



2024 Summer Camp Wahsega 4-H Center



Who? 9th – 12th graders!

When? June 24 - 28 **or** July 1-5

What? The best week of your LIFE

Where? Wahsega 4-H Center
(Dahlonega, GA)

Cost? \$410

What will we do at 4-H camp?

Hike awesome trails, canoeing, archery, grab a snack or souvenir at the Canteen, meet new friends, learn about snakes, wildlife, lake ecology, and more, Wednesday night Variety Show, dances, games, recreation, and HAVE THE BEST SUMMER EVER!!

How do I sign up?

Come see us at the office, Monday-Friday from 8 AM- 5 PM! Remember, the office will close for lunch from 12 PM – 1 PM.

What do I bring to sign up?

Bring your deposit of \$75.00 to hold your spot. Registration forms are at the 4-H Office (127 William Bowen Pointe)!

Checks made payable to: Sumter County Extension/ 4-H

Payments can be made to: Sumter County Extension/4-H

P.O. Box 1027

Americus, GA 31709

(Please call and notify us that there is a check in the mail)

Important Dates:

➤ *March 1, 2024*
Scholarship Applications Due

➤ *March 7, 2024*
Deposit and Registration Form Due
to hold your spot for camp.

➤ *May 10, 2024*
Camp balance due

Refund Policy

Refunds will only be given for the following reasons: 1) there is a doctor's note excusing camper due to illness/injury, 2) there is a death in the immediate family, and 3) other extenuating circumstances will be handled on a case-by-case basis by the Georgia State 4-H Office. Requests for a refund must be made in writing by the week of camp. No refunds will be made until the end of the 2024 camping season (after July). Refunds will not be given for "no-shows" or early departures due to homesickness or discipline problems.

In the promotion of healthy camp environments, if campers are ill or have a known or suspected exposure to COVID-19 prior to arrival at camp, they will need to cancel their registration and are eligible for a full refund (including deposit). Georgia 4-H will continue to monitor the COVID-19 pandemic and its impacts. If it is determined that any week of camp has to be canceled or rescheduled, campers are eligible for a full refund (including the deposit).

If you have any questions, please contact

Sumter County Extension/4-H

127 William Bowen Pointe

Americus, GA 31719

229-924-4476

sumter4h@uga.edu

www.ugaextension.com/sumter



UNIVERSITY OF GEORGIA
EXTENSION



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2024 Senior Summer Camp

Wahsega 4-H Center



4-H'ers Information

Name: _____ Age: _____ Grade: _____ Gender: _____

School: _____ Address: _____

Can you swim? Yes No

T-shirt size (Adult sizes)? XS S M L XL

Select your week of Camp:

June 24 – June 28

July 1 – July 5

Primary Parent/Guardian Information

Name: _____ Cell Phone #: _____

Email Address: _____

Secondary Parent/Guardian Information

Name: _____ Cell Phone #: _____

Email Address: _____

If the 4-H'er has allergies, require a special diet, or any other special needs, please explain.

Early Dismissal from Camp Agreement

In an effort to have all parties involved with camp prepared in the case of a disciplinary event, illness, or exposure to COVID-19, the parent or guardian will be responsible for picking their 4-H'er up if they are notified to do so. By signing the registration form, you are confirming that in the event of an early camp dismissal, you will be responsible for providing transportation for your camper.

Parent Initials: _____

I _____ (parent/guardian) understand that this application and a \$75.00 non-refundable deposit are due to the Sumter County 4-H office during camp registration. The remaining balance will be due before or on March 7, 2024. I understand that if this balance is not paid by the deadline my child may lose his/her camp spot. I have read and understand the refund policy (page 2):

Parent's Signature _____ Date: _____

For Office Use Only:

Amount Paid: _____ Date Paid: _____ Received By: _____

GEORGIA 4-H CODE OF CONDUCT

4-H'ers Name: _____	County _____	
Address: _____	Phone _____	
School: _____	Grade: _____	Year: _____

BEHAVIOR STANDARDS

The Georgia 4-H Code of Conduct is valid for one year and applies to all activities coordinated through Georgia 4-H.

