

MXC 2019 Participant Handbook & Forms

MXC 2019 Participants and Parents:

This document contains important information about MXC 2019. The specific information includes:

- A participant welcome letter, with details about MXC event location, arrival and departure times, what to bring, what to wear, what you'll do, where you'll sleep, and emergency contact telephone numbers.
- Guidelines for group living.
- Grounds for dismissal policies.

There are also three forms that each participant and parent/guardian must print, complete, sign, and bring to the MXC registration on Saturday, February 23, 2019.

Please do not forget to complete and bring the following:

- Participant Health History/Participant Photo Release
- Participant Behavior Agreement form
- Waiver and Permission to Transport Child form
- **If you are leaving your vehicle at the 4-H Center, print the parking pass attached to this information to keep in your vehicle

Please print, complete, sign, and bring the forms and passes contained in this document to MXC registration on February 23.





Making eXtreme Counselors

Ohio 4-H Camp Counselor Workshop

Date: February 6, 2019
To: MXC Participants
From: 2019 MXC Planning Team

We are so excited that you have registered to attend the **2019 Making eXtreme Counselors** statewide 4-H camp counselor training workshop! Please read this letter carefully, as it contains information that you will need to prepare for attending the workshop.

Location: Nationwide & Ohio Farm Bureau 4-H Center
2201 Fred Taylor Dr., Columbus, OH 43210
Check-In Time: 1:00 – 1:45 p.m., Saturday, February 23, 2019
(DO NOT ARRIVE MORE THAN 15 MINUTES EARLY)
Check-Out Time: 2:45 p.m., Sunday, February 24, 2019

Participants must be signed out by whoever their driver is. The driver will need to come into the auditorium to sign the participant(s) out. If a participant(s) is driving him/herself, they will just need to sign themselves out.

Driving Directions: Use the address above if you are using a GPS.

Take State Rt. 315 in Columbus to the Lane Ave./OSU exit. Go east on Lane Ave. 1 block to Fred Taylor Dr. Turn north (left) onto Fred Taylor Dr. The 4-H Center will be the first building on your left (across from the back side of the Schottenstein Center). The entrance to the parking lot is on the north side of the building and the parking lot is behind the Center. Please carpool if possible. If you are driving yourself and are planning to leave your vehicle there, use the parking pass that is also attached to this information.

Forms: You will have **3** forms that you need to complete and bring with you to registration on February 23. The forms are attached to this e-mail or you can go to the Ohio 4-H website (go.osu.edu/mxc) to download a copy of these forms.

- **Health History Form (Including photo release):** This form needs to be completed and signed by a parent/guardian.
- **Behavior Agreement:** You and your parent/guardian should read the *Guidelines for Group Living* and the *Grounds for Dismissal Policy* and retain a copy of these documents for your records. Then read the *Participant Behavior Agreement* and bring a signed copy with you. Both you and your parent/guardian need to sign this form.
- **Waiver and Permission to Transport Child:** This form needs to be completed and signed by a parent/guardian.

Medications: If you have medications listed on your Health History Form, be sure to bring enough for the weekend. Put them in a Ziploc bag and be sure they are labeled and in the original container. You will check the medications in with the nurse when you arrive on Saturday.

Meals: The meals included in your registration fee are Saturday dinner, Sunday breakfast, and Sunday lunch. On Saturday, please eat your lunch prior to arrival or bring a bag lunch with you to eat when you arrive.

What to Bring & What to Wear: All activities will be held inside the 4-H Center. On Saturday we are asking participants to wear their favorite camp T-shirt. You will also want to bring a back pack/cinch bag as one will not be provided. Make sure your name is written on it. Bring warm, comfortable clothes and toiletries. While you will be able to wash up in the bathrooms, please note that there are no accommodations for showering at the 4-H Center.

Bring Snack or Drink: Please bring a snack or drink to share with others. (Healthy snacks are encouraged - fruit, veggies, juice, granola bars, pretzels, etc.) We do have access to a refrigerator in the 4-H Center kitchen if items require it. Please do not bring any snacks that have peanuts or peanut products in them!

