This year ALL campers will check in at the Cerro Gordo County Extension and Outreach Office in Mason City and travel via Cavalier Coach together to Clover Woods 4-H Camp. (Separate travel to camp is not allowed.)

Campers check-in June 11 from 1:45-2:00 pm
Campers arrive back June 13 about 12:30 pm

WHAT TO BRING:
- Sleeping bag or blankets, sheets, and pillow
- Toilet articles (soap, towels, washcloth, toothbrush, etc.)
- Casual camping clothes (warm and cool)
- **NOTE: Many activities will take place rain or shine. Please plan accordingly. BRING 2 PAIR OF TENNIS SHOES!**
- Jacket and rainwear, cap
- Good pair of walking shoes
- Old tennis shoes that can get wet and muddy
- Swimsuit
- Shirt/shorts for creek walk or water games
- Insect repellent (non-aerosol preferred)
- Sunscreen lotion
- Water Bottle
- Flashlight, Camera (optional)
- Sense of adventure

If your child has medicine to take, you must complete the “Request for Giving Prescription/Non-Prescription Meds at 4-H Event Form”

Campers will be from the following counties: Cerro Gordo, Floyd, Franklin, Mitchell, and Worth

Does wall climbing, sleeping in a cabin and singing around a campfire sound fun?
We do this and much more, including crafts,

Back to Nature 4-H Camp

GRADES 4-7
June 11-13
Clover Woods 4-H Camp, Madrid, IA

Space is limited, and you will not want to be left out!

YOUR Camp cost is $75
$25.00 scholarship from the Cerro Gordo 4-H Foundation
$25 scholarship from the Iowa 4-H Foundation Endowment

Iowa State University Extension and Outreach does not discriminate on the basis of age, disability, ethnicity, gender identity, genetic information, marital status, national origin, pregnancy, race, religion, sex, sexual orientation, socioeconomic status, or status as a U.S. veteran. (Not all prohibited bases apply to all programs.) Inquiries regarding non-discrimination policies may be directed to the Diversity Officer, 2150 Beardshear Hall, 515 Morrill Road, Ames, Iowa 50011, 515-294-1482, extdiversity@iastate.edu. All other inquiries may be directed to 800-262-3804
REGISTRATION FORM

Camper Name _____________________________________

Address __________________________________________

City, Zip __________________________________________

Male ____   Female ____    Grade Completed 4  5  6  7

County ______________Club _________________________

E-mail ____________________________________________

Allergies, medications, or other information the staff should know: (please include food allergies & sensitivities)
____________________________________________________________________________________

Please provide phone numbers that can be used throughout camp to reach a parent/guardian in case of illness or injury.

Parent/Guardian #1 ________________________________

Phone ________________________________

Parent/Guardian #2 ________________________________

Phone ________________________________

Email ________________________________

Release Information:
In the events a parent cannot be reached, this person is authorized to pick up my child from 4-H Camp and can be contacted if my child gets sick or needs medical attention. (Note: if there are any changes to this information at the time of camp, please send a written note.)

Name ________________________________ Relationship ________________________________ Phone ________________________________

My child will ride home with the person listed below (Note: If there are any changes to this information at the time of camp, please send a written note.)

Name ________________________________ Relationship ________________________________ Phone ________________________________

T-Shirt Size: Youth M L Adult Sm M L XL

Photography Release Consent:
___ Yes, pictures of my child may be used for publicity and news article and on the county Extension web page(s).

___ No, do not use pictures of my child.

Code of Conduct:
I understand that the following individual behaviors make group activities difficult and I will be asked to pick up my child from 4-H camp if there is a problem:

• Physical harm (person, facility, materials)

• Leaving the group without permission

• Illness

• Inappropriate language

• Refusal to follow the rules

• Unsafe behavior

____________________________________________________

Parent/Guardian ________________________________ Date ________________________________

Iowa 4-H Medical Information/Release Form:
___ On file with local Extension Office, no changes needed

___ Changes needed (please provide new information)