Rockingham County 4-H

Summer Adventures

2012
Welcome to Rockingham County 4-H
Summer Adventures Program

This program is made possible by the Rockingham County 4-H, North Carolina Cooperative Extension and United Way of Rockingham County. **Activities are open to any youth in Rockingham County. You do not have to be a 4-H member to participate.** Please adhere to workshop descriptions, workshop limits, fees, dates, times, and age limits. All workshops are offered on a first come first serve basis, no registrations are accepted without payment. All fees are non-refundable.

Signing Up?
Complete the registration form, medical release and photo release forms (medical and media release are only needed if you are not a current 4-Her with a new completed notarized medical release as of 2012) and return with payment to the Rockingham County 4-H office as soon as possible to get a spot. We will have a waiting list for each program if they fill up.

Please make checks payable to: ROCKINGHAM COUNTY 4-H
Mail or drop off your registration forms at the Rockingham County 4-H office.

Cooperative Extension
Morgan Maness, 4-H Agent
525 NC 65, Suite 200
Reidsville, NC 27320

HURRY! HURRY! HURRY!
PLEASE REGISTER EARLY TO ENSURE
YOUR SPOT!!

Please contact the 4-H office with any questions at 336-342-8230.

***If you would like to volunteer to help with any of the workshops please contact the 4-H office to let us know, help would be greatly appreciated!

Please note:

*4-H scholarships can be used for these events, but please notify us that you are doing so.
*If a 4-Her signs up for a workshop and does not attend, the fees will still be deducted from their scholarship money.
*If your child does not follow the code of conduct and is asked to leave, fees will not be refunded.
****If the days are from 8am to 5pm - No children may be dropped off before 8am and must be picked up by 5:00pm - no exceptions so please do not even ask!!!!
****All youth must have attended kindergarten before coming to 4-H Summer Adventures!
PLEASE READ AND COMPLETE THE FOLLOWING FORM. THIS FORM MUST BE PRESENTED AT THE OFFICIAL REGISTRATION FOR THE 4-H SPONSORED EVENT BEING ATTENDED.

**4-H CODE OF CONDUCT**

This event or activity is operating under the 4-H Code of Conduct and Disciplinary Procedure. The NC 4-H Code of Conduct and Disciplinary Procedure ([http://www.nc4h.org/publications/forms/4-H_codeofconduct.pdf](http://www.nc4h.org/publications/forms/4-H_codeofconduct.pdf)) is a condition of participation in 4-H events and activities.

**Photographic, Video, Audio and Web Site Consent and Release**

(Please Circle)  I DO  (or)  I DO NOT

hereby consent and agree that North Carolina Cooperative Extension, North Carolina 4-H and Rockingham County 4-H staff have permission to take photographs and/or record video and/or audio of me and/or my property and to use these for 4-H Youth Development educational, promotional, and/or marketing materials. I further consent that my name and identity may be revealed therein or by descriptive text or commentary. I waive any rights, claims or interests I may have to control the use of my identity or likeness in the photographs, video or audio and agree that any uses described herein may be made without compensation or additional consideration to me.

**4-H MEDICAL RELEASE FORM**

4-H’ers Name_____________________________________

I. Medical Information

Known allergies to foods, drugs, insect stings or bites, etc:

____________________________________________________________________________________

Special medical concerns or conditions that event supervisors should know about, including contagious illnesses, epilepsy, asthma, diabetes, previous injuries to bones/joints, etc.:

____________________________________________________________________________________

List special dietary needs:

____________________________________________________________________________________

Medications currently being taken (name of medication, dose, and frequency:

____________________________________________________________________________________

Family Physician: Name ________________________________ Phone # (____) __________________
Address_____________________________________________________________________________

II. Insurance Information

The 4-H program purchases insurance for youth participants for many sponsored events. In some cases, this coverage will not pay for some medical expenses and it may be necessary to bill the family or your insurance company.