Sleeping Arrangements: Participants will be sleeping in different areas of the 4-H Center (separated by first and second floor), based on gender. You will be directed on where to place your luggage upon arrival. We will be sleeping on the floor of the building, so you will need to bring your normal camp bedding (sleeping bag, blankets, pillow, etc). Even though we are inside, bring warm bedding. You might want to bring a folding cot, air mattress, or something soft to sleep on because although the floor is carpeted, there is concrete underneath and it isn't padded!

Program: We will do lots of idea sharing over the course of the weekend. Come prepared with your favorite activities, games, meals, snacks, skits, etc., so you can be prepared to share! Bring a pen or pencil and paper to take notes. A brief workshop schedule is attached to this e-mail.

Cell Phones: Cell phones will be collected at check-in on Saturday or you may leave them in your car if you drive. Phones will be secured in a plastic baggie with your name and returned to you on Sunday at dismissal. Please let your parents and your friends know that they will not be able to reach you by cell phone or text message during the program. If you need to use a cell phone while at camp, you may get it from an adult and return it to the adult when finished. Cell phones are not permitted in sleeping areas. In the event your parent needs to contact you, emergency contact information is provided in this letter.

Event Chaperones: 4-H professionals from around the state will be supervising this event.

Inclement Weather: If the weather produces unsafe driving conditions, we may need to postpone the starting time or cancel the workshop. Details will be listed on the website (go.osu.edu/mxc) by 7:00 a.m. the day of the workshop.

Emergency Contact Number: You may provide the following cell phone numbers to your parent/guardian to use in case of emergency.

Hannah Epley, 4-H Specialist, State Office	614-325-2257
Kayla Oberstadt, 4-H Program Manager, State Office	614-980-6557

FULL TIME PARTICIPATION IS EXPECTED FOR THIS EVENT! The planning team has put together a training session with a variety of offerings taught by creative, energetic presenters who highly value the contribution that volunteer teen counselors contribute to the Ohio 4-H Camping Program!!!

Remember to bring a positive attitude and your eagerness to learn something that you can use to become a better camp counselor!!

We look forward to seeing you,

Kayla Oberstadt and Erin Dailey (Chairs, MXC Workshop Planning Team)

Guidelines for Group Living

Be safe!

Have fun!

Make friends!

Learn something new!

BE SAFE WHEN PARTICIPATING IN ACTIVITIES.

- Follow instructions for activities.
- Use objects for their intended purpose.
- Exercise care when using materials that could harm you or others, such as sharp objects, hot liquids, and flames.
- Report injuries, illness, and health problems to the designated health care professional.

ACT RESPECTFULLY TOWARD OTHERS IN YOUR WORDS AND ACTIONS.

- Respect other participants and the adult staff. Be kind and courteous to one another.
- Listen when others are talking.
- Use respectful language when communicating with other participants and adult staff members. No put-downs. Do not use profane, abusive, or derogatory language.
- Respect others' personal space.
- Boys stay in the boys' sleeping area; girls stay in the girls' sleeping area.
- Observe lights out in the sleeping areas as posted in the schedule.
- Resolve conflicts in a civil manner. No fighting.

DEMONSTRATE RESPECTFUL BEHAVIOR TOWARD YOUR SURROUNDINGS.

- Please treat buildings, equipment, others' property, and the environment with care and respect.
- Clean up after yourself and put trash in its proper place.
- Leave the area cleaner than you found it.

Keep a copy for your records.



MXC 2019 Making eXtreme Counselors Statewide 4-H Camp Counselor Workshop

Grounds for Dismissal Policies

In our efforts to maintain a safe environment for all our participants, there are certain situations that are grounds for dismissal from this event. We work hard to resolve conflicts that might arise, and it is unlikely that we would need to send a participant home. However, we think it is important to outline the situations that may lead to a participant's dismissal. In addition, we are not able to transport participants if they are dismissed. If a participant is sent home for any of the specified reasons, it is the responsibility of the parent/guardian to make arrangements to pick up their child at the event site (Nationwide & Ohio Farm Bureau 4-H Center in Columbus, Ohio).

