



Come Grow with Us!

2016 D5 4-H FCS Camp

June 28-30, 2016

Camp Gilmont

Gilmer, Texas

Dear Parents & Guardians:

We are so glad you decided to let your child(ren) join us for the 2016 D5 4-H FCS Camp! We know there are many opportunities when it comes to summer camps – and we thank you for choosing our D5 4-H FCS Camp! “Come Grow With Us!” is this year’s theme, and campers will grow in their knowledge of a variety of 4-H FCS projects & 4-H FCS Contests. Camp will be held at Camp Gilmont in Gilmer, TX on June 28-30th.

A \$125.00 (non-refundable) registration fee and all camp forms are due to the YOUR COUNTY EXTENSION OFFICE by Friday, May 27th. Make checks payable to your county.

SOME IMPORTANT POINTS TO SAVE YOU & CAMP VOLUNTEERS TIME & FRUSTRATION:

- ALL registration fees and forms are due by the stated deadline to YOUR county office as they also have a deadline to turn documents into camp committee.
- Be sure to read and sign required release forms. Both Youth and adults serving as volunteers must also complete the release forms.
- We are required to maintain an 8:1 ratio of adults to youth, so approved 4-H adult volunteers are welcome!
- Be aware of camp start and pickup times – ALL campers MUST be picked up by 3:00p.m. We will have a Family Closing Assembly at 2:30, so please plan to come for that.
- We will have an Extension “First Aider” who will be the liaison between our group and the Camp Gilmont staff nurse. ALL medications (prescription & non-prescription) MUST be in their original container, and dosage information must be listed on the camp medical release form. The camp nurse will dispense ALL medications. SUGGESTION: Camp Gilmont staff advised to only bring the amount needed during camp. Medications &/or containers will be returned at check-out.
- Special Accommodations: The D5 FCS Camp organizers strive to meet the individual needs of our campers. Please indicate any special needs on the registration/release forms. Especially Food allergies.
- Dress Code: Campers SHOULD wear comfortable clothing that follows the 4-H dress code. Athletic or tennis type shoes are preferred. NO flip-flops or open back shoes – camp is on a hillside with a lot of rocks, making these type shoes dangerous. Items NOT allowed – tops with spaghetti straps, halter type tops, shirts that reveal the midriff, excessively loose fitting pants/jeans, shorts must reach the tip of fingers, clothing advertising or referencing alcohol, drugs, violence or having a sexual content.
- Cell Phones: First, cell service is sketchy. Second, Phone calls to or from campers is discouraged as the calls tend to defeat a sense of independence and interrupt the camp environment. They also contribute to homesickness. Please do NOT send cell phones with your camper. Camp organizers, volunteers and Camp

Gilmont staff will NOT be responsible for loss or damage to electronic devices. We reserve the right to remove cell phones from campers. They will then be secured and turned off until camp ends.

- **EMERGENCIES:** Camp emergency numbers are: 903-797-6400 or contact your county office to relay a message to your county agent or supervising adult volunteer.
- **Appropriate behavior:** The Texas 4-H Youth Development Program recognizes that positive discipline teaches and encourages the healthy development of a child's self-esteem. The D5 4-H FCS Camp sets limits that are developmentally appropriate and consistently enforced. **Please review the code of conduct form with your camper.** Campers are asked to be respectful of each other's feelings and privacy. We have NO tolerance for bullying. (Bullying is "any intentional hurtful act, be it physical or mental.") We ask you to help us prevent bullying by talking with your camper before they come. It is important for the bullied child to speak out and let an adult know preferably while at camp. Please do not hesitate to contact your county agent if your camper waits until they get home to speak out.
- **D5 4-H FCS Camp suggests 5 things to help prepare for camp and avoid homesickness.** 1) Do not make a "pick-up deal – promising to pick them up if they feel homesick makes it worse. Instead, talk positively about camp and what they will experience. 2) Double-check the camp packing list – be sure clothes meet the guidelines & don't pack extra. 3) Spend practice time away from home – nothing builds confidence & teaches coping like spending time away from home in a familiar place. Leave things like pets & video games at home. 4) **Label everything!** Things get lost or misplaced. It is easier for camp volunteers to help find the lost item if it has a name/county on it. (We will be sharing the facility with another group, so please clearly mark it as 4-H!) 5) Check the times. Being late for pickup creates anxiety and may affect your camper wanting to return to camp next year.