- 4-H'ers are expected to attend all sessions as part of a planned program exhibiting positive character and behavior including (but not limited to) trustworthiness, responsibility, respectfulness, caring, citizenship and fairness.
- 4-H'ers are expected to be responsive to the reasonable requests of leaders and respectful of the needs for their personal safety and the safety of others.
- 4-H'ers should dress appropriately, use appropriate language and respect the rights of others.
- 4-H'ers may not behave recklessly or in a manner which prohibits others from participating in the program in the manner intended.
- 4-H'ers may have access to technology at UGA/CES offices and facilities. Technology use is for educational purposes. 4-H'ers may not access inappropriate websites or materials.
- Realizing these guidelines are not "all inclusive" the University of Georgia Extension staff and volunteers reserve the right to make adjustments to these policies.

CONSEQUENCES OF MISBEHAVIOR

4-H'ers and adults who observe a breach in the Code of Conduct must report the misbehavior to the appropriate leader. The leader will complete an incident report and determine the next steps regarding the incident.

If 4-H'ers are found participating in actions listed below, during 4-H events, law enforcement or other legal authorities may be notified and may lead the review and consequences related to the incident. In these incidents, 4-H'ers may be removed from the event and suspended or expelled from future 4-H participation. These behaviors may include, but are not restricted to:

- Possession or use of illegal drugs
- Possession or use of a weapon
- Assault or harassment
- Inappropriate sexual behavior

4-H'ers who participate in these actions outside of the program may also be removed, suspended, or expelled from future 4-H participation.

If the 4-H'er is found participating in the actions listed below, 4-H leaders may be notified and may lead the review and consequences related to the behavior. 4-H'ers misbehaving will have the opportunity to explain their actions to leaders in charge of the activity and may request a review board. The person coordinating the event may also convene a review board for the purposes of determining what has occurred and what disciplinary action should be taken. A review board will consist of one Extension faculty or staff member, two volunteers and three 4-H members. The Extension faculty member coordinating the event will serve as chairperson. In some cases, incidents are deemed serious and may be referred to law enforcement or other legal authorities.

If the 4-H'er receives consequences from the leader or through the review process, his/her parents/guardians may be notified; the 4-H'er may be sent home at the parents' expense and may be suspended from participation in 4-H events. Suspensions may be up to one year. If a 4-H'er wishes to appeal the decision of the review board, the 4-H'er must appeal in writing through the County Extension office. Appeals must be filed within 10 days of notification of the disciplinary action. The appeal is sent to the Program Development Coordinator of the 4-H member and the State 4-H Leader for ruling by the State 4-H Leader. Following any disciplinary review, the person coordinating the activity will provide written notification to the appropriate parties including but not limited to the 4-H'er, his/her parent/guardian and his/her county Extension faculty member.

- Breaking curfew or disturbing the peace
- Unexcused absences from the activities or premise of an event
- Unauthorized use of vehicles during the event
- Reckless or inappropriate behavior
- Use of foul or offensive language
- Possession or use of alcohol or tobacco
- Possession or use of e-cigarettes or other vaping devices
- Breach of the 4-H Code of Ethics
- Remaining in the presence of those who are breaking the 4-H Code of Conduct
- Theft, misuse or abuse of public or personal property
- Possession of fireworks
- Distribution, misuse, or abuse of over-the-counter, homeopathic, including supplements and vitamins, or prescription medications

PARENT/GUARDIAN & 4-H'er AGREEMENTS Release Waiver of Liability and Covenant Not to Sue

I have read the Georgia 4-H Code of Conduct and agree to participate fully in all aspects of program activities. I understand the standard of behavior and agree to maintain such during 4-H programming.