Health Insurance Company

____________________________________________________________________________________

Health Insurance Policy #

____________________________________________________________________________________

Company Address__________________________________________________________

Phone Company Telephone Number (____)_________________________________________
III.  
If you are a person with a disability and desire any assistive devices, services or other accommodations to participate in this activity, please contact Morgan Maness, 4-H office at 336-342-8230 during business hours of 8 a.m. and 5 p.m. to discuss accommodations at 2 weeks prior to the activity.

Signatures Acknowledging Parts I, II, and III  
Parent's/Guardian's Signature _____________________________________ Date:__________________

Participant's Signature: ____________________________________________ Date: _______________

Parent/Guardian telephone #: Home _______________________ Work #_________________________

IV. Informed Consent  
In the event that a participant needs minor medical care from 4-H or more significant medical care from a qualified health care provider, including in rare cases possible hospitalization and/or surgery, the parent/guardian is asked to sign the informed consent form below. In case of serious medical condition, 4-H will make every effort to notify the parents, but the first priority may be providing care to the participant.

Authorization to Consent to Health Care for Minor  
I, _______________________________________, of ________________________ County, am the custodial parent having legal custody of _______________________, a minor child, age ________, born ____________________________. I authorize any adult(s) acting as agents (including official volunteers) or employees of the Rockingham County 4-H program and in whose care the minor child has been entrusted, to do any acts which may be necessary or proper to provide for the health care of the minor child, including , but not limited to, the power (i) to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person for such health care, and (ii) to consent to and authorize any health care, including administration of anesthesia, X-ray examination, performance of operations, and other procedures by physicians, dentists, and other medical personnel except the withholding or withdrawal of life sustaining procedures. This consent shall be effective for one year from the date of the execution.

Custodial Parent Signature_____________________________________________Date____________

STATE OF NORTH CAROLINA  
COUNTY OF _________________________  
On this _________ day of ________________, 20___, personally appeared before me the said named, _______________________, to me known and known to me to be the person described in and who executed the foregoing instrument and he (or she) acknowledged that he (or she) executed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

My commission expires ________________________________________, 20_____.

Notary Public

(OFFICIAL SEAL)
2012 Rockingham County 4-H Summer Adventures

Registration form – one participant per form!
Return this form with Medical Release, Photo Release form (if needed) and registration fees to 4-H office.
(Please print clearly)

NAME:_________________________________ AGE: _____ BIRTHDATE: ______

RACE: _______________ GENDER: _________ T-SHIRT SIZE: _____________

ADDRESS:
___________________________________________________________________

EMAIL ADDRESS: _____________________________________________________
(we will send you Summer Adventures reminders via email if it is ok to do so)

(Parent(s) may be reached at)
MOTHER’S NAME: ________________________ WORK #: ____________________
HOME #: ____________________

FATHER’S NAME: ________________________ WORK #: _____________________
HOME #: ____________________

EMERGENCY CONTACT other than parent:
NAME: ________________________________ WORK #: _____________________
HOME #: ____________________

Please check off which workshops you wish to attend:

_____ Land Navigation Camp  _____ NC 4-H Congress  _FULL_ 4-H Investigates
_____ Robotics Camp  _FULL_ Discovering Differences
_____ 4-H Camp

Make checks payable to: Rockingham County 4-H
Total Cost Enclosed: __________
Scholarship Amount Used: __________
NOTES: Any events that are outside please bring close toed shoes, sunscreen, bug repellent and any sun protection items you will need! North Carolina state law requires that all children who are under age 8 and under 80 pounds ride in a properly used car seat or booster seat so if you sign your child up for an event that involves transportation, please bring the proper seat for your child.

Events Include:

**Land Navigation Camp:** DATE: June 4th - 7th TIME: 8am to 7pm (you may drop off as early as 7:30am and pick up prior to 7pm if you need to) AGE: 8 - 16 COST: $15 LOCATION: Meet and pick up at farm where camp will be held (451 Zeb Road, Gibsonville, NC) LIMIT: 80 SUPPLIES: comfortable shoes and clothes, sunscreen, bug repellant, camping gear if stay overnight INSTRUCTORS: Perry Graves, 4-H Impact Club volunteers
Breakfast, lunch, dinner and snacks will be provided to the youth. On the June 7th, the last day the youth and other family members can camp out at the farm, eat at the cookout that night and do land navigation under the stars. During the camp youth will learn about Land Navigation through compass, GPS, maps and terrain analysis.

