



**2022 4-H CAMP**  
*(Camp without the overnight)*  
 Rock River Christian Camp, Polo, IL  
 June 14, 15, & 16, 2022

**Mail completed packet to:**

U of I Extension – Ogle County  
 421 West Pines Road, Suite 10  
 Oregon, IL 61061

**University of Illinois Extension**

**Boone, Carroll, DeKalb, Jo Daviess, Lee, Ogle, Stephenson, Whiteside and Winnebago Counties**

*4-H Camp is open to youth, ages 8–14 by June 14, 2022. 4-H membership is NOT required to participate.*

**Camp Fee Schedule:**

Register by May 2.....**\$70 / day**

Register for just 1 day for \$70.

Register for 2 days for \$140.

Register for all 3 days for \$210.

***Campers will need to be dropped off by 9 a.m. and picked up by 8 p.m. each day.  
 Parents/Guardians will NOT be permitted to stay.***

**Camp Fee for three days Includes:**

- Meals (2 meals per day)
- Canteen/Snack (1 snack per day)
- Camptivities and supplies

**Cancellations & Refunds**

Upon receipt of a written request for cancellation, a refund will be made as stated below:

\*Cancellations made before June 1, 2022 will be entitled to a full refund.

\*Cancellations made on or after June 1, 2022 will result in the loss of the entire camp fee.

Camp is being planned following the Illinois Department of Public Health guidelines. If Ogle county restrictions change and result in the cancellation of 4-H Camp, all money will be refunded.



**Illinois Extension**

UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN

College of Agricultural, Consumer & Environmental Sciences

University of Illinois \* U.S. Department of Agriculture \* Local Extension Councils Cooperating

University of Illinois Extension provides equal opportunities in programs and employment.

If you need a reasonable accommodation to participate in this program, please contact the Ogle County Extension Office at 815-732-2191. Early requests are strongly encouraged to allow sufficient time for meeting your access needs.

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# 4-H CAMP CONSENT FORM

## Please Print.

Camper's Name: \_\_\_\_\_ County: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

I, \_\_\_\_\_ (parent/guardian), give my son/daughter \_\_\_\_\_ permission to attend and participate in 4-H Camp at Rock River Christian Camp on June 14, 15 and/or 16, 2022. I insure that I will:

- a) Review the contents of this document and the guidelines outlined in the **4-H Code of Conduct** with my child, prior to bringing him/her to camp.
- b) Provide a complete **Assumption of Risk Form** for my son/daughter.
- c) Provide a complete **Zip Line/High Ropes Course Release Form** for my son/daughter.
- d) Provide a complete **4-H Camp Medical Information Form** for my son/daughter.
- e) Understand that I will drop off and pick up my child each day they are registered for camp.

I understand that my child will be involved in a rustic residential camping experience that includes:

- a) Hikes and exploring plants, insects, and animals in wooded areas.
- b) Participation in activities including, but not limited to archery, games, and arts and crafts.
- c) Inherent risks, such as sunburn, insect bites and poison ivy.

University of Illinois Extension conducts 4-H Camp in cooperation with the owners and staff of RRCC. Together, Extension and RRCC Staff work to provide a safe, educational, enjoyable experience characterized by the following:

- a) Campers are supervised at all times by screened, trained staff.
- b) Camp registration includes supplemental accident insurance.
- c) A first-aid staff person is on duty 24 hours a day. He/she will be in charge of administering all medications to campers based on the directions provided by parents/guardians in the medical forms submitted prior to or during camp check-in.
- d) The facilities are approved by the county and state health departments.

All campers and staff are expected to:

- a) Be honest and trustworthy in all words and actions.
- b) Show respect for self, for others, and for property.
- c) Accept responsibility for their share of the chores and for their actions as a camper.
- d) Treat others fairly.
- e) Be kind and caring to others, and treat others as they would like to be treated.

As the camper's parent/guardian, I understand that:

- a) The **4-H Code of Conduct** will be followed throughout camp. This means that I may be required to remove my child from camp if he/she shows a blatant disregard for the rules set therein.
- b) Everyone must wear protective footwear at all times – no sandals.
- c) Swimming will take place at scheduled times when lifeguards are on duty!! NO ONE will be allowed to enter the water unless the lifeguards are on duty and say that it is okay to enter the water.

