

Exploring Our World



Summer Youth Camps 2021 Program Book

Adair County ISU Extension and Outreach

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2021 Summer Camp Descriptions

1. Springbrook Camp

Age: 4th-8th Grade
Date & Time: June 3rd, 9:30am-3:30pm
Location: Springbrook State Park
Cost: \$25
Lunch: Youth will need to bring their own sack lunch
Description: Youth will load the bus at the Nodaway Valley High School at 9:30am, and will head to Springbrook State Park to learn all about Iowa's fossils and geology!

2. Greenfield Library Camp #1

Age: K-3rd Grade
Date & Time: June 8th, 9:30am-12:00pm
Location: Greenfield Public Library
Cost: \$0
Description: Bugs, butterflies, worms, and spiders! Campers will learn all about these creepy crawlies, and how they help our environment!

3. Greenfield Library Camp #2

Age: 4th-8th Grade
Date & Time: June 8th, 12:30pm-3:30pm
Location: Greenfield Public Library
Cost: \$0
Description: Let's get wild about native bees! Campers will learn all about Iowa's native bees and how they help our gardens grow!

4. Animal Science Camp

Age: 4th-8th Grade
Date & Time: June 9th, 9:30am-3:30pm
Location: Adair County Fairgrounds
Cost: \$25
Lunch: Youth will need to bring their own sack lunch.
Description: Campers will learn about the science and life skills used in animal and veterinarian science. We'll explore anatomy, digestion, and biosecurity. In the afternoon, there will be a YQCA training for campers Junior 4-H participants.

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

2021 Summer Camp Descriptions

5. Clover Kids Camp

Age: This camp is for youth who registered for the 20-21 Clover Kids Program
Date & Time: June 10th, 9:30am-12:00pm
Location: Adair County Fairgrounds
Cost: \$0
Description: The Clover Kids will be able to create projects that can be shown at the Adair County Fair.

6. Orient Library Camp #1

Age: K-3rd Grade
Date & Time: June 14th, 9:30am-12:00pm
Location: Orient Public Library & Technology Center
Cost: \$0
Description: Campers will learn all about what seeds need to grow, how they travel, and what seeds we eat.

7. Orient Library Camp #2

Age: 4th-8th Grade
Date & Time: June 14th, 12:30pm-3:30pm
Location: Orient Public Library & Technology Center
Cost: \$0
Description: Campers will explore how tiny seeds grow into the fruits and vegetables that we eat everyday.

8. Art Mania

Age: K-3rd Grade
Date & Time: June 15th, 9:30am-12:00pm
Location: Adair County Fairgrounds
Cost: \$15
Description: We'll have lots of fun creating wonderful crafts and learning all about art!

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

2021 Summer Camp Descriptions

9. Art Spectacular

Age: 4th-8th Grade
Date & Time: June 15th, 12:30pm-3:30pm
Location: Adair County Fairgrounds
Cost: \$15
Description: We'll have lots of fun creating wonderful crafts and learning all about art!

10. Adair Library Camp #1

Age: K-3rd Grade
Date & Time: June 21st, 10:30am-12:00pm
Location: Adair Public Library
Cost: \$0
Description: We'll learn all about healthy eating and how to maintain a healthy lifestyle.

11. Adair Library Camp #2

Age: 4th-8th Grade
Date & Time: June 21st, 12:30pm-3:30pm
Location: Adair Public Library
Cost: \$0
Description: We'll learn all about healthy eating and how to maintain a healthy lifestyle.

12. Cooking Camp #1

Age: K-3rd Grade
Date & Time: June 22nd, 9:30am-12:00pm
Location: Adair County Fairgrounds
Cost: \$15
Description: Campers will have lots of fun learning about cooking basics and will get the opportunity to make their own pancakes!

13. Cooking Camp #2

Age: 4th-8th Grade
Date & Time: June 22nd, 12:30pm-3:30pm
Location: Adair County Fairgrounds
Cost: \$15
Description: Campers will have lots of fun learning about the science of cookie making! They'll have the opportunity to experiment with different recipes and see if they can create the perfect cookie!

2021 Summer Camp Descriptions

14. Babysitting Workshop

Age: 4th-9th Grade

Date & Time: June 23rd, 9:30am-3:30pm

Location: Adair Public Library

Cost: \$20

Lunch: Youth will need to bring their own sack lunch.

Description: Participants will learn the basics of babysitting and be equipped with the skills to become babysitters in their community. They'll learn basic first aid, what to do in emergency situations, and ages and stages.

15. Fontanelle Library #1

Age: K-3rd Grade

Date & Time: June 28th, 9:30am-12:00pm

Location: Fontanelle Public Library

Cost: \$0

Description: Campers will learn all about the American Flag and its symbolism.

