



2015 MULTICOUNTY 4-H CAMP | JUNE 16-19 | DARRELL E. FENNER 4-H CAMP



General Camp Information

Dates:

Arrive Tuesday, June 16, between 2pm and 3pm

Depart Friday, June 19, between 11am and Noon

Location: Darrell E. Fenner 4-H Camp
Loon Lake Road
Bigfork, MT 59911
(406) 837-1246

Ages: 8-12 (age on October 1, 2014)

Fee: \$130.00 by **Friday, May 29th.**

Refund: 100% if cancelled by Friday, June 5.

Bring: *Sleeping bag, pillow
*2 pairs of water-tolerant shoes
*Cool and warm weather clothes
*Towels, soap, shampoo, personal items
*Swim suit
*Sunscreen & insect repellent
*Optional items: Camera, sports and recreational equipment, etc.

Don't Bring:

Valuables, Cell Phones, junk food and other snacks



The 4-H Camp Experience



This camp is unique in many ways, campers not only get the opportunity to learn new skills but also improve ones they already have! In addition, campers learn:

- Team Work
- Sharing
- Diversity
- Discovering their Strengths
- Building Self-Confidence
- Communication
- Leadership
- Responsibility

Camp Staff are 4-H Teen Leaders under the guidance of adult 4-H Leaders and 4-H Agents. It is mandatory that all extension offices send one adult chaperone. *Camp Policy does NOT allow cell phone use by campers and staff on site; the phone number listed above can be used for emergencies.* The majority of the camp staff attended camp as campers and have returned to pass along the tradition of having fun and making friends while learning new life skills.

The U.S. Department of Agriculture (USDA), Montana State University and the Montana State University Extension Service prohibit discrimination in all of their programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital and family status.

APPLY ONLINE AT: <https://sanderscountyextension.wufoo.com/forms/multicounty-4h-camp/>



Please remit payment, application and health form to your County or Reservation Extension Office by Friday, May 29, 2015:

MSU Extension Flathead Reservation
701-B 1st Street East
Polson, MT 59860

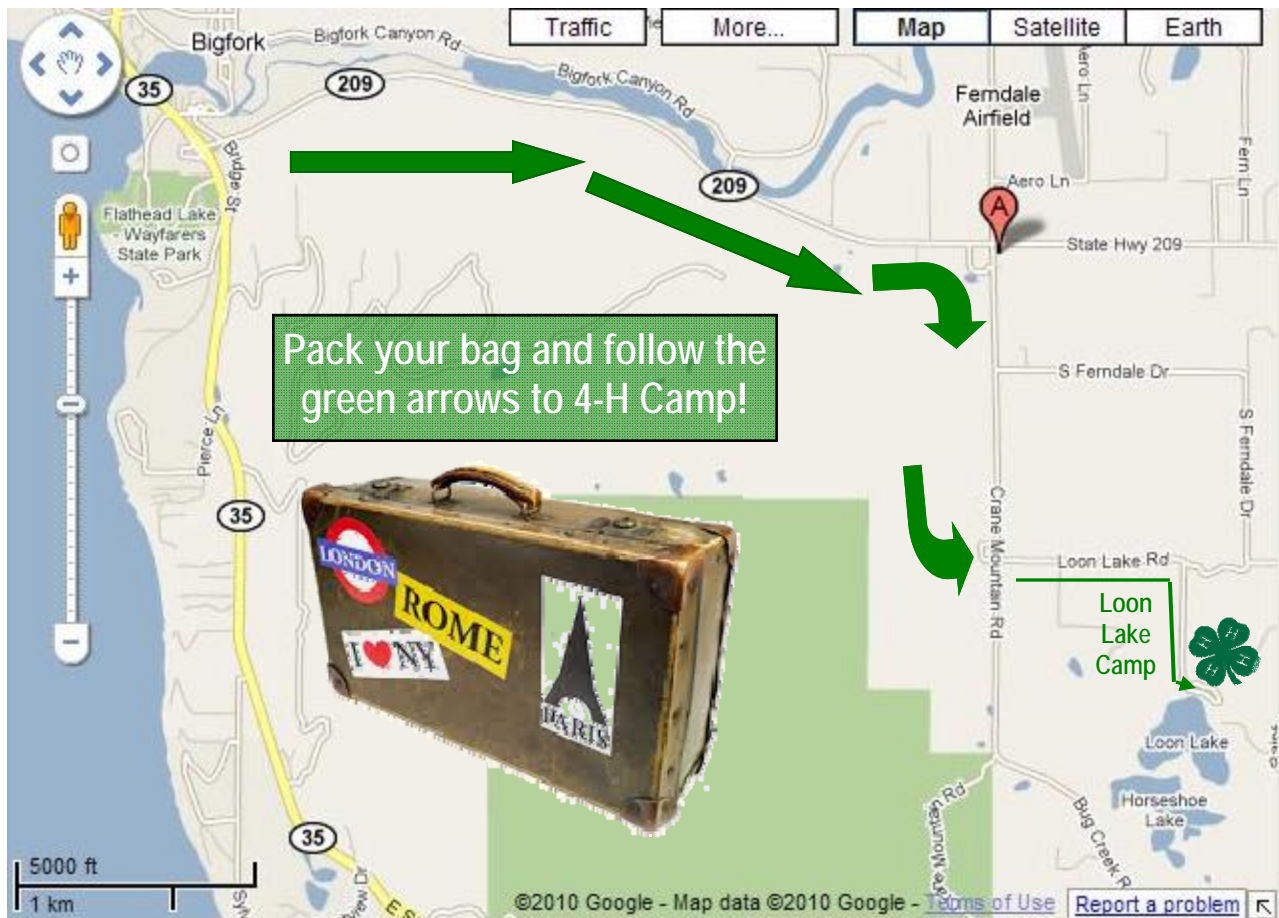
MSU Extension Lake County
300 Third Ave. NW
Ronan, MT 59864

