



Welcome  
to Hervida  
4-H Camp!

Ohio State University Extension  
Washington County  
1115 Gilman Avenue  
Marietta, OH 45750

740-376-7431 Phone  
740-376-7435 Fax

<http://washington.osu.edu>

**CLOVERBUD 4-H DAY CAMP**  
**Monday, June 30, 2025**



Dear Cloverbud Camper and Parent/Guardian:

Welcome to Cloverbud Day Camp - a one-day camp of fun, new friendships and opportunities to do something new!  
Please read this letter together so that everyone is prepared for camp.

**GROUP REQUESTS:** You will be assigned to a group for the day and may request one friend who is registered for camp to be in the same group. We do not normally have more than two friends together in order to foster the making of new friends. If you wish to make a group mate request, call the Extension Office at 376-7431 no later than June 13, 2025.

**To Do Now Before Camp – Due June 20**

The Health History Form (3 pages), Permission to Transport Form, and Guidelines for Search Form are to be signed by parent/guardian and returned to the Extension Office by June 21. They are enclosed in this packet.

**MEDICATION:** All medications, prescription and non-prescription, should be turned into the nurse upon arrival at camp. They should be in a labeled bottle with complete instructions and parent signature. These will be kept in the nurse's cabin at all times. Please include any medication instructions on the Camper Health History Form. *Campers may be sent home for anything deemed medically necessary by the camp nurse. This may include, but not limited to fever, vomiting, diarrhea or rash.*

**CLASSES:** Everyone will take the same classes. The classes include swim time (not instruction), recreation, nature, and craft. The cost of all the class supplies is included in the camp fee.

**PERMISSION TO LEAVE/RESTRICTED RELEASE FORM:** Campers are encouraged to stay at camp for the entire program. No one is allowed to leave camp without a signed Parent/Guardian Permission form which is enclosed. This can be turned in at camp.

**REGISTRATION:** Arrival and registration are **Monday from 9:30 – 10:15 A.M.** in the Craft Hall, the large block building on the hill to the right as you enter the camp. **Please do not arrive before 9:30 A.M.** When parking, please make sure that two lanes of traffic can still pass your vehicle on the camp road. A very slow speed is a must within the camp gate due to pedestrians.

**DEPARTURE:** Families of campers are welcome to join us for the closing program at 4:30 P.M. Departure is after the closing program. Families should gather in the Craft Hall and wait for campers to join them. Campers will have all belongings with them at the closing program and will be dismissed by the cabin counselor to the individual parent/guardian.

**WHAT TO BRING TO CAMP:**

- Swim suit, towel and sunscreen
- Jacket or sweatshirt
- Wear tennis shoes, not flip-flops or sandals**
- Boots or water shoes for creek class

- Refillable water bottle
- Back pack or tote for personal items**
- Extra Socks**

**CAMP FEE:** The camp fee of \$50.00 for 4-H members and \$60.00 for non 4-H members includes lunch, class and program supplies, one canteen snack, and camper t-shirts. **Full payment is due by May 30th.**

**ADDITIONAL MONEY:** Campers will not need to keep any money at camp. The camp staff is not responsible for money or valuables that are lost or stolen.

**EMERGENCIES:** In case of emergencies only, camp may be reached by telephone at 740-984-2267 or the camp director's cell phone at 740-350-7585. Please do not require or expect campers to call home. We have one phone for the camp. **Please leave cell phones at home!**

We are looking forward to a fun camp! See you soon!