Dorm assignments are by gender & county. However if your camper needs to room with someone (of the same gender) from another county, please note that on the registration form. We will make every effort to meet this request. We cannot guarantee the request, but we will do all we can to meet it. Daily group assignments are random. This allows the camper to meet other campers from other counties and bond with them during the day.

Camp is designed to allow your child to enjoy the true feelings of childhood. It is a time for them to build new friendships, create lifelong memories, learn from their peers and counselors, experience 4-H FCS projects and all the joys of camp! We look forward to providing your camper with an experience of a lifetime!

We look forward to having your camper join us for the 2016 D5 4-H FCS Camp!

IMPORTANT: All attending adults (volunteer and CEA's) are required to have taken and passed the "Child Protection Training" course prior to attending. This course can be accessed through your 4-H Connect profile.



Please note – registration is due to your county Extension office by May 27th.

Youth will need to be signed out by an adult – parent, volunteer or county agent.

ALL campers MUST be picked up by 3:00pm on Thursday – parents are encouraged to attend the closing presentation.

TO BE TURNED IN TO YOUR COUNTY EXTENSION OFFICE BY Friday, May 27th.

Forms: (All Of These Forms Are Required) – to be turned in with fees

Extension Waiver/Medical Form

Camp Health/Medical Forms

Code of Conduct Form

Registration Form

\$125 registration fee

THINGS FOR CAMPER TO BRING

1. Bedding:

Sheet & blanket - or - Sleeping bag

Pillow

2. Essentials:

Towels & wash cloths

Toiletries – shampoo, soap, toothbrush, etc.

Reusable Drink Bottle

Bug spray

Sun screen

Flashlight

Camera (any kind. If you have digital, we will prepare a slide presentation for the closing so please share)

Money for camp store – snacks

3. Clothing:

Comfortable walking shoes – sneakers preferred

Swimming suit/Beach Towel (females must wear a t-shirt over suit)

Shorts, t-shirts – clothing must meet 4-H guidelines (appropriate coverage, no inappropriate language, gestures, pictures or advertising)

4. Fun Items: (mark with your name & county name)

Card games/board games ~ Snacks ~ any props or materials for a Talent Show

5. Things Not To Bring! – VERY important

sandals/flip flops

cell phones – IF you bring one - leave in cabin (see information on page 2)

video games

CD Players/iPods/radios – except for use during variety show, if brought LEAVE in cabin until show time

fire works

Knives – any kind

water guns

EACH COUNTY NEEDS TO BRING:

1 adult/leader per 8 youth (same sex) - *Male chaperones are in high demand*

Sewing Supplies – sewing machines & supplies, rotary cutters, cutting boards (more details closer to the date)

OPTIONAL items for county to bring:

scissors, glue, tape, etc.

board games, soccer ball or basketball

variety show props – each county or cabin is encouraged to do a skit

If you have a question about something to bring – contact your county FCS Agent!



D5 4-H FCS Camp Schedule

(A more detailed schedule will be given at camp.)

2016 Camp Workshop/Topics

Cooking - Sewing - Etiquette/Manners
Junior Master Gardener - Container Gardening - 4-H FCS Contests

Come Grow with Us!

2016 D5 4-H FCS Camp

June 28-30, 2016

Camp Gilmont

Tuesday – June 28th

12:30 - 1:15	Registration @ Mackey Hall (curve right at the fork in the road/office)
1:30 - 2:30	"4-H Grows in Water"/Swimming
3:00 - 4:15	Camp Opening & Pledges (General rules & reminders/Meet Camp Gilmont Staff)
4:15 - 5:15	"Growing Safely"
5:30 - 6:00	Supper @ Dining Hall
6:00 - 7:30	Outdoor Activity @ Pavillion
7:30 - 9:30	"4-H Grows Inside You" @ Chapel in the Sky & Vespers (inspirational closing for the day)
10:00 - 11:00	Cabins – Plan 4-H Grows Talent
11:30	LIGHTS OUT