MSU Extension Lincoln County
PO Box 1140
Eureka, MT 59917

MSU Extension Mineral County
PO Box 730
Superior, MT 59872

MSU Extension Missoula County
2825 Sante Fe Court
Missoula, MT 59808

MSU Extension Sanders County
2504 Tradewinds Way, Ste 1B
Thompson Falls, MT 59873



2015 Multi-County 4-H Camp Application

This application may also be competed online
at <https://sanderscountyextension.wufoo.com/forms/multicounty-4h-camp/>

Name: _____ County: _____

I am (check ONE): Camper Counselor 4-H Leader Extension Staff Other

Address: _____

City: _____ Zip: _____

Birthdate: ___/___/___ Age at Camp: _____ Sex: Female Male

Previous Times at Multi-County Camp: _____ Years in 4-H _____

Parent(s)/Guardian(s) Name: _____

Parent/Guardian Address: _____

Emergency Telephone: (day) _____ (evening) _____

All water activities are supervised by a certified Lifeguard. A Swim Test will be administered the first day of camp. Anyone canoeing must wear a life jacket. Archery is under the direct supervision of a certified 4-H Shooting Sports Instructor.

My child has permission: Canoe: yes no

Swim: yes no only with a life jacket

Archery: yes no

Media Release: yes no [Like us on Facebook: [facebook.com/mc4hcamp](https://www.facebook.com/mc4hcamp/)]

Do you authorize the use of photos or video of your child at this event? We may like to use photos or videos taken during this event in a press release or other publicity, on a website, or other marketing materials. We will not use personal details, full names, email or postal addresses, phone numbers, or inappropriate images.

Method of Payment: Cash _____ Check # _____ (Payable to your County/Reservation 4-H Council.)

*Application form and fees are **due** to your local Extension Office by **Friday, May 29, 2015.***

2015 Multi-County 4-H Camp Health Form

(To be completed by Parent/Guardian of Camper)

Camper: _____ County: _____

If parent is unavailable in an emergency, please contact:

Name	Telephone Number	Relationship
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[Please don't leave blank. Indicate "NA" if Not Applicable]

Any chronic or recurring illness, and treatment, or other condition which may need to be addressed while at camp:

Dietary modifications and current medication (List allergies - e.g. bees, etc):

Specific activities to be restricted are:

Name of family physician: _____ Phone: _____

Please check the appropriate box below:

The Camp Nurse does / does not have permission to administer non-aspirin pain reliever and/or allergy medicine to my child.

This health history is correct so far as I know and the camper herein described has permission to engage in all camp activities except as noted above. I hereby give permission to the physician selected by the 4-H Camp to order x-rays, routine tests and treatment for the health of my child and, in the event I cannot be reached in an emergency, to secure proper treatment such as hospitalization, injection, and/or surgery.

I have read and understand the 4-H Camp Rules on the application and agree to provide transportation for my child from camp if discipline requires my child to be sent home early.

Signature of Parent/Guardian

Date

Note to Parent/Guardian: On the day of camp check-in please visit the nurse for a simple health screening. At this time you may talk to the camp nurse about medications, allergies and other important information about your youth.