Sincerely,

Martha Webster, Camp Director

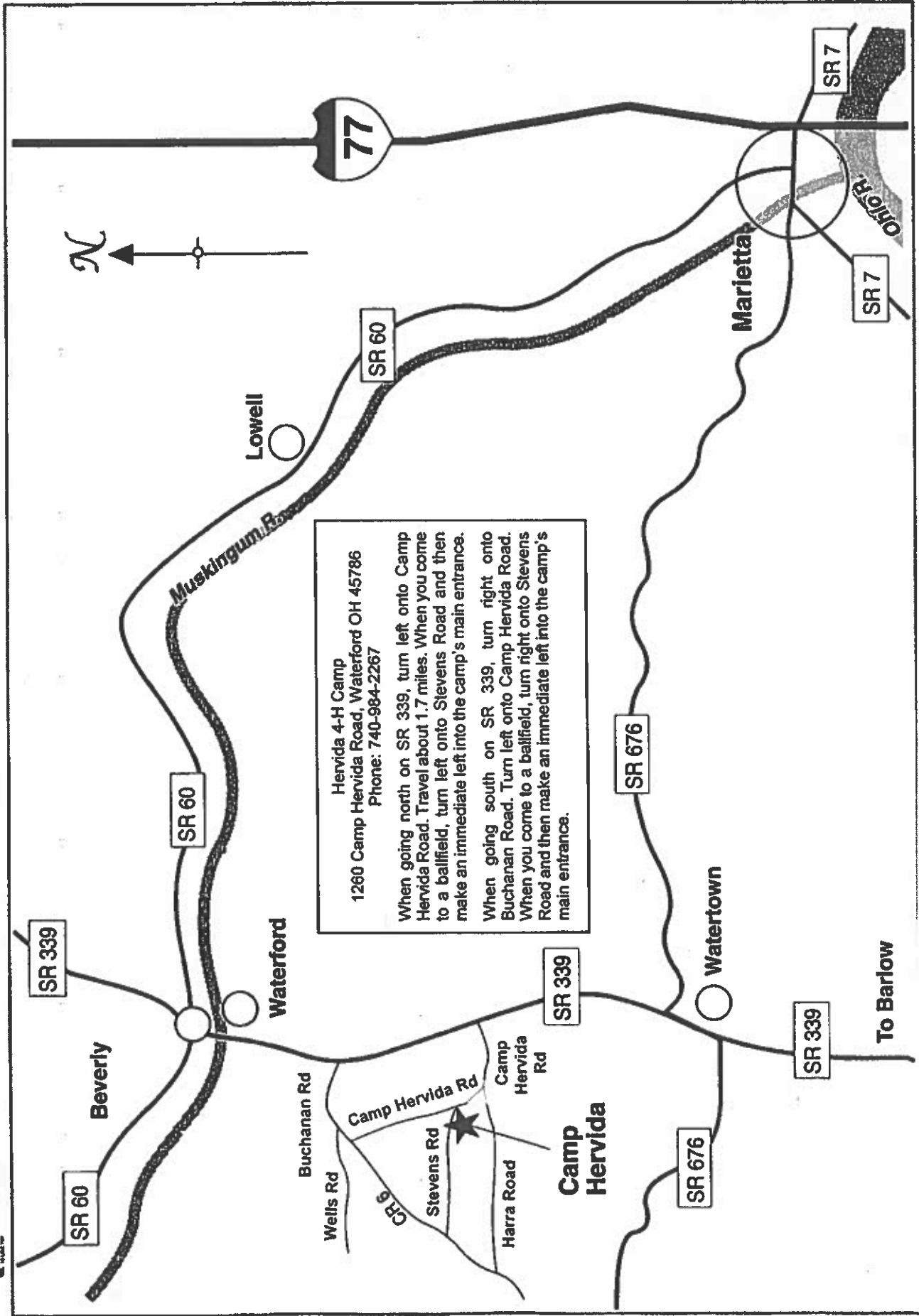
Enclosures:

- Map to Camp Hervida
- Camp Rules & Guidelines
- Permission to Leave/Restricted Release Form
- Health History Form
- Permission to Transport Form
- Guidelines for Search





# DIRECTIONS TO HERVIDA 4-H CAMP



## 4-H CAMP RULES AND GUIDELINES

The following rules and guidelines are for specific understanding between campers/counselors, parent/guardians and the camp staff.

### **A. NON-NEGOTIABLE RULES – WILL BE SENT HOME**

1. No alcoholic liquor, beer, including non-intoxicating beer.
2. No use of tobacco products including smokeless.
3. No illegal drugs/unlawful items.
4. No fireworks.
5. Extreme misbehavior, including out of the cabin after “lights out”.
6. Illness/accident.

If the camp staff has a good, solid reason to believe a person has an illegal item or substance in his/her possession, the camp staff has the right to inspect or search the possessions of the person in his/her presence. If illegal substances are found, the camp director has no choice but to notify parents/guardians and/or the proper authorities.

### **B. RULES FOR HEALTH AND SAFETY**

1. Visitors will be welcome only in case of emergency or where they are invited or have permission to participate in various phases of the camp program.
2. Wear closed-toe shoes except in the shower or pool.
3. Swimming is allowed only in the pool with the lifeguard on duty.
4. Prescription or non-prescription medications are not allowed in the cabins.
5. Please do not throw stones or other objects.
6. Do not climb on the rocks by the creek.
7. A counselor or staff person must be along on a hike.
8. You must have permission to leave the campgrounds.
9. No horseplay, including pushing, hitting, attacking or picking someone up, even if in fun.
10. Give car keys to the camp director.
11. Please do not write on the restroom or building walls.
12. Mattresses or bunks are to be removed from cabins only by maintenance staff.