- d) Campers should stay out of restricted areas (e.g. staff quarters, the kitchen, etc.)
- e) Campers will be under the direct supervision of 4-H Camp Counselors at all times. Additionally, RRCC and Extension staff will be on-site at all times.
- f) 4-H Camp Counselors will have completed intensive, comprehensive training directed by the Extension staff in the co-sponsoring counties and the professional staff at RRCC. That training will have covered a wide variety of topics including specific steps for carrying out risk management strategies and emergency procedures during camp.
- g) During check-in, parents/guardians bringing campers to camp will be required to identify the individual (and one alternate individual) who is permitted to pick each camper up during check-out. The named individual will be required to show photo identification at check-out. He/she should also be prepared to gather the camper's medications from the first aid person (if applicable) and check the lost-and-found.
- h) Campers will not be permitted to call home or accept phone calls during camp unless there is an emergency. Campers are absolutely prohibited from having cell phones in their possession during camp week.

**PARENT/GUARDIAN CONSENT:**

I have read and understood the expectations, rules, activities, and risks of 4-H Camp.

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

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**PHOTO RELEASE**

Photos and videos help us tell the story of Northern IL 4-H Camp. We value your privacy. We don't identify youth by name in print or when posting to social media. The legal notice below indicates that possibility, but we choose not to identify individual youth without further consent. We want to assure you the photos are preserving memories for our campers through the slide show, social media, and promotion. If you still have reservations agreeing to this release, indicate below.

**PARTICIPANT AGREEMENT**

*I grant the University of Illinois Extension 4-H Youth Program, irrevocable permission to record and/or disclose my child's identity, image, and voice arising out of documenting 4-H youth programs and to use, reproduce and distribute such in whole or in part in video and/or sound recordings, films, photographs, transparencies, webpages, social media, local news media or any other media for any purpose on behalf of the University and Extension without compensations to me and without any right for me to inspect or approve of the finished photograph, video, or audio recordings or other recordings.*

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

Date: \_\_\_\_\_



## 4-H Code of Conduct and Consequences

The opportunity to participate in or attend 4-H activities is a privilege and not a right. All 4-H participants – youth, families, volunteers, and Extension staff – who participate in or attend any activity or event sponsored by the University of Illinois Extension 4-H Youth Development Program are expected to uphold the values of the Illinois 4-H program and conduct themselves according to the following standards. These standards also apply to online 4-H activity, including social media and internet presence.

1. **Create a Welcoming Environment for All.** Encourage everyone to fully participate in 4-H. Recognize that all people have skills and talents that can help others and improve the community. Though we will not always agree, we must disagree respectfully. When we disagree, try to understand why. Our first priority is to create a safe, inclusive space for learning, sharing and collaboration that is welcoming to people from diverse backgrounds, cultures, and perspectives. Diversity includes, but is not limited to: race, color, religion, political beliefs, national or ethnic origin, immigration or citizenship status, sex, gender identity and expression, transgender status, sexual orientation, age, marital or family status, educational level, learning style, pregnancy, physical appearance, body size, and individuals with disabilities.
2. **Bring Your Best Self.** Conduct yourself in a manner that reflects honesty, integrity, self-control, and self-direction. Accept the results and outcomes of 4-H contests with grace and empathy for other participants. Accept the final opinions of judges and evaluators. Be open to new ideas, suggestions, and opinions of others.
3. **Obey the Law.** Commit no illegal acts. Do not possess, offer to others, or use alcohol, illegal drugs, or tobacco products, which include e-pens, e-pipes, e-hookah, e-cigars, JUULs, vapes, vape pens or other electronic nicotine delivery systems. Do not possess or use weapons or firearms except as expressly permitted as part of supervised 4-H shooting sports programming. Do not attend 4-H activities under the influence of alcohol or illegal substances.
4. **Honor Diversity – Yours and Others’.** Respect and uphold the rights and dignity of all persons who participate in 4-H programs.
5. **Create a Safe Environment.** Do not carelessly or intentionally harm or intimidate anyone in any way (verbally, mentally, physically, or emotionally). Do not engage in romantic displays or sexual activities in either public or private situations. Be kind and compassionate toward others. Do not insult, harass, or bully others or engage in other hostile behaviors. Be considerate and courteous of all persons and their property.
6. **Be a Team Player.** Work cooperatively with all individuals involved in 4-H programs and activities. Be responsive to the reasonable requests of the person in charge. Respect the integrity of the group and the group’s decisions.
7. **Humane Treatment of Animals.** Treat animals humanely and teach 4-H youth to provide appropriate animal care.
8. **Participate Fully.** Participate in and contribute to planned programs, be on time and follow through on assigned tasks/responsibilities in a manner that fosters the safety, well-being, and quality of the educational experience for self and others. Have fun!
9. **Watch What You Wear.** Use good judgment. Wear clothing suited for the activity in which you will participate. Dress in a manner that is respectful to yourself and others. Clothing that displays or promotes violence, obscenity, illegal activities, discrimination, or intimidation is prohibited. Do not wear revealing clothing, such as short skirts or shorts, midriff-baring tops, or anything showing undergarments.
10. **Be a Positive Role Model.** Act in a mature, responsible manner, recognizing you are role models for others and that you are representing both yourself and the University of Illinois Extension 4-H Youth Development Program. Be responsible for your behavior, use positive and affirming language, and uphold exemplary standards of conduct at all 4-H activities.

**BEHAVIORS THAT MAY RESULT IN REMOVAL FROM ACTIVITY**

The University of Illinois Extension reserves the right to restrict participation in future activities for those individuals who have been removed from an activity for any behavior outlined in Category 1 or 2. In all cases, the participant will be responsible for restitution of any damages incurred by his/her actions.

**Category 1**

- a) Possession, use, or distribution of alcohol and other drugs, and tobacco products which include e-pens, e- pipes, e-hookah, e-cigars, JUULs, vapes, vape pens or other electronic nicotine delivery systems. \*Prescription drugs must be listed on an Emergency Medical Information form.
- b) Theft or destruction of public or private property.
- c) Involvement in sexual misconduct or harassment.
- d) Possession or use of dangerous weapons or materials (including fireworks).
- e) Fighting or other acts of violence, actual or implied, that endanger the safety of the participant or others.

**Category 2**

- a) Willfully breaking curfew.
- b) Unauthorized use of vehicles.
- c) Leaving the site of the event.
- d) Participation in gambling.
- e) Absence from the planned program.
- f) Intentionally interfering with or disrupting the event.
- g) Use of profane or abusive language.
- h) Disregard for public or personal property.
- i) Public displays of affection or inappropriate actions.
- j) Failure to comply with direction of Extension personnel, including designated adults acting within their duties and guidelines.

**Category 1 Consequences**

- 1. When notified of any of the actions listed under Category 1, the adult in charge will ascertain the relevant facts and, with concurrence from the U of I Extension staff, will notify the affected participant of the action and any supporting evidence. The participant will be allowed an opportunity to answer the allegations and, if necessary, law enforcement officials will be notified. While facts are being verified, the participant will be removed from the 4-H activity/event and be under direct supervision of an adult chaperone.
- 2. The parent or guardian will be notified of the behavior and must make arrangements for removal of the participant from the activity, at the parent’s or guardian’s expense.
- 3. Documentation must be completed on an “Incident Report Form.”

**Category 2 Consequences**

- 1. When notified of any of the actions listed under Category 2, the adult in charge will ascertain the relevant facts and, with concurrence from the U of I Extension staff, will notify the participant of the action and any supporting evidence. The participant will be allowed an opportunity to answer the allegations and, if necessary, law enforcement officials will be notified. While facts are being verified, the participant will be removed from the 4-H activity/event and be under direct supervision of an adult chaperone.
- 2. The parent or guardian of the participants who violate curfew, use vehicles without authorization, or leave the site of the event (as outlined in Category 2, letters a, b, c) will be notified of the actions by the participant. The parent or guardian must immediately remove the participant from the activity, at the parent’s or guardian’s expense. Participants who exhibit conduct as described in Category 2, letters d-j, will receive a verbal and written warning (initialed by the adult and the participant). Upon receiving a second warning, the parent or guardian will be notified of the behavior and must make arrangements for removal of the participant from the activity, at the parent’s or guardian’s expense.

**I have read and I understand and agree to comply with the above University of Illinois Extension 4-H Youth Development Code of Conduct. We further understand that failure to do so will result in disciplinary action as outlined above and forfeiture of any participant’s fees.**

\_\_\_\_\_  
Signature of Participant                      Date

\_\_\_\_\_  
Signature of Parent/Guardian                      Date

# 4-H CAMP MEDICAL INFORMATION FORM

Please complete this form in entirety.  
CONFIDENTIAL

Name of Camper \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Parent's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent's Address \_\_\_\_\_

Parent's Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

## Alternate Emergency Contact:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Allergies? (Including medicines) NO YES If yes, please list \_\_\_\_\_

## Specific Medical Condition/History

Date of last TETANUS BOOSTER \_\_\_\_\_ Date of last FLU SHOT \_\_\_\_\_

## Is your child pre-disposed to any of the following:

Asthma .....No Yes Is it controlled? No Yes  
Bronchitis .....No Yes  
Sinusitis .....No Yes  
Ear Infections .....No Yes  
Headaches.....No Yes  
Seizures .....No Yes  
Fainting.....No Yes  
Cramps .....No Yes  
Diarrhea.....No Yes  
Serious reaction to Poison Ivy/Oak/Sumac.....No Yes