Wednesday – June 29th

7:30 - 8:30	Nature Walk with Master Naturalist David Skinner
8:30 - 9:00	Breakfast @ Dining Hall (& Announcements)
9:00 - 10:30	Workshop Session One (your name tag will give you the color for group rotation)
10:45 - 12:15	Workshop Session Two
12:30 - 1:15	Lunch @ Dining Hall
1:30 - 2:30	"4-H Grows in Water"/Swimming
3:00 - 4:30	Workshop Session Three
4:45 - 5:15	Growing Safely Session
5:30 - 6:00	Dinner/COOKOUT @ Fire Rings by Parking Lot
6:00 - 7:30	Outdoor Activity @ Pavillion
7:30 - 11:00	"4-H Grows Talent", other entertainment & Vespers @ Crane Center
11:00	LIGHTS OUT

Thursday – June 30th

7:30 a.m.	Clean up / Pack up Cabins (place items on your bunk for pick up later in the day)
8:30 - 9:00	Breakfast @ Dining Hall
9:00 - 10:30	Workshop FOUR
10:45 - 1:15	"4-H Grows FCS Contests" @ Mackey Hall
1:15 - 1:30	Lunch from Food Challenge recipes!
1:30 - 2:30	"4-H Grows FCS Contests & Agents Modeling Fashion Finds Under \$25
2:30 - 3:00	FINAL ASSEMBLY – Families Welcome!
3:00	Campers pick-up items from Cabins – THROW OUT TRASH!



D5 4-H FCS Camp Registration Form

Come Grow with Us!

2016 D5 4-H FCS Camp

June 28-30, 2016

Camp Gilmont

Gilmer, Texas

County: _____

Parent/Guardian Name(s): _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Emergency Contact Name & Phone #: _____

Email address: _____

1st Child/Adult Name: _____ Male OR Female

Age: (current) _____ Birthdate: _____

T-shirt size: YOUTH - S M L ADULT - S M L XLG XXLG

2nd Child/Adult Name: _____ Male OR Female

Age: (current) _____ Birthdate: _____

T-shirt size: YOUTH - S M L ADULT - S M L XLG XXLG

3rd Child/Adult Name: _____ Male OR Female

Age: (current) _____ Birthdate: _____

T-shirt size: YOUTH - S M L ADULT - S M L XLG XXLG

4th Child/Adult Name: _____ Male OR Female

Age: (current) _____ Birthdate: _____

T-shirt size: YOUTH - S M L ADULT - S M L XL 2XL

Fee: \$125.00 per person – adults & youth

Make Checks to: _____ (your county 4-H program) & return forms/fees to your county Extension office

NON-REFUNDABLE – may be transferred to another youth (preferably same gender)

MEDICATION INFORMATION

Complete and present the consent below, signed by parent or legal guardian
for administration of medication while the student attends camp.

1. Bring the medication **IN THE ORIGINAL BOTTLE** (prescription or over-the-counter), properly labeled as prescribed by law.
2. Present this form and the medication indicated on this form to the nurse upon arrival on campus and abide by his/her instructions for administration.
3. If more than one medication is to be administered, a separate form is to be completed and signed for each medication.

Medication Information For:

Name: _____ Birthdate: _____ Sex: ____ F ____ M

Church Group student came with: _____
(group name) (group city & state)

Name of Medication: _____

Purpose for Medication Use (allergies, asthma, antibiotic): _____

Form of Medication: ____ tablet/pill ____ capsule ____ liquid ____ inhalation ____ other (specify) _____

Dosage (amount to be given): _____ How Often/What Time: _____

Remarks/Special Instructions: _____

As the parent/legal guardian of the above child, I hereby give permission for the camp nurse/administration to administer this medication to my child.