Any participant found engaging in any illegal activity will be sent home. In addition, these activities may have potential legal consequences. **NO EXCEPTIONS.** These activities include:

DRUGS - Use, possession, or attempted purchase of any illegal drug in any quantity is prohibited. Personal use, attempt to purchase, possession of, or being in the company of anyone using or possessing any illegal drugs in any quantity or any unauthorized prescription drugs, or possession or purchase of any drug equipment or paraphernalia is prohibited. This includes e-cigarettes, vaping devices, and their contents. We reserve the right to conduct a personal effect search should drug or any illegal possession be suspected.

ALCOHOL - Use or possession of any alcoholic beverages or attempting to purchase any alcoholic beverages is prohibited. This policy also includes non-alcoholic beers. Being in any area where alcohol is consumed will also be grounds for dismissal. We reserve the right to conduct a personal effect search should alcohol possession be suspected. Any possession or use of a false I.D. is prohibited.

INAPPROPRIATE AND PROHIBITED BEHAVIOR - The following behavior is not permitted and will result in intervention by adult staff members. Actions may include temporary removal from activities, confiscation of items, a phone call to parents, and ultimately to a participant being sent home. In addition, certain behaviors have potential legal consequences and appropriate authorities will be contacted in such instances.

LEAVING THE IMMEDIATE EVENT LOCATION - No participants should be found leaving the immediate event location grounds unless they are participating in an off-site activity that is part of the program and they are accompanied by staff members.

USE AND/OR POSSESSION OF CELL PHONES - Cell phones and their use are prohibited at camp. Any cell phones found will be confiscated and held until the end of the event. This includes the use of these devices for taking inappropriate photographs and "sexting" (sending text messages or photos containing sexual content).

INAPPROPRIATE PHOTOGRAPHS AND VIDEOS - Cameras, cell phones, or other personal electronic devices may not be used to take and/or send photographs or videos that contain inappropriate content. Photographs taken in any private areas including but not limited to bathrooms, changing areas, etc., are strictly prohibited and will result in the confiscation of the equipment used to take the photographs and may result in a participant's immediate dismissal from the event.

SEXUAL CONTACT - Sexual contact between participants is prohibited.

USE AND/OR POSSESSION OF WEAPONS, INCLUDING KNIVES AND FIREARMS - Use and/or possession of weapons, including knives and firearms, is prohibited. This includes instances when common objects are used as weapons (e.g., rocks, bandanas).

FIREWORKS - Possession or use of fireworks is prohibited.

SMOKING/TOBACCO PRODUCTS - There will be no smoking, use, possession, or purchase of tobacco products, including cigarettes, cigars, e-cigarettes and other electronic means of smoking (i.e. Juul) and chewing tobacco.

FIGHTING, HARRASMENT, OR BULLYING - Participants are not to engage in any fighting, verbal or physical harassment, or abuse of any kind directed toward any member of the camp community. This includes food fights.

SEXUALLY EXPLICIT MATERIALS AND/OR PORNOGRAPHY - Participants should not possess, share, and/or distribute sexually explicit materials or pornography to any member of the camp community.

GAMBLING - Gambling of any kind is prohibited.

TRADING OR SELLING OF PERSONAL PROPERTY - The trading or sale of another individual's property or possessions is prohibited.

Keep a copy for your records.



Note: Please print all of the following pages, complete and sign where required, and bring all of them with you when you register for MXC 2019.

Ohio 4-H Health Statement

ALL SIDES of this form MUST be completed for each participant. Minors must have the form completed and signed by a parent/guardian. This information will be kept confidential and used only for the welfare of the participant. PRINT neatly using blue or black ink.

REQUIRED!
Attach
Picture
 (for I.D.
 purposes only)

Participant/Member Information:

Name: _____			
(Last)	(First)	(Middle)	
Address: _____			
(Street)	(City)	(State)	(Zip)
Home Phone: _____		County: _____	
Date of Birth: _____	Male/ Female	Age (today): _____	

Emergency Contact Information:

Parent/Guardian Name: _____	Parent/Guardian Cell Phone: _____
Other Contact/Relationship: _____	Other Cell Phone: _____
Other Contact/Relationship: _____	Other Cell Phone: _____
Physician: _____	Physician Phone: _____
Dentist: _____	Dentist Phone: _____

Health History:

Communicable Diseases:
 Provide the date (approximate is acceptable) at which participant has had or was exposed to:

Chicken Pox _____ Measles _____ Whooping Cough _____

Tuberculosis _____ Mumps _____ Other Communicable Diseases _____

Immunization/Vaccine Record:

To the best of knowledge, the participant is up-to-date on all immunizations which may include, but is not limited to: Diphtheria/Pertussis (Whooping Cough-TDAP), Polio, Measles/Rubella/Mumps (MMR), Haemophilus Influenza (HIB), Varicella (Chickenpox) that are required for school.

