CERRO GORDO COUNTY
2018 SUMMER DAY CAMP GUIDE
FOR GRADES K-8

For more information on programs please contact
Cerro Gordo County Extension
Kelsey Warner
County Youth Coordinator
601 S. Illinois Ave.
Mason City, IA 50401
641-423-0844
kdwarner@iastate.edu

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Our Day Camps are open to ALL youth who have completed the grades listed.

You do **NOT** have to be a 4-H member to attend

**If you would like to join 4-H we will welcome you!**
You can join a 4-H club in 4<sup>th</sup>-12<sup>th</sup> grade. In 4-H you can do all kinds of fun activities like build a rocket, design clothes, learn about computers and technology, help save the environment, and much more!

You name it, you can do it in 4-H. And better yet, you can get a lot of help from adult volunteers—mentors who can teach you and help you learn.

To get started, contact Cerro Gordo County Extension and talk to Kelsey at 641-423-0844 or kdwarner@iastate.edu.
**List of Events:**

<table>
<thead>
<tr>
<th>Event</th>
<th>Grades</th>
<th>Date</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clover Cookie Factory</td>
<td>4-8</td>
<td>June 13, 9am-3pm</td>
<td>4-H Learning Center <em>(located at the North Iowa Events Center, Mason City)</em></td>
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<td>Get in on the Act!</td>
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*On the last page of this booklet is one registration sheet for the events. Only use one registration form per child you are registering.*

*Lunch will not be provided - please send the child with a sack lunch. An afternoon snack will be provided.*
Clover Cookie Factory
June 13 9am-3pm @ 4-H Learning Center (North Iowa Events Center, Mason City)

Must have completed grades 4-8
Cost: $15

What is an emulsification? Why use salt in cooking? Did you know carbon dioxide is emitted when cooking with baking powder? At Clover Cookie Factory we will learn how ingredients react in a recipe. Explore the ins and outs of sugar cookies and other cooking techniques.
Registration form can be found on the last page.

Expand your World- My Passport to Adventure!
June 19 9am-3pm @ 4-H Learning Center (North Iowa Events Center, Mason City)

Grades Completed K-3
Cost: $10

What better way to spend the day than traveling the world! Through charming picture books and engaging activities children will embark on a cultural journey that includes the exploration of languages, traditions, games, music, dance and cultural culinary from around the world.
Registration form can be found on the last page.
Fizz, Bubble, and Goo!
July 9, 9am-3pm @ 4-H Learning Center (North Iowa Events Center, Mason City)

Grades Completed K-3
Cost: $10

Do you have a child in Kindergarten-3rd grade who love SLIME?! Spend the day with us learning about chemical reactions and SLIME VS. THE GLOB! We will also be making ice cream in a bag during this hands-on, chemistry focused day camp!

Registration form can be found on the last page.

Get in on the Act!
July 30, 9am-3pm @ 4-H Learning Center (North Iowa Events Center, Mason City)

Grades Completed: 4-8
Cost: $10

Participants will learn the basics of theatre acting. Use your imagination, movement and your voice to create characters that take your audience on a theatrical experience. Learn about the different styles of theatre and how to prepare for an audition. Get your creativity flowing through spontaneous collaboration, and gain confidence you can use on and off the stage!

Registration form can be found on the last page.
**CERRO GORDO COUNTY 4-H 2018 SUMMER DAY CAMP REGISTRATION FORM**

Please “check” which events you will be attending:

<table>
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<tr>
<th>Event</th>
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<th>Fee</th>
<th>Amount Enclosed</th>
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**Total Amount Enclosed:**

Child’s Name: ___________________________
Male: _____ Female: _____ Grade: ______

Parent’s Name: ___________________________
Address: ___________________________
City: ___________________________
Phone Number: ___________________________

Parent’s Signature: ____________________
Parent’s E-Mail: ______________________

*Please note lunches will not be provided at day camp. Please bring a sack lunch. Afternoon snack will be provided.*

The fees for service will be used to offset direct expenses and to support the 4-H Youth Development County Extension Program.

Complete the form and mail it or drop it off at the Extension Office with the fees at least two days before the day camp.