### **C. GUIDELINES THAT HELP CAMP RUN MORE SMOOTHLY**

1. Please leave pop and snacks at home. Raccoons, skunks, mice and bugs are abundant at camp. Snacks and pop will be available at canteen time. If pop is brought to camp, it will be stored in the staff cabin and returned to campers when they go home. **Water bottles are encouraged.**
2. Personal music devices and headphones can be brought by campers and must have their name on them. They are to be used in the cabin areas only and not during other camp activities. **Staff is not responsible for these items.**
3. Please leave inappropriate reading material, listening material or clothing at home. Clothing is not to have a slogan or picture that would break one of the non-negotiable rules (i.e.: tobacco, alcohol, sexual messages).
4. Foul language is not appropriate at camp.
5. Graffiti is not permitted outside the cabins. Any physical facility damage will be charged to the parents/guardians, including writing profanity and discharging fire extinguishers inappropriately.
6. Boys are not permitted in girls' cabin area; girls are not permitted in boys' cabin area.
7. No public display of affection (PDA) including holding hands, kissing, etc.
8. Please remove hats in the dining hall.
9. Full participation in the camp program is strongly encouraged.
10. Respect nature, other people's property and each other.
11. For the full participation of the camping program and the safety of the campers, **campers are not permitted to have cell phones or smart watches at camp.** Please leave them at home. If they are found, they will be stored in the Staff Cabin and returned to the individuals when they go home. In case of emergencies ONLY, please call the camp at 740-984-2267, the director's cell phone at 740-350-7584, or the assistant director's cell phone at 740-350-7585.

## Ohio 4-H Health Statement

ALL SIDES of this form MUST be completed for each participant. Minors must have the form completed and signed by a parent/guardian. This information will be kept confidential and used only for the welfare of the participant. PRINT neatly using blue or black ink.

**REQUIRED!**  
**Attach Picture**  
 (for I.D. purposes only)

### Participant/Member Information:

Name: _____		
(Last)	(First)	(Middle)
Address: _____		
(Street)	(City)	(State) (Zip)
Home Phone: _____	County: _____	
Date of Birth: _____	Male/ Female	Age (today): _____

### Emergency Contact Information:

Parent/Guardian Name: _____	Cell Phone: _____	Email: _____
Other Contact/Relationship: _____	Cell Phone: _____	Email: _____
Other Contact/Relationship: _____	Cell Phone: _____	Email: _____
Physician: _____	Phone: _____	
Dentist: _____	Phone: _____	

### Health History:

**Communicable Diseases:**  
 Provide the date (approximate is acceptable) at which participant has had or was exposed to:

Chicken Pox \_\_\_\_\_ Measles \_\_\_\_\_ Whooping Cough \_\_\_\_\_  
 Tuberculosis \_\_\_\_\_ Mumps \_\_\_\_\_ Other Communicable Diseases \_\_\_\_\_

**Immunization/Vaccine Record:**

To the best of knowledge, the participant is up-to-date on all immunizations which may include, but is not limited to: Diphtheria/Pertussis (Whooping Cough-TDAP), Polio, Measles/Rubella/Mumps (MMR), Haemophilus Influenza (HIB), Varicella (Chickenpox) that are required for school.

The participant has received a Tetanus Booster. Date of last booster: \_\_\_\_\_

*If the participant is not current or up-to-date with immunizations, please complete the Ohio 4-H Immunization Exemption Form.*

### Instructions for Medications:

- All prescription drugs must be carried in the container in which they were issued (with medical orders and physician's name intact) and given to the nurse/health director. Other prescription drugs will not be accepted. Only bring the amount needed for your stay at camp.
- If you need regular over-the-counter medications, they must be in the original container. Like prescription medications, these medications must be given to the nurse/health director.
- All medications will be given as directed on the original package/container. If there are any dosage adjustments, you must bring signed documentation from your physician.