The participant has received a Tetanus Booster. Date of last booster: _____

If the participant is not current or up-to-date with immunizations, please complete the Ohio 4-H Immunization Exemption Form.

Medical Instructions: Medications/Allergies, Current/Past Medical Conditions:

Current Medications (Prescribed and Over-The-Counter, Current or Past Medical Treatment):
 (please list additional medications or needs on a separate sheet)

Name of Medication:	Dosage:	Frequency/Instructions:



Check below if the participant is subject to any of the following conditions:

<input type="checkbox"/> Asthma Controlled? yes/no	<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Cramps	<input type="checkbox"/> Fainting	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Seizures	<input type="checkbox"/> Sore Throat
<input type="checkbox"/> Athlete's Foot	<input type="checkbox"/> Constipation	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Home Sickness	<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Other? _____
<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Headaches	<input type="checkbox"/> Kidney Trouble	<input type="checkbox"/> Sleep Walking	_____

Allergies:

If none, please write NONE here: _____

Food allergies: _____

Medication allergies: _____

Serious Ivy, Oak or Sumac Poisoning: What is the prescribed treatment? _____

Serious bee or insect sting reactions: What is the prescribed treatment? _____

NOTE: If participant's allergy may require use of an "EPI-PEN", then the participant must provide the "Epi-Pen(s)" and discuss possible administration with health care professional upon arrival to camp.

Accommodations for Camp:

Please tell us about the accommodations your child may need at 4-H camp:

- I will be bringing medications to camp (please describe whether they require refrigeration or special storage below).
- I have dietary restrictions (describe below).
- I have limited mobility (e.g. crutches, cane, etc.).
- I have ADHD or a related attention deficit disorder; a visual, hearing, cognitive processing, reading, or a speech impairment. (describe any needs you anticipate at camp and the accommodations you typically receive at school and home below).
- I require the use of medical equipment that needs electricity (describe below).
- I require other accommodations not listed above (describe below).
- I do NOT require any special accommodations (none of the above apply to me).

Description of any past or current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp: _____

Description of any activities from which my child should be exempted for health reasons: _____

Instructions for Medications:

All prescription drugs must be carried in the container in which they were issued (with medical orders and physician's name intact) and given to the nurse/health director. Other prescription drugs will not be accepted. Only bring the amount needed for your stay at camp.

If you need regular over-the-counter medications, they must be in the original container. Like prescription medications, these medications must be given to the nurse/health director.

All medications will be given as directed on the original package/container. If there are any dosage adjustments, you must bring signed documentation from your physician.

Check medication(s) that participant may receive if deemed necessary and administered by a health professional. Examples of brand names are given in parentheses. Generic or other name brands may be provided:

<input type="checkbox"/> Acetaminophen (ex: Tylenol)	<input type="checkbox"/> Antibiotic Ointment (ex: Neosporin)	<input type="checkbox"/> Dramamine	<input type="checkbox"/> Poison Ivy Medicine (ex: Calamine Lotion)
<input type="checkbox"/> Aloe Lotion	<input type="checkbox"/> Cough Syrup/Drops	<input type="checkbox"/> Ibuprofen (ex: Advil, Motrin)	<input type="checkbox"/> Sore Throat Medicine
<input type="checkbox"/> Antacids (ex: Maalox, Tums)	<input type="checkbox"/> Decongestant (ex: Sudafed)	<input type="checkbox"/> Insect Repellent	<input type="checkbox"/> Sun Screen
<input type="checkbox"/> Antihistamine (ex: Benadryl, Claritin)	<input type="checkbox"/> Diarrhea Medication (ex: Imodium)	<input type="checkbox"/> Laxative (ex: Milk of Magnesia)	<input type="checkbox"/> Swimmer's Ear Medicine
<input type="checkbox"/> Antiseptics			

Emergency Medical and Informed Consent/Camp/Program Release

I understand that my child, _____ will be a participant in the Ohio 4-H program and I grant permission for him/her to participate in this program and associated activities with the exception of any restricted activities that I have listed below.