Constipation.....No Yes  
Sleepwalking .....No Yes  
Fear of Darkness.....No Yes  
Fear of Water .....No Yes  
Heart Condition .....No Yes  
Kidney Problems .....No Yes  
Bedwetting.....No Yes  
Bee/Insect Stings .....No Yes  
Reaction \_\_\_\_\_  
Other \_\_\_\_\_

## OVER-THE-COUNTER MEDICATIONS

The camp First Aid Coordinator will have the following list of basic over-the-counter medications available for use during camp week. **PLEASE INDICATE WHICH MEDICATIONS YOUR CHILD MAY RECEIVE, IF NEEDED** (AS DETERMINED BY THE FIRST AID COORDINATOR. Oral meds are available in adult & child strength):

\_\_\_\_\_ Acetaminophen (Tylenol)  
\_\_\_\_\_ Ibuprofen (Motrin/Advil)  
\_\_\_\_\_ Benedryl – Oral & Topical for rash  
\_\_\_\_\_ Diarrhea medication/PeptoBismol  
\_\_\_\_\_ Calamine Lotion

\_\_\_\_\_ Antiseptic for skin (Dermoplast)  
\_\_\_\_\_ Robitussin cough syrup  
\_\_\_\_\_ Sudafed  
\_\_\_\_\_ Aurodrops (for water in ears)

**PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS:**

All prescription and over-the-counter medicines **must**:

- 1) Be brought to camp in their original container with medical orders and physicians name intact.
- 2) Be turned in to the First Aid Coordinator at camp check-in (to be kept under lock and key during camp)

Please list all prescription and over-the-counter medicines you will be bringing to camp for you child:

Medication/Purpose	Dose	Time	Special Instructions
<i>EXP: Depakote for seizures</i>	<i>150 mg</i>	<i>Breakfast and Dinner</i>	<i>Take with food</i>
<i>EXP: Claritin for Allergy</i>	<i>10 mg</i>	<i>Anytime as needed</i>	

**IF MORE SPACE IS NEEDED, PLEASE ATTACH A SEPARATE SHEET WITH MEDICATIONS LISTED. Campers will NOT be allowed to have any medication with them in their cabin.**

Primary Care Physician \_\_\_\_\_

Clinic/Hospital Affiliation \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_

Owner's Name \_\_\_\_\_ ID/Policy Number \_\_\_\_\_

**Medical Privacy Statement:** *It is the policy of University of Illinois Extension 4-H Youth Development Programs to keep any medical information it may have regarding 4-H Youth Development program participants confidential. However, there may be time in which such medical information will be needed and may need to be shared with others. Examples of sharing might include: providing information to medical personnel in the event of an emergency so that a youth may be treated; providing information to Extension staff or volunteers who are coordinating specific events in the case of a request for reasonable accommodation; and providing information to chaperones or host families who are responsible for the health and safety of program participants at a specific event. Except in the case of emergency, prior to sharing any medical information, it may have with those external to the University, Extension, or 4-H, every effort will be made to get the permission of the program participant or parent or guardian.*

As a parent or guardian, I understand that if a serious illness/injury develops, medical or hospital care will be given. I further understand that in case of serious illness/injury, I will be notified. However, if it is impossible to contact me, I give my permission for emergency treatment, x-ray or surgery, as recommended by an attending physician.

I also understand that any accident insurance in effect (IF PROVIDED) for the event does not cover pre-existing conditions or self-inflicted injuries.

**SIGNATURE OF PARENT/GUARDIAN REQUIRED HERE.** Signature indicates that the parent understands & accepts that the first aid staff will provide over-the-counter & prescription medications as indicated on the form above. All medicines must be turned in to the first aid staff at check-in (in the original containers) and will be returned during camp check-out. All medicines will be kept under lock & key during camp week.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

*Note: Initialed updates to this form will be accepted at camp check-in*



**Extension Participant/Volunteer  
AGREEMENT TO ASSUME RISKS AND FULLY RELEASE ALL CLAIMS**



**Risks of Extension Activities.** I understand that my participation in University of Illinois Extension activities can present risks of physical injury (including death or disability) to me and damage to my personal property. The University of Illinois does not guarantee my personal health or safety or protect me against property loss. Physical injury to me or property damage may result from known or unexpected risks arising from things such as: use of equipment, materials, or facilities; environmental conditions, including poisonous plants, insects, and extreme heat or cold and other weather-related hazards; natural disasters; water activities; transportation; actions of others; animal behaviors; unavailability of immediate or adequate emergency care; infectious diseases; and slips and falls.