### Medical Instructions: Medications/Allergies, Current/Past Medical Conditions:

Current Medications (Prescribed and Over-The-Counter, Current or Past Medical Treatment):  
 (please list additional medications or needs on a separate sheet)

Name of Medication:	Dosage:	Frequency/Instructions:



**Check below if the participant is subject to any of the following conditions:**

<input type="checkbox"/> Asthma Controlled? yes/no	<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Cramps	<input type="checkbox"/> Fainting	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Seizures	<input type="checkbox"/> Sore Throat
<input type="checkbox"/> Athlete's Foot	<input type="checkbox"/> Constipation	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Home Sickness	<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Other?
<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Headaches	<input type="checkbox"/> Kidney Trouble	<input type="checkbox"/> Sleep Walking	

**Allergies:**

If none, please write NONE here: \_\_\_\_\_

Food allergies: \_\_\_\_\_

Medication allergies: \_\_\_\_\_

Serious Ivy, Oak or Sumac Poisoning: What is the prescribed treatment? \_\_\_\_\_

Serious bee or insect sting reactions: What is the prescribed treatment? \_\_\_\_\_

*NOTE: If participant's allergy may require use of an "EPI-PEN", then the participant must provide the "Epi-Pen(s)" and discuss possible administration with health care professional upon arrival to camp.*

**Check below if the participant displays any of the following behaviors:**

<input type="checkbox"/> Abusive to Others	<input type="checkbox"/> Easily Distracted	<input type="checkbox"/> Manipulative	<input type="checkbox"/> Self Abusive	<input type="checkbox"/> Withdrawn/Shy
<input type="checkbox"/> Bites	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Mood Swings	<input type="checkbox"/> Severe Fears (Please comment) _____	<input type="checkbox"/> Behavior Plan in Place (please attach a copy or description)
<input type="checkbox"/> Easily Discouraged	<input type="checkbox"/> Inappropriate Language	<input type="checkbox"/> Runs Away	<input type="checkbox"/> Short Attention Span	<input type="checkbox"/> Other? _____

**Accommodations for Camp:**

Please tell us about the accommodations your child may need at 4-H camp. This includes any restrictions for participation in activities:

- I will be bringing medications to camp (please describe whether they require refrigeration or special storage below).
- I have dietary restrictions (describe below).
- I have limited mobility (e.g. crutches, cane, etc.).
- I have ADHD or a related attention deficit disorder; a visual, hearing, cognitive processing, reading, or a speech impairment. (describe any needs you anticipate at camp and the accommodations you typically receive at school and home below).
- I require the use of medical equipment that needs electricity (describe below).
- I have medical needs or accommodations that would limit my ability to fully participate in the scheduled program/activity (describe below).
- I require other accommodations not listed above (describe below).
- I do NOT require any special accommodations (none of the above apply to me).

Description of any past or current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp: \_\_\_\_\_

Description of any camp activities from which my child should be exempted for health reasons: \_\_\_\_\_

**Check medication(s) that participant may receive if deemed necessary and administered by a health professional. Examples of brand names are given in parentheses. Generic or other name brands may be provided:**

<input type="checkbox"/> Acetaminophen ( ex: Tylenol)	<input type="checkbox"/> Antibiotic Ointment (ex: Neosporin)	<input type="checkbox"/> Dramamine	<input type="checkbox"/> Poison Ivy Medicine (ex: Calamine Lotion)
<input type="checkbox"/> Aloe Lotion	<input type="checkbox"/> Cough Syrup/Drops	<input type="checkbox"/> Ibuprofen (ex: Advil, Motrin)	<input type="checkbox"/> Sore Throat Medicine
<input type="checkbox"/> Antacids (ex: Maalox, Tums)	<input type="checkbox"/> Decongestant (ex: Sudafed)	<input type="checkbox"/> Insect Repellent	<input type="checkbox"/> Sun Screen
<input type="checkbox"/> Antihistamine (ex: Benadryl, Claritin)	<input type="checkbox"/> Diarrhea Medication (ex: Imodium)	<input type="checkbox"/> Laxative (ex: Milk of Magnesia)	<input type="checkbox"/> Swimmer's Ear Medicine
<input type="checkbox"/> Antiseptics			

### **Liability Release for Camp/Program**

**PARTICIPANT'S FULL NAME:** \_\_\_\_\_

**DATE OF BIRTH (MO/DAY/YR):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**ACTIVITY NAME:** \_\_\_\_\_

**SPONSOR OF ACTIVITY:** The Ohio State University, Ohio 4-H (insert county)

**LOCATION:** \_\_\_\_\_

**DATE(S):** \_\_\_\_\_ **START DATE:** \_\_\_\_\_ **END DATE:** \_\_\_\_\_

**DESCRIPTION:** Participants in the \_\_\_\_\_ program will be under the direction and supervision of 4-H volunteers and staff. Participants will follow all verbal and written instruction by program staff. Failure to follow the direction of program staff, failure to wear appropriate safety or protective gear, behavior that puts the safety of the participant or others at risk or using any program materials for a purpose other than what intended could result in temporary or complete removal from the program. While in the program, participants will engage in a variety of activities which may include, but are not limited to: sleeping in accommodations provided by 4-H, ziplining and other harnessed/adventure activities (high ropes, cargo net, rock wall, rappelling, flying squirrel), recreational games (basketball, nine square, volleyball, and gaga ball), water activities (fishing, creekng, swimming, canoeing, kayaking, corcl, paddleboarding, water games), other adventure activities (hiking, hatchet throwing, archery, shooting sports), large and small group games, team challenges, reflections, dancing, campfires/outdoor cooking, singing, flag ceremonies, talent shows, sessions/workshops, outpost, group living.