Parent/Legal Guardian Signature

Phone Number – good for daytime & evening

Date

FOR OFFICE USE ONLY

Please initial each dose & indicate time given – include notes/comments on back if needed

Day	Date	Time-Dose #1	Time-Dose #2	Time-Dose #3	Time-Dose #4
Sunday					
Monday					
Tuesday	June 28, 2016				
Wednesday	June 29, 2016				
Thursday	June 30, 2016				
Friday					
Saturday					

Texas 4-H and Youth Development

RELEASE, WAIVER, AND AUTHORIZATION FOR MEDICAL TREATMENT

I, participant (or participant's parent/legal guardian if participant is under 18 years old) _____, authorize my child(s) (listed below) full participation in the **D5 4-H FCS Camp June 28-30, 2016**, including related activities. I understand the activities are not without some inherent risk of injury. In consideration of my (my child's) right to participate in this activity I agree to release, waive, discharge, agree not to sue, and agree to hold harmless for any and all purposes **Camp Volunteers, Texas 4-H and Youth Development Program, Texas 4-H Youth Development Foundation, Texas Cooperative Extension, Texas A&M University, The Texas A&M University System and its Board of Regents, and their officers, employees, agents, and volunteers (Releasees)** from any and all liabilities, claims, or injuries, including death, that may be sustained while participating in this activity, including traveling to, from, and for the activity, or while on premises owned or controlled by Releasees, **including injuries sustained as a result of the negligence of Releasees**. I understand this release does not apply to injuries caused by intentional or grossly negligent conduct on the part of Releasees. I further agree to indemnify and hold harmless Releasees for any loss, liability, claim, or injury caused by me (my child) while participating in this activity, including traveling to, from, and for the activity, or while on premises owned or controlled by Releasees.

I also give my permission for me (my child) to receive any emergency medical treatment by a healthcare professional, including emergency medical transportation, which may be required for injuries sustained by me (my child.) I agree to indemnify and hold harmless Releasees for any costs incurred to treat me (my child), even if a Releasee has signed hospital documentation promising to pay for the treatment.

Participant's Name: _____

Participant's Signature _____ **Date:** _____
(18 or older)

Parent/Legal Guardian Signature _____ **Date:** _____
(for those members younger than 18)

I agree to follow all instructions and procedures in order to maintain a maximum level of safety.

Participant's Signature: _____ **Date** _____

If the participant has medical insurance, please indicate the:

Insurance Company: _____

Policy Number: _____

Name of Primary Policy Holder: _____

State law requires you be informed of the following:

(1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.

**Texas 4-H and Youth Development
2015-2016 Code of Conduct**



During my 4-H involvement...

1. I am expected to attend all sessions that are part of the planned program for all activities. I will inform staff if I am not feeling well or have a schedule conflict.
2. I will dress appropriately to the occasion and adhere to any attire requirements stipulated for the event I am attending. 4-H members should be courteous and clean, and possess good manners.
3. Language must be controlled and appropriate for a 4-H member — I will not use language that is socially offensive.
4. Except for planned tours and outings, I will not leave an activity facility any time without permission of the chaperone and/or staff responsible for the event.
5. I will not smoke or use tobacco products, or be in possession of such products, at any 4-H program event.
6. I will not be in possession of, use alcohol or drugs (except those directed by a doctor), or be associated with or remain in the presence of others when they are being used.
7. I will not be in possession of, use, or threaten another person with a weapon, bodily force or language.
8. I will respect the rights of privacy of those attending an activity and those with whom I may be rooming.
9. I will observe hours established by the staff and be in my room. No boys in girls' rooms, no girls in boys' rooms.
10. I will avoid unnecessary roughness to room furnishings, furniture, equipment, etc. Towels, ashtrays, etc., are not to be taken as souvenirs. Occupants of a room or conveyance are financially responsible for any damage or results of misconduct.
11. Any participant at an official 4-H activity who observes a breach of the code of conduct has the responsibility and obligation to report the misbehavior to appropriate chaperones.

Date

Member Signature

Date

Parent/Guardian Signature

**Texas 4-H Youth Development
2015-2016 Media/Photograph Release**



I understand the photograph(s) or video or audio recording(s) taken of me by agents, employees or representatives of the Texas A&M AgriLife Extension Service and its Texas 4-H Youth Development Program (hereinafter called "the Agency") shall be used in connection with the Agency's dissemination of information by its public service and academic programs to the general public.