**Robotics Camp:** DATE: June 11th - 13th TIME: 8am to 5pm AGE: 8-16 LOCATION: 4-H office LIMIT: 80 COST: $15 INSTRUCTORS: Morgan Maness, 4-H Agent, Perry Graves, 4-H Impact Club volunteers
Breakfast, lunch and snacks will be provided to the youth.
Youth will gain an understanding in the basic science concepts related to robotics. Youth will build skills in science, technology and engineering. Youth will be challenged to build robots from everyday house hold items. This camp is for youth who love science and love to design things!

**4-H Horsemanship Camp:** DATE: June 17th - 22nd LOCATION: Millstone 4-H Center AGE: 9 - 18 COST: $395 Do you want to take your horse to camp with you for a week? Find more information by calling the 4-H office or by going online: http://www.cals.ncsu.edu/an_sci/extension/horse/Webpages/NCSU_EHH_Horsemanship_Camp.html
An application has to be printed off and mailed to the NCSU Horse Husbandry.

**4-H Camp:** DATE: July 8th - 13th LOCATION: Betsy Jeff Penn 4-H Camp AGE: 8 - 14 COST: $390 You needed to have pre-registered, but if you are interested in attending, please call and we will see if we can get a spot!
At camp you will stay overnight in cabins and meet great friends. Campers have the opportunity to go canoeing, swimming, crafts and much more!
Cloverbud 4-H Camp at Betsy Jeff Penn: DATE: July 15th - 18th
LOCATION: Betsy Jeff Penn 4-H Camp AGE: 5 - 8 COST: $180 Designed for campers (and parents) not yet ready for the full week of a residential camping experience. The length of the stay is shorter, and the staff-to-camper ratio is greater. Of course, campers still participate in canoeing, swimming, archery, climbing wall, horseback riding, and environmental classes, as well as a host of evening programs. For more information about this camp go to: http://bjpenn4h.org/ or contact the 4-H office.

NC 4-H Congress: DATE: July 16th - 19th AGE: 13 - 18 COST: $250 Call the 4-H office for more information! Spend Congress housed in Raleigh at a hotel and attending workshops, dances, events at NC State University campus. Experience the democratic process electing State 4-H officer’s, enjoy workshops and social activities. Have to reserve spot no later than June 22!!

4-H Investigates: DATE: July 25th - 27th TIME: 8am to 5pm AGE: rising 6th, 7th, 8th graders LIMIT: 9 LOCATION: meet at 4-H office then we will go to field trips COST: $25 SUPPLIES: Wear closed toed shoes for our field trips INSTRUCTORS: Morgan Maness, 4-H Agent, other 4-H Agents in surrounding counties and guest speakers

Do you love shows like CSI and NCSI? Well if so this is the program for you. Participants will become detectives to solve a “murder” mystery. Solve this crime by exploring various techniques including: forensic anthropology, fingerprint analysis, impression analysis or tires and shoes analysis, blood spatter and DNA evidence. We will be traveling to Greensboro for the field trips. Transportation, lunch and snacks are provided. (Parents, be advised that field trips may include places such as county jail, a funeral home, animal diagnostic lab.)

Discovering Differences: DATE: August 1st - 2nd TIME: 8am to 5pm AGE: 8 - 18 LOCATION: Meet at the office. We will stay at the office the first day and then we will be traveling to Greensboro for the second day LIMIT: 9 INSTRUCTORS: Morgan Maness, 4-H Agent, other 4-H Agents in surrounding counties and guest speakers

Lunch and snacks will be provided to the youth. Youth will learn about different cultures around the world and also gain awareness about disabilities. Youth will get a chance to experience food, music and art from different cultures.