I understand that my child is not required to participate in this program, but grant my permission for him/her to do so, despite the potential risks. I recognize that by participating in this program, as with any physical activity, my child may risk personal injury, paralysis and/or death. I understand and accept such risks, and release, Ohio 4-H, The Ohio State University, its Trustees, boards, officers, employees and representatives from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person that may result from or occur during my participation in the activity, whether caused by negligence of The Ohio State University, its Trustees, boards, officers, employees, or representatives, or otherwise. I further agree to hold harmless, Ohio 4-H, The Ohio State University and its Trustees, boards, officers, employees, and representatives from liability for the injury of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the above described activity. I understand that I am solely responsible for any costs arising out of any injury or property damage sustained through my child's participation in 4-H educational programs.

I understand that my child will be participating in this event with other 4-H members and that program participants will be supervised and acknowledge that the 4-H staff and volunteers, OSUE, and The Ohio State University are not responsible for any potential injury or illness resulting from my child's participation. I assume any expense that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses. In the case of serious illness or injury of my child, I understand that I will be notified. If I cannot be contacted, unless otherwise specified below, I grant permission to the attending medical professional to secure proper treatment, hospitalize, and/or take any other action deemed necessary for the immediate care of my child.

**I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY AND IT OBLIGATES ME TO HOLD HARMLESS THE OHIO STATE UNIVERSITY FOR ANY LIABILITY FOR INJURY OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.**

Participant Signature: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

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

Authorizing Signature of Parent/Legal Guardian if

Participant is under 18 years of age

Print Name: \_\_\_\_\_

**Photo, Video Release, and Authorization**

My child, \_\_\_\_\_ plans to participate in \_\_\_\_\_ (*insert activity*) programming through Ohio 4-H, taking place \_\_\_\_\_ (*insert dates*). I acknowledge that during this programming, my child may have their image and or voice captured through photo, audio or video recording. For good and valuable consideration, the receipt of which is hereby acknowledged, I irrevocably consent to and authorize The Ohio State University, OSU Extension, Ohio 4-H, 4-H Camping Facility, and its affiliates, agents, successors and assigns (“OSU”) consent to use the videotape and photographs of my child, and recordings of his/her voice, conversations, sounds, name, image and likeness, captured during and in connection with my child’s participation in \_\_\_\_\_ (*insert activity*) in all types of media and for all lawful purposes.

I hereby grant all rights to OSU to use the results of such videotaping, photography and recording in perpetuity, throughout the world to: (1) reproduce, distribute, use, and display all or any portion of the Video in any manner and in any medium and for any purpose; and (2) grant others the right to reproduce, distribute, use, and display all or any portion of the Video in any manner and in any medium and for any purpose. I give permission to OSU Extension/ Ohio 4-H to publish, post or print in the newspaper, on a website, via social media channels/platforms, or other media methods, my child’s name and/or image to celebrate and promote accomplishments they may achieve through participation in this program.

I further agree that OSU may use and permit others to use my child’s name, voice, image, and likeness captured during this activity in any medium and in the promotion, advertising, sale, publicizing OSU and Ohio 4-H throughout the world, an unlimited number of times in perpetuity. I hereby waive any right of inspection or approval of the use of my child’s voice, conversation, sounds, image and likeness. I acknowledge that OSU will rely on this grant of rights and hereby agree not to assert any claim of any nature whatsoever against anyone relating to the exercise of the rights granted hereunder.

Please select ONE option:

- YES, I give permission to the photo, video release, and authorization.
- No, I do not give permission to the photo, video release, and authorization.

\_\_\_\_\_  
 Authorizing Signature of Parent/Legal Guardian  
 if participant is under 18 years of age

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Parent/Guardian Name

\_\_\_\_\_  
 Print Full Name of Participant

Ohio State University Extension is part of The Ohio State University College of Food, Agricultural, and Environmental Sciences.

