3) List all allergies (including Latex) _____

4) Doctor _____ Doctor Phone # _____

5) Has your child been sick, hurt, hospitalized since January 2022? Yes ___ No ___

Describe, Date & Treatment _____

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

Permission to Dispense Medication

Note: All medications/prescriptions will be given to our Rutgers Cooperative Extension Faculty.

Child's Name _____

Medication:

Brand Name of RX _____

Dosage _____

Frequency _____

Reason _____

How Given _____

Doctor's Name _____ Phone _____

Parent's Name _____ Phone _____

Parent's Signature _____ Date _____

Permission to Dispense Medication

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Child's Name _____

Medication:

Brand Name of RX _____

Dosage _____

Frequency _____

Reason _____

How Given _____

Doctor's Name _____ Phone _____

Parent's Name _____ Phone _____

Parent's Signature _____ Date _____

Directions to 4-H Center (310 Milltown Rd, Bridgewater, NJ)

From the Somerville Traffic Circle: Exit on Route 202 South toward Flemington. Go approximately 3 miles. Exit right on Milltown Road (jug handle before the light). Bear right on Milltown Road. 4-H Center is on the right.

From Route 287 North: Exit onto Route 22 West. Take jug handle turn off Route 22 West onto Milltown Road. Cross over Route 22 and go approximately 2 miles. The road will make a sharp bend to the right; you will go under a one-lane bridge. The 4-H Center is approximately 1½ miles on the left.

