

## REGISTRATION FORM: 2021 Summer Themed Day Camps

Register early! Registrations taken on a first-come, first-served basis. Registration is due Friday, July 2.  
Please fill out the registration form and health history form for each youth.

**Camper's Name:** \_\_\_\_\_

**Grade completed during 2020-2021 School Year:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**4-H Member:** Yes / No      **Gender:** M / F      **Ethnicity:** Hispanic / Non-Hispanic

**Race:** \_\_White \_\_Black \_\_American Indian/Alaskan Native \_\_Native Hawaiian/Pacific Islander  
\_\_Asian \_\_More than one race \_\_Prefer not to state

**Parent/Guardian:** \_\_\_\_\_ **Daytime Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

***Please list who will be picking up your child from the day camp(s):***

\*The individual who picks up your child must show a picture ID to verify that it matches the name listed below. If this information changes after you submit your registration, please contact our office to let us know of the change.

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

	<b>Day Camps: (Please select all you are registering for)</b>	<b>4-H Member Cost</b>	<b>Non 4-H member Cost</b>	<b>Amount Due</b>
<input type="checkbox"/>	Farm Wisconsin Discovery Center (grades 3-6) Wednesday, July 21	<b>\$20.00</b>	<b>\$20.00</b>	
<input type="checkbox"/>	Farm Wisconsin Discovery Center (grades 7-13) Wednesday, July 21	<b>\$30.00</b>	<b>\$30.00</b>	
<input type="checkbox"/>	Brillion Nature Center Thursday, July 22	<b>\$10.00</b>	<b>\$15.00</b>	
<input type="checkbox"/>	Gearbox Labs, Inc. Friday, July 23      Device: _____	<b>\$25.00</b>	<b>\$50.00</b>	
		<b>Total Amount Enclosed:</b>		

Make check payable to: Calumet County 4-H Leaders Council  
Mail to: UW-Extension, Attn. 4-H, 206 Court Street, Chilton, WI 53014

*Submission of this registration form and fee, implies consent for the University of Wisconsin-Extension to publish my child's image for educational programs, websites, and promotion of University programs.*

## 2021 Day Camp Options:

### Farm Wisconsin Discovery Center

Open to youth grades 3-13

**Wednesday, July 21**

**Time:** 9:00 am - 4:00 pm

**Location:** Farm Wisconsin Discovery Center, 7001 Gass Lake Rd, Manitowoc, WI

Grades 3 - 6, Cost: \$20

Grades 7 - 13, Cost: \$30

\*25 spots available in each group



Spend the day exploring the wonders of Wisconsin agriculture at the Farm Wisconsin Discovery Center.

4-H Day will expose attendees to all areas of our state's diverse agriculture community. The day will include time to explore the discovery center's 10,000 square feet of interactive exhibit space, a chance to visit the Land O'Lakes Birthing Barn (and potentially see a calf being born!), and a bus trip to the Grotegut Dairy Farm.

Additionally, 4-Hers will dive deeper into their learning through several hands-on STEM labs. Labs will be tailored to each age group (grades 3-6 and grades 7+) and focused on experiential learning. Does a strawberry have DNA? How fast does a calf's heart beat? What does the skeleton of a pig look like? We'll spend time exploring the answers to these questions and more.

Youth in the older track will have the chance to connect with an instructor from Lakeshore Technical College and walk through potential career pathways in agriculture. We'll touch on many different industries, including artificial insemination, nutrition, and business management.

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### Brillion Nature Center - Outdoor Survival

Open to youth in grades 3-6

**Thursday, July 22**

**Time:** 9:00 am - 4:00 pm

**Location:** Brillion Nature Center, W1135 Deer View Rd, Brillion, WI

**Cost:** \$10 members; \$15 non-members

20 spots available



This activity-packed program focuses on plant, animal, and human wilderness survival. Activities include shelter and fire building techniques that provide practical experience and illustrate ecological concepts. Youth will also learn how to read a compass, which is a great outdoor survival skill to have!

## Friday, July 23 - Gearbox Labs, Inc. - Introduction to Programming

### - Coding and Engineering Light Displays, Robots, and Sound Machines

Open to youth in grades 6-13

**Time:** 9:00 am - 4:00 pm

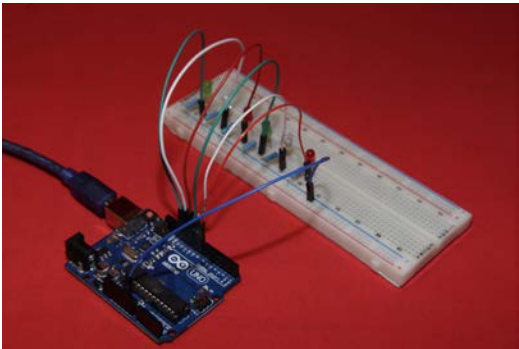
**Location:** Calumet County Courthouse, Room #025, 206 Court Street, Chilton, WI

**Cost:** \$25 members \$50 non-members

25 spots available

\* There is an additional fee if the youth would like to take the kit home. That cost is an additional \$35. These details can be mailed to participants prior to the workshop, and the decision can be made the day of. We do ask participants to bring their own device, and please note on your registration what device you will be bringing to the program. Extension does have a handful of devices youth can use if they do not have their own. Devices could be PC, laptop, chrome book, or a mac.