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**WAIVER AND PERMISSION TO TRANSPORT CHILD/CHARGE**  
Ohio State University Extension

***Required Form***

**Child/Charge Name:** \_\_\_\_\_

**Check which event:**    \_\_\_\_\_ Junior Camp June 23 - 27, 2025  
                                  \_\_\_\_\_ Cloverbud Camp June 30, 2025  
                                  \_\_\_\_\_ Beginner Camp July 1 – July 2, 2025  
                                  \_\_\_\_\_ Senior Camp July 7 – 11, 2025

**Location:** \_\_\_\_\_ Hervida 4-H Camp, Waterford, Ohio

**Driver:** \_\_\_\_\_ The Ohio State University Extension Employees or Volunteers

I give permission for my child/charge (“child”) to be transported in a motor vehicle driven by the individuals identified during an event at the specified location on the dates indicated. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other adult volunteers. I understand that participation in the identified event is not a requirement for participation in the county or state Extension programs.

I have read, understand, and discussed with my child that:

- (1) They will be traveling in a motor vehicle driven by an adult and they are to wear their safety-belt while traveling;
- (2) They are expected to respect each other, the vehicles they ride in, and the people they travel with during the trip;
- (3) Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; and
- (4) They are to remain in their seats and not be disruptive to the driver of the vehicle.

I recognize that by participating in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. 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.

As a condition for the transportation received, I, for myself, my child, my executors and assigns, further agree to release and forever discharge The Ohio State University, its Board of Trustees, The Ohio State University Extension and their agents, officers, employees and volunteers from any claim that I might have myself or that I could bring on my child’s behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation. I have read this entire waiver and permission form, fully understand it, and agree to be legally bound by its terms.

**Parent/Guardian Name (please print):** \_\_\_\_\_

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

# Guideline for Search the Belonging of Participants

## PROHIBITED ITEMS

### Prohibited items at Ohio 4-H camps

Ohio 4-H places priority on taking necessary and reasonable actions to safeguard the overall safety and well-being of all program participants.

**Prohibited items** that are never allowed at any Ohio 4-H program where minor participants are present include alcohol, tobacco products in any form, illegal drugs, pornography, discriminatory iconography and/or messaging, and weapons not included in an approved 4-H shooting sports program.

Additionally, youth participants (campers and counselors) **may not possess cell phones or other internet-enabled devices** during 4-H camp. If an individual is found with a prohibited item, they will be sent home at the family's expense.

## SEARCHING BELONGINGS

### Guidelines for Searching the Belongings of Participants

If there is reasonable suspicion that a violation of the program's prohibited items policies has occurred or other rules have been broken, a search may be conducted. The following steps will be taken:

- Searches will be conducted by at least two trusted individuals, in the presence of the participant whose belongings are being searched, and preferably in a private setting, unless there is imminent danger or circumstances that require immediate action.
- Searches may include a participant's luggage, bags, backpacks, knapsack, trunk, locker, bedding, dresser drawers, and personal effects including toiletries.
- When timing and circumstances allow, the participant's parent or guardian will be notified prior to conducting the search. In situations when this is not possible, either due to timing, lack of communications coverage, or lack of response, notification will be made as soon as possible.
- If an illegal item is discovered (e.g., alcohol), it will be confiscated and retained in a secure place, and the appropriate authorities will be contacted for further action.
- If a prohibited item is discovered, it is confiscated and retained in a secure place. Prohibited items may be returned to the parent/guardian when they arrive to pick-up their participant.

Ohio 4-H | Blair, Epley & Schira 2/2017

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Parent/Guardian Printed Name

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Parent/Guardian Signature

---

Date

# 4-H CAMP Permission To Leave Form



## Optional Form if Need

I, \_\_\_\_\_, hereby give my permission for my child,  
 (Name of parent/guardian)

\_\_\_\_\_, to leave 4-H Camp for the following reason(s), date(s) and time(s):  
 (Name of camper)

Reason for Leaving	Departure		Return	
	Date	Time	Date	Time
		am/pm		am/pm
		am/pm		am/pm
		am/pm		am/pm
		am/pm		am/pm

I also hereby authorize the following persons to pickup my children from 4-H Camp for the reason(s) listed above:

\_\_\_\_\_

I agree not to hold Herveda 4-H Camp, Inc. Ohio State University Extension staff, or assisting 4-H Camp staff responsible for accidents or other liabilities incurred while my child is away from camp.

