

Counselor Permission to Participate - 2024 Fairfield County 4-H Camps

I give permission for my child (name) _____ to participate in Fairfield County 4-H Camp(s) at Alley Park /Tar Hollow State Park on:

(select dates) _____ **June 4-6** _____ **June 8** _____ **June 30-July 3** _____ **July 7-10**

Activities involved in camp will include living in a cabin on a hill; sharing bathroom facilities with other campers on the hill; sleeping in bunk beds; canoeing and swimming in a pond; nature hikes; playing volleyball, basketball, relay races and other recreational games; campfire activities; and dances. Attending camp may lead to contact with individuals who are experienced and inexperienced in the above-mentioned activities. I also understand that participation in this activity is strictly voluntary and not a requirement for 4-H membership.

I am aware, and have discussed with my child, that:

- A. Being in and around water, woods, and participation in camp activities may cause clothing to become wet, dirty, and beyond cleaning and/or repair;
- B. While in a canoe, my child may be involved in a collision with another canoe, person, or object in the water;
- C. Hiking may give rise to risk of injury arising from the surface or subsurface of the ground on which the hiking occurs;
- D. Participation in sporting/recreational events may give rise to injury as a result of collisions with another individual or sudden falls;
- E. Other participants may act in a negligent manner which otherwise may result in harm to my child;
- F. Swimming in a pond may lead to injury caused by slippery surfaces, contact with other swimmers and/or objects in the water.

I recognize that the above-mentioned activities and potential resulting risks may cause injury, death, drowning, or loss to participants or other persons in the immediate vicinity.

I understand that my child is not required to participate in this activity but grant permission for him/her to do so, despite the possible risks. I recognize that by participating in this activity, as with any physical activity, my child may risk personal injury. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

Fairfield County 4-H Camp Rules

1. Report all sickness & injuries to the nurse at once.
2. No swimming or canoeing when the lifeguard is not present.
3. Shoes must be worn at all times (except when showering, sleeping or swimming).
4. No running on trails or hills.
5. Respect others and their property. Use language and manners that are respectful.
6. No fighting.
7. Remain in your own cabin. No one is permitted on hills during program, recreation, campfire, etc. time. No one is permitted on a hill other than their own.
8. Everyone must be in their cabin and quiet by lights out, and remain there until 6:30 a.m. Quiet hours are from lights out until 8:00 a.m. If you are someplace other than in your cabin, the bathroom, or the nurse's station after lights out, you will be sent home.
9. A raised hand means to listen. When you see someone with a raised hand, you also raise your hand, be quiet and listen for instructions. Be quiet when appropriate and help keep campers quiet.
10. State law prohibits possession of alcohol, drugs, fireworks, and firearms at the state park. Tobacco products are also not permitted at camp. Anyone in possession of such items will be immediately sent home. The park ranger will also be notified.

I understand and have explained to my child the behavior that is expected during their participation in the Fairfield County 4- H Camp. I also understand and have explained to my child that not following the above stated rules may require them to call me to explain their behavior and pick them up from camp.

Signed _____
(Parent/Guardian)

Date _____

Signed _____
(Counselor)

Date _____