Join Gearbox Labs for a day of building, coding, and innovating different devices that control lights, buzzers, servos from a robot and more. Learn the basics of coding and engineering to have machines run your code. Explore electronics using an Arduino Uno and coding in C++ to make everything work. This all day workshop will present 4 projects (or more) where you will build and code your own devices. Learn how engineers pick the parts they need for different machines and learn the coding language used by NASA to launch spaceships to Mars, used by many video game companies and even Google uses C++ for its maps to make sure you get to where you want to go.



# Gearbox Labs

## **What to Bring to Day Camp:**

Mask & Hand Sanitizer

Bag Lunch

Layers appropriate for the weather of the day

Refillable water bottle Insect repellent and sunscreen\*

Backpack/Bag (labeled)—to tote all items

Close toed shoes

\*\*Dress your child for a day of outdoor fun. Please do not send your child's best clothing/shoes, as camp activities are outside and rugged. All items should be clearly labeled with your child's full name.

**Snacks** - All day camps will include at least one snack, which will be provided by the program. The snack will be prepackaged. To help us in planning, please make sure to list any allergies on the youth health form included in the Day Camp registration.

**Lunch** - We are asking that each camper bring a bagged lunch with them that does not need to be put in a refrigerator. Each youth should have their lunch labeled with their first and last name.

**Water bottles** - All youth are required to bring their own water bottle labeled with their first and last name. We will encourage campers to drink plenty of water throughout the day as we hope to have summer weather during these programs.

**Bug spray & Sun screen** - We encourage campers to come with bug spray and sunscreen applied before the start of camp. Youth may bring along their own bug spray and sunscreen; but the youth will also be responsible for applying more throughout the program. If a youth brings their own, please label it with their first and last name.

**Health History Form** - In order to keep your camper safe and healthy, we need a signed Health History form each year.

**Transportation** - Parents are responsible for transporting their youth to and from the camp location each day. Please designate an adult to pick up your child and have their name and contact information filled out on the registration form. The individual who picks up your child must show a picture ID to verify that it matches the name listed below. If this information changes after you submit your registration, please contact our office to let us know of the change.

**Pick-up** - Campers can only be picked up by someone listed on their registration form and carrying their photo ID. If you need to add an authorized pick up or change a pick-up location, camp needs that in writing. Campers must be checked out with a Camp Staff member at the designated table for Checking Out between 4-5 pm. If your camper needs to leave earlier in the day, please notify our office prior to the day camp.



UW-MADISON EXTENSION

# 2020-2021 Youth Event Health Form

Event Name: Calumet County 4-H Themed Day Camp

Dates: July 21, 22, 23, 2021

Youth Name: \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_ Age on 1<sup>st</sup> day of event \_\_\_\_\_ Sex:  Male  Female

Custodial Parent/Guardian (or spouse) \_\_\_\_\_ E-mail address: \_\_\_\_\_

Phone Numbers: Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home address: \_\_\_\_\_  
Street City State Zip

Second parent/guardian and/or emergency contact: \_\_\_\_\_ Phone: Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Yes	No	Health Conditions (check)	Yes	No	Allergies (check)	List specifics
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Insect stings	
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Foods	
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Medications	
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>	Other	
<input type="checkbox"/>	<input type="checkbox"/>	Cognitive/Developmental	<input type="checkbox"/>	<input type="checkbox"/>	Do any allergies require an EPIPEN injection?	
<input type="checkbox"/>	<input type="checkbox"/>	Any dizziness, light-headedness or fainting associated with exercise within the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Is insulin required and carried by youth?	
<input type="checkbox"/>	<input type="checkbox"/>	Any unexplained, rapid or irregular heart beat within the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Is an inhaler required and carried by youth?	
<input type="checkbox"/>	<input type="checkbox"/>	A physician has sometime denied or restricted participation in sports due to a heart problem.	Date of last Tetanus booster: (mm/dd/yy)			

Name of Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

### Medications camper will be taking during event/camp:

Medication #1	Reason	Dosage (mg)	Times of day given	Prescribing Physician & Phone Number

Describe side effects (mood/behavior changes, upset stomach, diarrhea):

List any special instructions or additional information regarding the medication that would be helpful to the health care staff:

**UW – Madison Extension  
Youth Event Health Form (Continued)**

Participant Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Medication #2	Reason	Dosage (mg)	Times of day given	Prescribing Physician & Phone Number

Describe side effects (mood/behavior changes, upset stomach, diarrhea):

List any special instructions or additional information regarding the medication that would be helpful to the health care staff:

Medication #3	Reason	Dosage (mg)	Times of day given	Prescribing Physician & Phone Number

Describe side effects (mood/behavior changes, upset stomach, diarrhea):

List any special instructions or additional information regarding the medication that would be helpful to the health care staff:

**Programs may have limited over-the-counter medications available. Select medications that can be administered, if available.**

Acetaminophen (Tylenol):       Yes       No

Hydrocortisone (anti-itch) cream:  Yes       No

Benadryl:  Yes       No

Ibuprofen:  Yes       No


Accommodations
Does the youth require an accommodation to participate in this event? Please describe:
Please describe any limitations or restrictions regarding the youth's participation:
Is there any other information you want to share?

# CONSENT FOR MEDICATION ADMINISTRATION AND MEDICAL TREATMENT

## TO THE PARENT(S) OR LEGAL GUARDIAN:

If your son, daughter, or ward will be under the age of 18 while participating in a University of Wisconsin – Madison Division of Extension event/camp/program, it is event/camp/program policy to secure your consent for medication distribution and for the use of medical devices. The medication or medical device must be administered by designated event/camp/program health staff with the exception that a limited amount of medication for life-threatening conditions may be carried and administered by my son/daughter/ward (i.e. bee sting kit, inhaler, insulin syringe).

It is event/camp policy to secure your consent for medication distribution and for the use of medical devices by signing below. Please check all that apply:

Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	Medication(s) has been brought to event/camp.	
<input type="checkbox"/>	<input type="checkbox"/>	Prescription medication(s) has been brought to event/camp. All prescription medication must be in the original medicine bottle and labeled with the youth participant's name, doctor's name, medication name, dosage, prescription number, date prescribed, and instructions. Also, information about any prescription medications must be provided in writing to event/camp health staff with the information requested in the later section of this form.	
<input type="checkbox"/>	<input type="checkbox"/>	Over-the-counter medications have been brought to event/camp and may be administered by event/camp health staff as needed. All over-the-counter medications must be labeled with the youth participant's name, medication name, dosage and instruction.	

If your son, daughter, or ward will be under the age of 18 years while at the event/camp, it is our policy to secure your consent for **all of the following**. By signing below,

- I am giving my consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
- I am stating that I am aware of and accept the risk inherent in the program activity.
- I attest that all information on this form is correct and up-to-date, and that I will provide any and all significant material, and important changes to any information in this form to event/camp staff no later than check-in.
- I agree to hold harmless and indemnify the Board of Regents of the University of Wisconsin System, and the University of Wisconsin – Madison Division of Extension, their officers, agents, and employees from any and all liability, loss, damages, costs, or expenses which are sustained, incurred or required arising out of the actions of my son, daughter or ward in the course of the event/camp.

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**Participant Name (Please Print)**

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**SIGNATURE OF PARENT OR LEGAL GUARDIAN**

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**Date**

**This is the approved health form for 4-H events and camps.**



## Youth Expectation Agreement

### Dear Parent and Youth:

Calumet County 4-H Programs provides a positive learning experience for youth. Their health, welfare and positive development is our most important consideration.

Because youth represent a large number of families from a wide variety of backgrounds and family customs, we want to be sure that we have common expectations. Parent or guardian and youth are to read and discuss the following expectations:

1. Youth should be responsible and sufficiently mature to conduct themselves at all times in an appropriate manner. Youth are expected to respect the rights of others to hear speakers and others during the programs.
2. Youth are to participate in the scheduled activities related to their staff positions while at the camp experience.
3. Youth will abide by the safety and behavior guidelines of the Calumet County 4-H Summer Camp Program.
4. Youth will accept that responsible behavior includes no possession or use of alcohol, tobacco and nonprescription drugs and weapons before, during or after this camp experience.
5. Youth will not leave Summer Theme Camp area without consulting the leader in charge.
6. Youth will abide by the camp policy that no food/candy, cell phones, and radios/music players be brought to camp.
7. Youth will refrain from participating in initiation ceremonies, hazing, harassment, and other behaviors that involve humiliation or embarrassing another person. Such activities will not be tolerated.

**I agree to meet these expectations.**

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Youth Signature

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Date

**I understand and agree with the camp guidelines that my son/daughter/ward has agreed to. If the agreements are broken, I understand that it is my responsibility as a parent to provide transportation home for my son/daughter/ward.**

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Signature of Parent/Legal Guardian

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Date