I hereby irrevocably authorize the Agency to copy, exhibit, publish or distribute any and all such images and audio of me or wherein I appear, including composite or artistic forms and media, for purposes of publicizing Agency programs or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my likeness appears.

I hereby hold harmless and release and forever discharge the Agency from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Date

Member Signature

Printed Name

Street Address

City/State/Zip Code

(If the person signing is under age 21, there should be consent by a parent or guardian, as follows:)

I hereby certify that I am the parent or guardian of _____, the minor named above, and do hereby give my consent without reservations to the foregoing on behalf of this person.

Date

Parent/Guardian Printed Name

Parent/Guardian Signature



Assumption of Risk & Release Affidavit

Texas Health Department, ACA Health/Wellness Standards

Name of Event: _____ Dates: _____

*With my signature below, I certify that I have been informed and made aware that during my/my child's stay at Presbyterian Camps of Gilmont, also known as Camp Gilmont, certain risks and dangers may occur. These risks include, but are not limited to: hazards that arise from being in a wilderness area, the forces of nature, and participation in activities near or in water and/or other camp activities, arranged by the camp or the group leader. To allow participation in the activities organized and conducted, Camp Gilmont wishes to make known there is inherent risk in many of the programs offered. These activities include but are not limited to: swimming, hiking, hay rides, boating, athletics and, **Challenge Course/Zip Line***

The low ropes section of the Challenge Course involves supervised participation in the elements, including wooden platforms, boards, wires or other objects that may be 1 to 20 feet off the ground, or high elements such as the Zip Line, which may be 30 or more feet off the ground. These elements require group participation, and participants must use safety harnesses, helmets, and a rope belay system that is attached to the instructor.

Mountain Biking

The mountain biking program involves supervised participation outdoors, on trails in wooded areas, steep and rocky areas, and open field areas. Helmets are required to ensure safety.

Archery

The archery program involves supervised participation outdoors in an open field, with clearly marked safety buffers around it, and backstops behind each target area. The range has clearly marked shooting lines.

If applicable, please check which special program(s) you will participate in. ***Each program requires prior reservation; this shall serve as a permission/release of liability form only.*** I confirm that I am/my child is completely healthy (both physically and emotionally) and capable of participating in:

_____ Challenge Course/Zip Line _____ Mountain Biking Program _____ Archery

The signature on this document shall serve as permission for participation, and the release and assumption of risk. In consideration of my willingness to engage/allow my child to engage in any above described or various other activities, I, the undersigned assume ordinary risks involved due to the nature of the activities and do hereby hold Presbyterian Camps at Gilmont, Inc., also known as Camp Gilmont, its officers, directors, agents, employees and volunteers, harmless from any and all claims, liabilities, suits, actions, causes, damages or losses and demands of every kind and nature whatsoever, including without limitation, all costs and attorneys fees, which may arise from emotional or physical injury, including fatality, from or in connection with my/my child's stay, or participation in activities at Camp Gilmont. The terms hereby shall serve as a release and assumption of risk for me, my heirs, executors, administrators and for all members of me/my child's family.

In case of accident or illness, the cost of medical care is the financial responsibility of the ill or injured person or parent or legal guardian. I have listed on the Permission to Treat Form for Minors or the Health and Emergency Information Form for Adults, any medical condition that Camp Gilmont should be aware of which may hinder my/my child's participation in the program(s). However, I understand that it is solely my responsibility to determine whether there is any medical reason that I/my child should not participate in the program(s). I also state that I am not under, and will not be under, the influence of any chemical substance, including alcohol. Further, I understand that I am responsible for cost incurred for transportation home in the event of illness, discipline problem, or failure to adhere to camp procedures.

PHOTOGRAPHIC OPT OUT:

_____ Initial here if you DO NOT permit Gilmont and Leadership taking photos/video of you/your child for promotion and presentation purposes. (Gilmont staff will not use names in publicity).

Print Full Name of Participant

Signature / Parent Guardian Signature

Date

Your email if you would like to receive monthly updates from Gilmont: _____

Revised 2/25/2015