Check can be made payable to:
Cerro Gordo County Extension
601 S Illinois Ave. Mason City, IA 50401

**Ethnicity** (circle one) White Black Hispanic Asian American Indian/Alaskan

**Where you live** (circle one) Farm Acreage Town

**EMERGENCY CONTACT INFORMATION**

First Contact Name: ___________________________
Relation to Participant: ___________________________
Daytime Phone: ___________________________
Cell Phone: ___________________________

Backup Contact Name: ___________________________
Relation to Participant: ___________________________
Daytime Phone: ___________________________
Cell Phone: ___________________________

**Name of Family Doctor:** ___________________________
Doctor Office Number: ___________________________

**My Child Will:**
My child has permission to be picked up by:
________________________________________________
________________________________________________
________________________________________________
Adult signatures will be required at pick up unless otherwise arranged with Kelsey.
Please completely fill out this form on both sides.

Questions? Contact Kelsey Warner at kdwarner@iastate.edu or at the Extension Office 641-423-0844.
HEALTH INFORMATION (Please Print)

Does the child have any of the following conditions or a history of any of the following conditions? (Check all that apply.)

- Asthma
- Bronchitis
- Fainting Spells
- Diabetes
- Ear Infections
- Heart or cardio-vascular problems/disease
- Convulsions/seizure
- Hay Fever
- Chronic bone, muscle or joint injuries
- Migraine headaches
- Other condition(s): (Please list)_____________________

Allergies or reactions: (Check all that apply.)

- Aspirin
- Penicillin
- Dairy
- Gluten
- Peanuts
- Insect bites or stings
- Ivy/oak/sumac toxins
- Other (list) ___________________________

TO BE READ AND SIGNED BY PARTICIPANT AND PARENT

BEHAVIOR EXPECTATIONS OF THE PARTICIPANT

It is important to follow the directions of the adult leader(s) at all times. I understand that as a participant I have the responsibility to help make the activity a safe experience for everyone through my behavior and conduct. I also understand the danger of not following rules and directions and agree to follow them.

______________________________
Participant Signature

______________________________
Date

I understand that my child must be healthy and reasonably fit in order to safely participate in 4-H recreation activities and that I will inform the program leader(s) of any medication, ailment, condition, or injury that may affect his/her ability to participate safely.

MEDICAL EMERGENCY PARENTAL PERMISSION*

The health history for my child is correct and complete to my knowledge. If an injury or other medical condition occurs or arises, I hereby give permission to the ISU Extension staff or volunteer to provide routine first aid and seek emergency treatment including x-rays or routine tests. I agree to the release of any record necessary for treatment, referral, billing or insurance purposes. I understand that I am financially responsible for charges and hereby guarantee full payment to the attending physicians or health care unit. In the event of an emergency where I cannot decide for my child, I give permission to the ISU Extension staff or volunteer to secure and administer treatment for my child, including hospitalization. (*If you cannot sign this section of the form for any reason, contact the County Extension Director regarding a legal waiver in order to attend and participate.)

_________initial   ________
__date

PUBLICITY/IMAGE/VOICE PERMISSION

The Iowa State University Extension 4-H Program normally takes photographs, video, and/or tape recording of our programs. During activities, a photograph or video/audio recording may be taken of you or your child. Unless you request otherwise, your initial below will be considered permission for Iowa State University and the 4-H Program to photograph, film, audio/video tape, record and/or televise your image and/or voice or the image and/or voice of your child for use in any publications or promotional materials, in any medium now known or developed in the future without any restrictions. If you object to ISU using you or your child’s image or voice in this manner, please notify the adult leader. _______initial _______date

4-H ASSUMPTION OF RISK AND RELEASE OF LIABILITY (Please read carefully.)

I give permission for _______________________________ to participate in the 4-H program. I understand that 4-H project activities/events may involve certain risks of physical activity and possible injury and that Iowa State University and its 4-H program will provide each participant with reasonable care, but that ISU cannot guarantee that my child will remain free of injury. In addition, some 4-H projects including but not limited to: shooting sports, horse or livestock projects, water activities, and other sporting activities have a higher degree of risk. I nonetheless wish to have my child participate in the 4-H program and ASSUME the RISK of participating. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS the State of Iowa, the Board of Regents of the State of Iowa, ISU and ISU Extension and their officers, employees and agents (hereinafter the RELEASEES) from any and all claim and/or cause of action arising out of and related to any injury, loss, penalties, damage, settlement, costs or other expenses or liabilities that occur as a result of my child’s participation in the 4-H program. This release, however, is not intended to release the above-mentioned RELEASEES from liability arising out of their sole negligence.

______________________________
Parent or Guardian Signature

______________________________
Date

(Must be signed by the parent or guardian if the participant is under 18 years old)