4-H'ers Signature

Date

I have reviewed the Code of Conduct and agree to all of its provisions. For the sole consideration of the Cooperative Extension Service's arranging for participation in 4-H programming, I hereby release and forever discharge The University of Georgia, the Board of Regents of the University System of Georgia, their members individually, and their officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind that I may have, either on my own behalf or in my capacity as a legal representative of my child, arising from or in any way connected with my child's participation in 4-H. I further covenant and agree that for the consideration stated above I will not sue the Institution, the Board of Regents of the University System of Georgia, its members individually, its officers, agents or employees for any claim for damages arising or growing out of my child's participating in the program. I understand that the acceptance of this Release, Waiver of Liability, and Covenant not to sue the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or part, of sovereign immunity by said Board, its members, officers, agents, and employees. I certify that my child is participating in 4-H with my knowledge and consent. I have read and understand all of the above policies. I also give permission my child's images, likeness, and voice to be used by the Board of Regents of the University System of Georgia by and on behalf of the University of Georgia in print or electronic form.

Parent/Guardian Signature

Date

Phone

VALID FOR ONE 4-H PROGRAM YEAR (AUGUST 1 - JULY 31)

Revised MAY 2021



Georgia 4-H Medical Information & Release Form
This form should be completed prior to each 4-H event.



EVENT: _____ Date(s) of EVENT: _____

4-H'ers Information

Name _____ County _____

Address _____

Date of Birth _____ Grade _____ Gender _____ Preferred Phone _____

Parent/Guardian Information

Name: _____ Preferred Phone: _____ Alt. Phone: _____

Email Address: _____ Text: _____

Name: _____ Preferred Phone: _____ Alt. Phone: _____

Please list the names of two adults other than parent/guardian who may be contacted in case of emergency.

Name: _____ Preferred Phone: _____ Alt. Phone: _____

Name: _____ Preferred Phone: _____ Alt. Phone: _____

Medical Information

*The following information is requested in case of accident or illness to better treat your child.
The information is optional and not required for participation.*

Name of Physician: _____ Phone: _____

Date of Last Physical Examination: _____ Drug Allergies: _____

Other Allergies: _____

Describe any recent illness or injury: _____

Describe any pre-existing conditions: _____

Describe any other circumstances that would help leaders or medical professionals in working with the 4-H'er: _____

PARENT/GUARDIAN AGREEMENT:

I understand that should a health problem arise, I will be notified but that if I cannot be reached by telephone, such medical treatment, including surgery, as deemed necessary by competent medical personnel could be rendered; that such necessary information may be released for insurance purposes. Furthermore, I am aware that participation in 4-H programming includes risk including, but not limited to, transportation to/from events, sports and recreational games, ropes courses, water activities, hiking, as well as risks that are not foreseeable. Risks also include exposure to contagious diseases and communicable illnesses, including but not limited to COVID-19. For the sole consideration of the Cooperative Extension Service's arranging for participation in 4-H programming, I hereby release and forever discharge The University of Georgia, the Board of Regents of the University System of Georgia, their members individually, and their officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind that I may have, either on my own behalf or in my capacity as a legal representative of my child, arising from or in any way connected with my child's participation in 4-H. I further covenant and agree that for the consideration stated above I will not sue the Institution, the Board of Regents of the University System of Georgia, its members individually, its officers, agents or employees for any claim for damages arising or growing out of my child's participating in the program. I understand that the acceptance of this Release, Waiver of Liability, and Convent not to sue the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or part, of sovereign immunity by said Board, its members, officers, agents, and employees. I certify that my child is participating in 4-H with my knowledge and consent. I have read and understand all of the above policies. I hereby grant permission for my child's images, likeness, and voice to be recorded in any media during this program and to be used by the University of Georgia and Georgia 4-H on behalf of the Board of Regents of the University System of Georgia in any publications, media, or technology now known or hereby developed in the future for any lawful purpose whatsoever without further permission from me. I understand I will not be compensated further for use of these recordings.

Parent/Guardian Signature
5/2021

PLEASE COMPLETE BOTH SIDES

Date

Over the Counter & Prescription Medication Summary



4-H'ers Name _____ County _____

Parent/guardian should list any over-the-counter medication that may be given to the 4-H'er in case of illness. In addition, list any/all medication routinely taken by the 4-H'er including prescription and over the counter medications.

