OHIO STATE UNIVERSITY EXTENSION

Са	mp Rules Agreement		
I understand that I,	gs, or firecrackers while at camp. I also agree t will not bring them to camp. I agree that I will no Director. I will conduct myself with respect for e cabin areas are restricted to boys in the boys' ople's property and camp property and agree notice in a way which causes inconvenience to	nat cam ot leave others a cabin ar	p is not a place for the campgrounds at all times and will ea and girls in the
camp.	on and physical mannadion are not allowed at	Α	Be positive and try your best!
Lundovstand that All Commission from place to be for	vouth and volen I respect ather kidal rights and		RESPECT
I understand that 4-H Camp is a fun place to be for property and when other youth respect my right to e		R	Respect everyone and everythin
property, and right to enjoy camp.	3,1	T	THINK
If I break any part of this agreement, I understand th	not my paranta will be called immediately, and I	-	Understand and demonstrate.
will be sent home without a refund of my fees and a			IMAGINE
·	,		Be creative and dream!
Further, I agree to allow the Extension Office to use		S	SPIC & SPAN
slide shows or power point presentations to enhance	e and promote the 4-n camping programs.	3	Clean up after yourself and table
		-	TARGET
Youth/Camper Signature			Follow directions to stay on targe
Note: 4-H Camp concludes promptly at 9:00 a	.m., Monday, June 9. All campers should be	e picked	d up at that time.
4-H Member Restricted			
Release/Optional Early Release	herby authorize only t	he nercon	(s) listed below to pick up
Complete this form to confirm arrangements	(name parent/guardian)	ne person	(s) listed below to pick up
and/or authorize another person to pick up a	,		
4-H youth member. Supervision at 4-H	(4-H youth member name)	(name	e of event)
Events where 4-H Professionals and		,	· I
Authorized Volunteers take responsibility for	Name of person(s) authorized to pick up my child:		
4-H youth members in the absence of the	1 P	none	
parents/guardian is of highest importance. Full time participation is required at 4-H	2 P	none	

Before release of the youth member the person(s) listed above must be identified by the youth member to the 4-H Professional/Volunteer in charge and sign below.

events unless prior permission is granted by

the County 4-H Professional.

Signature of person picking up member	
(date/time)	_

	rom
(4-H youth member name)	(name of event)
Name of person(s) authorized to pick up my ch	ild:
1	Phone
2	Phone
If the youth is granted permission to leave the	event early, complete these details:
☐ Pick up time date/time	
☐ Return date/time	
☐ Return date/time ☐ Will not return to event	
☐ Will not return to event If a change is needed to this authorization, I un	
☐ Will not return to event If a change is needed to this authorization, I un	derstand that I must call:



