



4-H is the Reason for the Season

Cloverbud Day Camp



Tuesday & Wednesday, July 13 & 14
8:30 A.M. – 12:00 P.M.

Children ages 5-8 are encouraged to join us for TWO fun filled days as we take them year-round with games, crafts and educational activities relating to the 4 seasons! Our day camp will be run by professionals employed by Ohio State University Extension as well as trained adult and teen volunteers.

Cost: \$20.00 (\$15.00 per extra sibling)

Location: Baker Building @ Harvest Ridge

Registration: Opens June 18th and ends on July 6th

For any questions, you can reach the office at 330-674-3015



THE OHIO STATE UNIVERSITY

COLLEGE OF FOOD, AGRICULTURAL,
AND ENVIRONMENTAL SCIENCES



**Ohio State University Extension
Holmes County**

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2021 4-H Cloverbud Camp Registration Form

Return to: OSU Extension – 111 East Jackson Street, Millersburg, OH 44654

Deadline to Register: July 6, 2021

Cost of Participation: \$20 (\$15 per extra sibling)

Name _____ DOB _____ Grade Last Fall _____ Gender: M or F

Address _____ T-Shirt Size _____

City _____ Zip _____ 4-H Club (if applicable) _____

Parent/Guardian Name _____

Home/Cell Phone _____ Work Phone _____

Family Physician _____ Phone # _____

Dentist _____ Phone # _____

My child is allergic to _____

My child should not be given the following over-the-counter medications _____

My child has the following special needs _____

My child has a sibling attending and qualifies for the \$15 fee Y / N Sibling w/ \$20 pay _____

Release and Consent to Provide Medical Care

I understand that:

1. I release the coordinators, instructors, volunteers, and the sponsors from all claims, in the event of injury to my child so long as due care has been exercised by these parties.
2. First aid will be available at the camp and medical and/or hospital care will be provided in case of serious illness or injury. I understand that if serious illness or injury occurs, I will be notified. If it is impossible to contact me, I give my permission for emergency treatment or surgery as recommended by the attending physician.

Photo Release Permission with Signature: I GIVE the Ohio State University permission to publish in print, electronic, or video format the likeness or image of my child. I release all claims against the University with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

COVID-19 Guideline: Individuals and/or family members may NOT attend if they or anyone living in their household is experiencing any of the following symptoms: fever, cough, shortness of breath, loss of sense of taste or smell, or has been directly exposed (confirmed or suspected) to COVID-19 if they are not fully vaccinated.

Snacks will be provided, if your child has a food allergy be sure to list it above so accommodations can be made.

I have read and understand the above information.

Parent/Guardian Signature _____ Date _____