**Risks of 4-H Equine Activities.** Equine (horse, pony, mule, donkey, or hinny) activities present dangerous risks of injury and harm, regardless of the safety measures taken. If a horse or other equine animal is frightened or provoked, I understand that it might ignore its training and act according to its natural survival instincts, which may include actions such as unexpected change of directions or speed; running; sudden movement or stopping; shifting weight; bucking; rearing; kicking; and biting. I understand that **UNDER THE ILLINOIS EQUINE ACTIVITY LIABILITY ACT, EACH PARTICIPANT WHO ENGAGES IN AN EQUINE ACTIVITY EXPRESSLY ASSUMES THE RISK OF ENGAGING IN AND LEGAL RESPONSIBILITY FOR THE INJURY, LOSS, OR DAMAGE TO PERSON OR PROPERTY**

**RESULTING FROM THE RISK OF EQUINE ACTIVITIES.** *Risk of equine activities* means dangers including but not limited to: (1) propensity of an equine to behave in ways that may result in injury, harm or death to persons on or around them; (2) unpredictability of an equine's reaction to sounds, sudden movement, and unfamiliar objects, persons, other animals or other things; (3) certain hazards such as surface and subsurface conditions; (4) collisions with other equines or objects; and (5) the potential of a participant to act in a negligent manner that may contribute to injury, such as failing to maintain control over the animal or not acting within his or her ability.

**Risks of 4-H Shooting Sports Activities:** Shooting sports involve the use of firearms, live ammunition, or archery equipment. I understand that there are inherent dangers associated with my participation in shooting sports, including observation. The potential dangers include, among other things, gunshot or archery wounds that can result in paralysis or loss of vision, limb, or life.

**Assumption of Risks and Release of Claims:** In consideration for allowing me to participate in Extension activities, I voluntarily assume all risk of injury and loss that I may sustain or suffer in connection with my participation in the activities described in this Agreement, and I forever and fully release, waive, and discharge all claims, demands, actions, and causes of action, known or unknown, that I have or that may accrue to me in the future ("Claims") against the Board of Trustees of the University of Illinois, its officers, employees, agents, and volunteers (individually a "Releasee") for personal injuries (including death), damage to property, and all liabilities, losses, costs, and expenses (including attorney fees) arising out of or resulting from my participation in Extension activities, including all Claims arising, in whole or in part, from the negligence of any Releasee. This Agreement is binding on my heirs, assigns, and representatives.

**Effective Date:** This Agreement is effective on the date signed by me ("Effective Date") and replaces any similar agreements previously signed by me as to Extension activities that occur on or after the Effective Date.

**PARTICIPANT/VOLUNTEER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_

**HOME STREET ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**IF PARTICIPANT/VOLUNTEER IS UNDER 18 YEARS OLD:**

**PARENT/LEGAL GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_ **PHONE/EMAIL:** \_\_\_\_\_

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**ROCK  
RIVER  
CHRISTIAN  
CAMP**

and Retreat Center

16486 West Illinois Rt 64  
Polo, Illinois 61064

Phone: 815-493-6622  
Fax: 815-493-2374

Email: rrcoffice@gmail.com Web:  
www.rockrivercc.net

## Zip Line/High Ropes Course Release Form

*Rock River Christian Camp's zip line and high ropes course are constructed and maintained to meet the A.C.C.T. safety standards, and also meet the generally accepted national standards for zip lines and high ropes courses. The equipment we use is of the highest quality and strength. All of our facilitators are trained and certified. The zip line and high ropes course are designed to minimize the risk of serious injury.*

*Each participant using RRCC's zip line and high ropes course must have a release form signed before using the zip line and high ropes course. All those under eighteen years of age must also have the form signed by a parent or guardian. **NO ONE MAY PARTICIPATE WITHOUT A SIGNED FORM.***

**Please indicate any conditions that may require special attention while participating on the zip line:**

Allergy to Bee Stings -Do you require an Epi Pen or Benadryl? (circle one or write "no")

Asthma – Please bring inhaler with you – Is your asthma under control? Recent attacks?  
Please explain below.

Epilepsy – Under control? Date of last occurrence: \_\_\_\_\_

Heart condition – Please explain below, include date of last occurrence

Other conditions or explanation of above condition: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I release Rock River Christian Camp, and all facilitators from liability for accidents that may occur during the participation on the zip line and high ropes course at Rock River Christian Camp.**

**Participant's Name (Printed):** \_\_\_\_\_

**Participant's Signature:** \_\_\_\_\_

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

**Date:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_