

HOWARD COUNTY SUMMER YOUTH DAY CAMPS



Deadline: July 1

Dates, times, topics subject to change - participants will be notified of any changes.

Each camp: \$20, 9 am - 3 pm ~ Please bring a sack lunch. Snacks provided.

Camp based on spring 2024 grade completed.

Check the boxes for the day camps you're interested in.

Fun With Bots

K - 3rd grade

July 9 at Riceville

July 16 at Lime Springs

This interactive program is designed to engage K-3rd graders in hands-on robotics and coding opportunities. Children will be introduced to basic coding concepts through games, robots, and block-based coding programs. This day camp builds problem-solving and creativity skills while having a blast with ROBOTS

Everybody Kneads Bread

4th-6th grade

July 11 at Cresco

July 18 at Elma

This 4-6 grade program features the science behind bread, baking and eating bread, and experiencing baking in a kitchen while learning with peers. Youth will learn how to identify yeast and non-yeast breads and understand how yeast fermentation is used to make bread and bake bread using the bag method.

Agriculture Everyday

4th-8th grade

July 23 at Riceville

July 30 at Lime Springs

Agriculture Every Day is aimed at teaching youth in grades 4-8 about the importance of agriculture and how agriculture connects to their daily lives. Youth will also gain life skills such as teamwork, organization, and observation.

Delicious Dough

K - 3rd grade

July 25 at Elma

August 1 at Cresco

This K-3 bread-themed day camp will be released in partnership with Everybody Kneads Bread. In this day camp children will learn about, bake, and taste a variety of types of breads!

How to register?

Name: _____ **Grade finished May '24:** _____

Parent Name(s): _____ **Cell Phone:** _____

Address, City, State _____

Email: _____

Please ensure registration and fees for each camp are submitted by **July 1** to Howard County Extension & Outreach. Payments should be made payable to Howard County Extension & Outreach. The fees for service will be used to offset direct expenses and to support the 4-H Youth Development County Extension Program. Return the registration form, fee, and health form to Howard County Extension at 132 1st Ave West, Cresco, IA 52136. If you have any questions, feel free to call (563) 547-3001 or email Camilla at camilla@iastate.edu. Please note that a minimum of 5 campers is required by the deadline; camps may be canceled due to insufficient registrations. Upon submitting your registration, you'll receive more details about the day camps

This institution is a equal opportunity provider. For the full non-discrimination statement or accommodation inquiries, go to www.extension.iastate.edu/diversity/ext.



IOWA STATE UNIVERSITY
Extension and Outreach



2024 Summer Day Camps

Dear Parent/Guardian,

Iowa 4-H programs are open to everyone. This information is report in aggregate and not tied to a specific participant. This information will be shared with the United States Department of Agriculture (USDA). Iowa and USDA use this information to comply with Civil Rights laws.

Grade completed in school year 2023-2024? _____ Grade (If not yet in school list age.) _____ Age

What is the young person's gender identity?

- Male (boy)
- Female (girl)
- Their gender identity is not listed
- I don't want to answer

Which of the following best describes the young person's residence?

- Farm
- Rural (population under 10,000)
- Town (population 10,000-50,000)
- Suburb of City (population 50,000+)
- Central Cities (population 50,000+)

Which of the following best describes the young person's ethnicity?

- Hispanic or Latino
- Not Hispanic or Latino

Which of the following best describes the young person's race?

- Asian
- Black or African American
- Native American
- Native Hawaiian/Other Pacific Islander
- White or Caucasian
- More than one race
- I don't know

Military

- No one in my family is serving in the military
- I have a parent serving in the military
- I have a sibling serving in the military

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Iowa 4-H Medical Information/Release Form (Non 4-H Club Members - Youth)

2024 Year

Keep original in County Office.

PARTICIPANT INFORMATION

Participant's Name _____
Permanent Address _____ Date of Birth _____ Gender _____
City, State, Zip _____ Home Phone _____

MEDICAL EMERGENCY CONTACT INFORMATION

Person to Contact First Name _____ Backup Contact (Relative or Friend) Name _____
Relation to Participant _____ Relation to Participant _____
Daytime Phone _____ Daytime Phone _____
Evening Phone _____ Evening Phone _____
E-mail _____ E-mail _____
Name of Family Doctor _____ Office Number _____
Name of Dentist _____ Office Number _____

INSURANCE POLICY INFORMATION

The above-named participant is covered by health insurance. Yes** No*
* If no, initial this line stating that you do not have health insurance and are aware that Iowa State University/University Extension/4-H does not carry any health insurance for you. _____
** If yes, provide the following information which is required by Iowa State University to expedite treatment and to facilitate the billing process.
Policy Holder's (P.H.) Name _____ P.H.'s Date of Birth _____
Address _____ Relation to Participant _____
City, State, Zip _____ Occupation _____
P.H.'s Employer's Name/Address _____
Insurance Company Name _____
Policy # _____ Plan # _____

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) _____

Is your child currently on any prescribed or over-the counter medication? (If so, please record the condition/ailment, name of medication, dosage, time(s) of day, prescribing physician.)

.....
Date of last tetanus shot (approximate if necessary): _____

(over)

TO BE READ AND SIGNED BY PARTICIPANT

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

TO BE READ AND SIGNED BY PARENT OR GUARDIAN

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 physician/hospital selected by 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

TRANSPORTATION

I am giving my permission for my child to be transported during an authorized activity or event. I give my permission for: **(Check all that apply.)**

- My child to ride with any adult volunteer driver.
- My child to ride with an authorized adult volunteer driver who has completed an MVR check.
- My child to ride in another youth's (18 or younger) vehicle to 4-H activities.
- My child to drive his/her vehicle to 4-H activities or events.
- My child to transport other 4-H participants in his/her or my vehicle.

I understand that if personally-owned vehicles are used as transportation to and from Iowa State University (ISU) 4-H events or activities, that the owner of the vehicle is responsible for any liability that might occur during the transportation. ISU does not provide coverage for any property damage, personal injury or liability that may occur while using personal vehicles. Vehicle owners are required to carry automobile liability insurance as required by the State of Iowa.

_____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)