16. Fontanelle Library Camp #2

Age: 4th-8th Grade

Date & Time: June 28th, 12:30pm-3:30pm

Location: Fontanelle Public Library

Cost: \$0

Description: Campers will learn all about symbolism from America including the American Flag.

17. PeeWee Workshop

Age: K-3rd Grade

Date & Time: June 30th, 9:30am-12:00pm

Location: Adair County Fairgrounds

Cost: \$15

Description: Participants will have the opportunity to learn all about cows, sheep, meat goats, and swine and have the opportunity to practice showing these animals.



IOWA DEPARTMENT OF NATURAL RESOURCES
WAIVER AND RELEASE OF LIABILITY
IMPORTANT: READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the Iowa Department of Natural Resources athletics/sports program, and related events and activities, the undersigned agrees to the following:

1. Prior to participating, I will inspect the facilities and equipment to be used, and if I believe anything is unsafe, I will immediately advise a coach, instructor, supervisor, or other event organizer of such condition(s) and refuse to participate.
2. I acknowledge and fully understand that I will be engaging in activities that involve risk of damage to personal property or serious injury, including permanent disability and death, and severe social and economic losses which might result not only from my own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, the condition of the premises, or of any equipment used. Further, there may be other risks not known or not reasonably foreseeable at this time.
3. I assume all the foregoing risks and accept personal responsibility for all expenses, medical or otherwise, following any such damages, injury, permanent disability or death.
4. I release, waive, discharge and covenant not to sue the Iowa Department of Natural Resources, its instructors, volunteers, directors, agents and other employees, other participants, sponsoring agencies, affiliates, sponsors, advertisers, and if applicable, owners and lessees of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from any and all liability to me, my heirs, and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.
5. This waiver may not be modified in any way. If any part of this waiver is determined to be invalid by law, all other parts of this waiver shall remain valid and enforceable.

I HAVE READ THE ABOVE WAIVER AND RELEASE. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I HAVE SIGNED IT VOLUNTARILY.

Participant's Full Name:					
Signature:				Date:	
Address:				City:	
State:		Zip:		DOB:	
ACA#:			Club/Organization:		

2021 Adair County ISU Extension SUMMER YOUTH CAMP PROGRAM REGISTRATION

(A Registration Form must be completed for **EACH** camp participant. Please PRINT legibly.)

Date Form is submitted: _____

Form Accepted by Ext Staff: _____

Camp Participant's Full Name: _____

Youth's Grade entering Fall 2021: _____

Youth's Current Age: _____

Primary Phone Number: _____ home cell Contact Name: _____

Secondary Phone Number: _____ home cell Contact Name: _____

Parent/Guardians' Name(s): _____

Street Address: _____

City: _____ State: IA Zip: _____

Would you like to receive program reminders via: *(If yes, check all that apply & provide additional information)*

☐ Email: _____

☐ Text message: Cell number _____

Provider: ___US Cellular ___Verizon ___Other: _____

☐ Mail: *(if different than above address)* _____

☐ Dietary Restrictions: _____

☐ Special Accommodations: _____

Place a checkmark next to the program(s) your child would like to participate in (be sure to check camp program descriptions for grade eligibility). Early registration is encouraged. Each camp has a specific enrollment capacity limit. Slots are filled on a first come, first serve basis. **All registration forms must be submitted at least one week in advance of a camp's start date and must be accompanied by payment.**

Camp # and Title	Ages	Location	Dates	Time	Cost
<input type="checkbox"/> 1 Springbrook Camp	4th-8th Grd	Springbrook State Park	June 3	9:30am-3:30pm	\$25
<input type="checkbox"/> 2 Greenfield Library Camp #1	K-3rd Grd	Greenfield Public Library	June 8	9:30am-12:00pm	\$0
<input type="checkbox"/> 3 Greenfield Library Camp #2	4th-8th Grd	Greenfield Public Library	June 8	12:30pm-3:30pm	\$0
<input type="checkbox"/> 4 Animal Science Camp	4th-8th Grd	Adair Co Fairgrounds	June 9	9:30am-3:30pm	\$25
<input type="checkbox"/> 5 * Clover Kids Camp	*	Adair Co Fairgrounds	June 10	9:30am-12:30pm	\$0
<input type="checkbox"/> 6 Orient Library Camp #1	K-3rd Grd	Orient Public Library	June 14	9:30am-12:00pm	\$0
<input type="checkbox"/> 7 Orient Library Camp #2	4th-8th Grd	Orient Public Library	June 14	12:30pm-3:30pm	\$0
<input type="checkbox"/> 8 Art Mania	K-3rd Grd	Adair Co Fairgrounds	June 15	9:30am-12:00pm	\$15
<input type="checkbox"/> 9 Art Spectacular	4th-8th Grd	Adair Co Fairgrounds	June 15	12:30pm-3:30pm	\$15
<input type="checkbox"/> 10 Adair Library Camp #1	K-3rd Grd	Adair Public Library	June 21	10:30am-12pm	\$0
<input type="checkbox"/> 11 Adair Library Camp #2	4th-8th Grd	Adair Public Library	June 21	12:30pm-3:30pm	\$0
<input type="checkbox"/> 12 Cooking Camp #1	K-3rd Grd	Adair Co Fairgrounds	June 22	9:30am-12:00pm	\$15
<input type="checkbox"/> 13 Cooking Camp #2	4th-8th Grd	Adair Co Fairgrounds	June 22	12:30pm-3:30pm	\$15