Check Yes or No to indicate if you allow your child to receive the following medications while participating in 4-H programming.

1. Administration of Acetaminophen (Tylenol ®) or Ibuprofen (Motrin ® or Advil ®) at an age appropriate or weight appropriate dose for discomfort, pain, or fever
Yes No *** Parent/Guardian will be contacted if student's fever is 100° F or higher.
2. Antacid liquid or Antacid tablets for indigestion/minor stomach discomforts and at an age appropriate dose
Yes No
3. Diphenhydramine (Benadryl®) for symptoms of allergic reactions, insect stings, or rashes at an appropriate dose
Yes No
4. Sore throat relief spray for sore throat
Yes No
5. Cough Drops for coughing
Yes No
6. Itch and rash relief cream/ointment for minor skin irritations
Yes No
7. Lubricating eye drops for eye irritations
Yes No
8. Oral pain relief gel for tooth/mouth discomfort
Yes No
9. Triple antibiotic ointment for minor skin abrasions/wounds
Yes No

Please list any prescription, over-the-counter, or homeopathic medications your child is currently taking. This information is necessary if your child is to be treated by a medical professional. Examples: Claritin, vitamins, etc. If the following medication should be administered during this event, complete the Georgia 4-H Medicine Form. Any medications brought to a program must be in its original container, unexpired, and clearly labeled with the 4-H'ers name. Youth may not share any medication with others.

All medications should be turned in to program/activity leaders at the program start and should accompany a Georgia 4-H Medicine Form. Any exceptions to this (such as an inhaler for asthma or an epi-pen for allergic reactions) must be verified with a 4-H staff member prior to the event.

Medication	Condition being treated for

I am the parent/guardian of _____ and give permission for the medications listed to be administered as directed. By signing below, I am agreeing the information is currently correct. I agree to notify 4-H immediately in writing should any of this information change. I also understand that I will be notified if my child distributes or shares any prescription, over-the-counter, or homeopathic medication, or if my child is found to be in possession of any medications not listed on this form.

Parent/Guardian Signature

Date



Georgia 4-H Medicine Form

This form should accompany any medication to be given at an event.

Name of 4-H'er: _____

County: _____ Date(s): _____

Activity where medication may be administered:

Please list any medication(s) your child will be taking while at the above event. (Attach additional page if necessary).

Name of Medication: _____

Illness/condition medication is being taken for: _____

Date(s) medication is to be given: _____ Time: _____

Describe what the medication looks like? _____

Describe dosage and special instructions: _____

My child will be taking the above noted prescription or over-the-counter medication that I am providing while they are involved in the above activity. I understand that any medications brought to a program must be in its original container, unexpired, and clearly labeled with the 4-H'er's name.

Parent/Guardian Signature: _____ Date: _____

To be completed by administering leader

Date	Time	Leader initials	4-H'er initials	Notes

Georgia 4-H Medicine Form – Additional Page – Name of 4-H'er: _____



Name of Medication: _____

Illness/condition medication is being taken for: _____

Date(s) medication is to be given: _____ Time: _____

Describe what the medication looks like? _____

Describe dosage and special instructions: _____

My child will be taking the above noted prescription or over-the-counter medication that I am providing while they are involved in the above activity. I understand that any medications brought to a program must be in its original container, unexpired, and clearly labeled with the 4-H'er's name.

Parent/Guardian Signature: _____

To be completed by administering leader

Date	Time	Leaders initials	4-H'ers initials	Notes

Name of Medication: _____

Illness/condition medication is being taken for: _____

Date(s) medication is to be given: _____ Time: _____

Describe what the medication looks like? _____

Describe dosage and special instructions: _____

My child will be taking the above noted prescription or over-the-counter medication that I am providing while they are involved in the above activity. I understand that any medications brought to a program must be in its original container, unexpired, and clearly labeled with the 4-H'er's name.

Parent/Guardian Signature: _____

To be completed by administering leader

Date	Time	Leader initials	4-H'er initials	Notes