Parent/Guardian Signature \_\_\_\_\_ Parent/Guardian Phone \_\_\_\_\_

Date Signed \_\_\_\_\_

### Restricted Release

We understand that there are situations where parents have a right to restrict who will pick up their child at the end of a program. If you need to restrict who picks up your child, you must do so in writing on this form and return it by registration. All "restricted children" are to wait to be released at the Women's Staff Cabin (cabin 1). If you wish to restrict who will pick up your child, please complete the form below and return it by registration.

#### 4-H Restricted Release Form

I, \_\_\_\_\_,  
 (Parent/Guardian's Name)

hereby authorize person(s) listed below to pick up my child/children,

\_\_\_\_\_, following 4-H Camp.  
 Child's Name(s)

Name(s) of person(s) who are authorized to pick up my child:

If my plans change, I will call 740-350-7585 to inform the camp staff





# 4-H Camp Scholarship Application

Provided by McIlyar Scholarships, Charlotte Wagner Scholarships, Kay Caltrider Scholarships, and TSC Paperclover Campaign Funds

## Deadline May 16, 4:00 pm in the Extension Office

Scholarships are available to all Washington County 4-H members and Non-4-H members who are **registered** to attend one of the Washington County 4-H Camps. **Registration Packet** is on our website at <http://go.osu.edu/hervida>. You can also call (740-376-7431) or stop by our office to get a Registration Packet. Scholarship amount received will vary depending on the number of applications and monies available. Campers will be notified if they received a scholarship **after May 23**.

Camper Name \_\_\_\_\_

Parents/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Age \_\_\_\_\_ Are you presently in 4-H? (circle one) **YES** **N0**

Name of your 4-H Club \_\_\_\_\_ Number of Years in 4-H (if applicable) \_\_\_\_\_

Camp Attending (circle one): **Junior** **Senior** **Beginner** **Cloverbud**

1. Have you been to camp before? (circle one) **YES** **N0**
2. Please list your projects completed and 4-H activities participated in. If you are not in 4-H, please list activities in which you participate. (If you need more space to write, continue on back of this form.)
3. Have you worked to raise funds to go to camp? (For example: 4-H Candy Bar Sales or Club Fundraiser for Camp) (circle one) **YES** **N0** If yes, please describe efforts:
4. Why do you want to attend 4-H Camp?

Camper's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**IN 4-H? YOUR ADVISOR NEEDS TO COMPLETE THE FOLLOWING BEFORE TURNING IN FORM.**

Advisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

(Advisor) Does your 4-H club give members money for camp? (circle one) **YES** **N0**

If yes, how much? \_\_\_\_\_

Advisor Phone \_\_\_\_\_ 4-H Club \_\_\_\_\_

Please return this form to: *ATTN: 4-H Camp Scholarship  
OSU Extension-Washington County, 1115 Gilman Ave., Marietta, OH 45750*



## 4-H Camp is . . .

New Friendships Recreation  
Outdoors Campfire  
Swimming Dances  
Crafts Fun  
Group Living Singing  
Sports



These programs are held at Hervida 4-H Camp located near Waterford, Ohio. Facilities include sleeping cabins, dining facilities, recreation and crafts halls, modern boys' & girls' showers and restrooms, a swimming pool, and 200 acres of trees and wildlife.

- Fees cover lodging, meals, daily canteen, evening snack, class & program supplies. (No extra money is needed.)
- Campers will rotate classes and be involved in the camp's outdoor study, recreation, and personal development programs.
- Details on what to bring, class registration, activities, etc. will be mailed to each registered camper.
- NOTE: Beginner and Cloverbud Camp fees include crafts, canteen items and camp t-shirt.

Scholarships are available to all Washington County 4-H youth and Non-4-H youth who are registered to attend one of the Washington County 4-H Camps. Call or stop by our office for an Application. Scholarship Applications are due to our office by 4 pm on May 16.

CFAES provides research and related educational programs to clients on a nondiscriminatory basis. For more information: [go.osu.edu/cfaesdiversity](http://go.osu.edu/cfaesdiversity). Ohio State University, United States Dept. of Agriculture & Washington County Commissioners Cooperating.

Welcome  
All Youth  
Age  
5 to 15!



## 2025 Summer Youth Camps Fun for Everyone!

- June 23-27 Junior Camp**  
Youth who have completed grades 3, 4, or 5
- June 30 Cloverbud Camp**  
Youth ages 5 - 8 who have Completed kindergarten
- July 1-2 Beginner Camp**  
Youth who have completed 2nd grade and through the age of 10
- July 7-11 Senior Camp**  
Youth who have completed grades 6, 7, 8 or 9



# 2025 Camper Registration Form

Priority will be given to 4-H members until May 16, 2025. However, camp is open to anyone wanting to attend, including 4-H'ers and non-4-H'ers, until camp enrollment is full. For more information call 740-376-7431.