(More camp listings on backside)

<input type="checkbox"/> 14	Babysitting Workshop	4th-9th Grd	Greenfield Public Library	June 23	9:30am-3:30pm	\$20
<input type="checkbox"/> 15	Fontanelle Library #1	K-3rd Grd	Fontanelle Public Library	June 28	9:30am-12:00pm	\$0
<input type="checkbox"/> 16	Fontanelle Library #2	4th-8th Grd	Fontanelle Public Library	June 28	12:30pm-3:30pm	\$0
<input type="checkbox"/> 17	PeeWee Workshop	K-3rd Grd	Adair Co Fairgrounds	June 30	9:30am-12:00pm	\$15

* Clover Kids Camp is for registered 2020-2021 Clover Kids only.

Total Camp Costs \$ _____

Scholarship Applied - _____

BALANCE DUE \$ _____

Payment Method: (circle one)

Cash

Check (Ck # _____)

Payable to: Adair County
Extension

Parent/Guardian's Signature

Parent/Guardian's preferred listing of name(s) - please print

CHECKLIST FOR COMPLETION OF SUMMER CAMP REGISTRATION:

- ____ Summer Camp Program Registration Form is completed, signed and submitted with the following...
- ____ Payment Provided
- ____ Checked Availability on camps requested – ask Danielle
- ____ Completed, signed and submit **Medical/Information Release Form** (if your child is a current 4-Her and their medical Condition has not changed, their current 4-H Medical Release Form can be used for summer camps registration.)
- ____ **Request for Giving Medication Form** is provided (if a child is taking medication, this form must be completed, signed and submitted)
- ____ Complete, sign and submit **Scholarship Application** (if needed)
- ____ Complete and sign **DNR Waiver and Release of Liability** (required for all **Springbrook Camps** registrations)

Return completed forms with payment to: **Adair County Extension, 154 Public Square, Suite C, Greenfield, IA 50849**
For more information, contact Youth Development Coordinator, Danielle Morgan, Adair County Extension at 641-743-8412 or e-mail sdmorgan@iastate.edu.

“The fees for service will be used to offset direct expenses and to support the Human Sciences positive youth development programming, along with the 4-H Youth Development Adair County Extension Program”



Iowa 4-H Medical Information/Release Form (Summer Camps, non 4-H Youth)

2021

Keep original in County Office.

PARTICIPANT INFORMATION

Participant's Name _____

Permanent Address _____

City, State, Zip _____

Date of Birth _____ Gender _____

Home Phone _____

MEDICAL EMERGENCY CONTACT INFORMATION

Person to Contact First

Name _____

Relation to Participant _____

Daytime Phone _____

Evening Phone _____

E-mail _____

Name of Family Doctor _____

Name of Dentist _____

Backup Contact (Relative or Friend)

Name _____

Relation to Participant _____

Daytime Phone _____

Evening Phone _____

E-mail _____

Office Number _____

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.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Fainting Spells |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Heart or cardio-vascular problems/disease |
| <input type="checkbox"/> Convulsions/seizure | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Chronic bone, muscle or joint injuries |
| <input type="checkbox"/> Migraine headaches | <input type="checkbox"/> Other condition(s): (Please list) _____ | |

Allergies or reactions: (Check all that apply.)

- | | | | | |
|---|---|---|---------------------------------|----------------------------------|
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Penicillin | <input type="checkbox"/> Dairy | <input type="checkbox"/> Gluten | <input type="checkbox"/> Peanuts |
| <input type="checkbox"/> Insect bites or stings | <input type="checkbox"/> Ivy/oak/sumac toxins | <input type="checkbox"/> 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)

4H-3039B-Y
August 2012 rev

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)

IOWA STATE UNIVERSITY
Extension and Outreach

... and justice for all.

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