**Refund Policy: 75% refund within 15 days of camp. No refunds for partial stays.**

**MAKE CHECKS PAYABLE TO:** OSU Extension Washington County and mail to that office attention Peggy Bolen, 1115 Gilman Avenue, Marietta, OH 45750.

<b>Office Use Only</b>	Amt Pd Cash	Amt Pd Check	Check#	Put On Camp DB Initial
Full Camp Fee	_____	_____	_____	_____
First Payment	_____	_____	_____	_____
From 4-H Club	_____	_____	_____	_____
Other	_____	_____	_____	_____
Specify	_____	_____	_____	_____
T-Shirt	_____	_____	_____	_____

1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Grade Completed in School This Spring: \_\_\_\_\_ 4-H Member? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ Name of 4-H Club: \_\_\_\_\_

4. Your child can request one other camper to be with in a cabin. Please write that name here: \_\_\_\_\_

**Ethnicity (check one)** Race (check all that apply)

\_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ White \_\_\_\_\_ Native Hawaiian or Pacific Islander

\_\_\_\_\_ Not Hispanic or Latino \_\_\_\_\_ Black or African American \_\_\_\_\_ Asian

\_\_\_\_\_ Prefer not to state \_\_\_\_\_ American Indian or Alaskan Native \_\_\_\_\_ Prefer not to state

**Return this Camp Registration form to our office with payment. Camp packet with required forms will be mailed to you.**

**Junior Camp - Overnight, June 23-27**

Youth who have completed grades 3, 4, 5.

Camper will spend the night at camp.

**CIRCLE T-SHIRT SIZE!** YES YM YL AS AM AL AXL

T-Shirt is \$16. Must be pre-ordered and paid for by June 6

**Full Camp fee due by May 30**

\_\_\_\_\_ \$100 down payment is required OR

\_\_\_\_\_ \$225 Full fee for 4-H Member OR

\_\_\_\_\_ \$280 Full fee for Non 4-H Member

\_\_\_\_\_ \$16 Hervida T-shirt (ordered & paid by June 6)

**Junior Camp - Daytime Only, June 23-27**

Youth who have completed grades 3, 4, 5.

Camper will NOT spend the night.

(pickup at 9:30 pm and return by 8 am)

**CIRCLE T-SHIRT SIZE!** YES YM YL AS AM AL AXL

T-Shirt is \$16. Must be pre-ordered and paid for by June 6

**Full Camp fee due by May 30**

\_\_\_\_\_ \$100 down payment is required OR

\_\_\_\_\_ \$210 Full fee for 4-H Member OR

\_\_\_\_\_ \$265 Full fee for Non 4-H Member

\_\_\_\_\_ \$16 Hervida T-shirt (ordered & paid by June 6)

**Cloverbud Day Camp, June 30**

Youth ages 5-8 who have completed kindergarten.

**CIRCLE T-SHIRT SIZE!** YES YM YL AS AM AL

T-Shirt included in camp fee

**Full Camp fee due by May 30**

\_\_\_\_\_ \$50 Full fee for 4-H Member OR

\_\_\_\_\_ \$60 Full fee for Non 4-H Member

**Beginner Camp - Overnight, July 1-2**

Youth who have completed 2nd grade and through the age of 10. Camper will spend the night at camp.

**CIRCLE T-SHIRT SIZE!** YES YM YL AS AM AL

T-Shirt included in camp fee

**Full Camp fee due by May 30**

\_\_\_\_\_ \$95 Full fee for 4-H Member OR

\_\_\_\_\_ \$116 Full fee for Non 4-H Member

**Senior Camp - Overnight, July 7-11**

Youth who have completed grades 6, 7, 8 or 9.

Camper will spend the night at camp.

**CIRCLE T-SHIRT SIZE!** YES YM YL AS AM AL AXL

Cost is \$16. Must be pre-ordered and paid for by June 13

**Full Camp fee due by June 13**

\_\_\_\_\_ \$100 down payment is required OR

\_\_\_\_\_ \$225 Full fee for 4-H Member OR

\_\_\_\_\_ \$280 Full fee for Non 4-H Member

\_\_\_\_\_ \$16 Hervida T-shirt (ordered & paid by June 13)

Print Parent/Guardian Name(s) \_\_\_\_\_

Phone(s) \_\_\_\_\_ E-mail(s) \_\_\_\_\_

**IMPORTANT - DON'T FORGET TO SIGN!** Parent/Guardian Signature (Required) **X**