I understand that my child is not required to participate in this program, but grant my permission for him/her to do so, despite the potential risks. I recognize that by participating in this program, as with any physical activity, my child may risk personal injury, paralysis and/or death. I understand program participants will be supervised and acknowledge that the 4-H staff and volunteers, OSUE, The Ohio State University, and the 4-H Facility are not responsible for any potential injury or illness resulting from my child's participation. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved and that I assume any expense that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

I understand that most program activities are conducted outdoors and that wearing proper dress (e.g., rain gear, warm clothing) is an essential part of the camp safety rules and procedures. I am aware of and have discussed with my child the established safety rules and procedures.

In the case of serious illness or injury of my child, I understand that I will be notified. If I cannot be contacted, unless otherwise specified below, I grant permission to the attending medical professional to secure proper treatment, hospitalize, and/or take any other action deemed necessary for the immediate care of my child.

In consideration of the opportunity for my child to participate in this program, I, acting for my child, myself and our respective heirs, executors, administrators and assigns, agree to assume any and all risks associated with this activity and do hereby release, indemnify and hold harmless The Ohio State University, its Board of Trustees, OSUE, the Ohio 4-H program, the 4-H facility, and their respective officers, agents, and employees from any and all liability, damage, and/or claim of any nature resulting from or arising out of my child's participation in this program and its activities.

Restricted activities and/or special notification instructions: _____

Photo and Video Release

I give permission to The Ohio State University, OSUE, the Ohio 4-H program, and the 4-H facility to record and edit into video and/or photographs the likeness, voice, image and video images of my child, _____, and to use all or parts of the video or photographs in print or electronic materials for The Ohio State University, OSUE, the Ohio 4-H program, and 4-H facility to promote any and all public awareness for the program(s) in which my child is involved.

 Parent/Guardian Printed Name Parent/Guardian Signature Date

MXC 2019 - Making eXtreme Counselors Participant Behavior Agreement

A successful event depends on the partnerships of the staff, participants, and parents. Your child's safety is our number one priority. In our efforts to maintain a safe environment for all of our participants, we have certain expectations for participants' behavior as well as certain situations that may be grounds for dismissal from this event. We work hard to resolve conflicts that might arise, and it is unlikely that we would need to send a participant home. However, we think it is important to share our expectations (see *Guidelines for Group Living*) and outline the situations that may lead to a participant's dismissal. These situations are outlined in the *Grounds for Dismissal Policy*. **We ask that you and your child read these two documents, complete the form below, and return the signed form when checking in at the event.**

I hereby give my permission for my child _____,
(Print Child's First and Last Name)

to attend the Making eXtreme Counselors Statewide 4-H Camp Counselors Workshop.

I have discussed the accompanying ***Guidelines for Group Living*** and ***Grounds for Dismissal Policy*** with my child and have discussed the expectation that he/she is to conduct himself/herself in a safe and respectful manner.

I understand that if the event organizers determine that my child should be dismissed from the event, I am responsible for making all arrangements and costs if my child is sent home, no matter what time of the day or night.

If for any reason my child is sent home, I understand there will be no refunds for the MXC registration fee. I agree that I am fully responsible for any damages and/or cost my child may incur during the MXC workshop. The Ohio State University Extension and all chaperones are not responsible for any damages my child may cause.

I understand it is a privilege to participate in the MXC workshop. Both my child and I have read this agreement, and we accept the conditions as outlined.

Parent's Signature Date

Participant's Signature Date

Parent(s) _____ may be reached at:
Print Name

Home phone: _____ Cell phone: _____

Work phone: _____

Bring this signed form with you to MXC Registration on February 23, 2019.



THE OHIO STATE UNIVERSITY

COLLEGE OF FOOD, AGRICULTURAL,
AND ENVIRONMENTAL SCIENCES



Ohio4h.org

CFAES provides research and related educational programs to clientele on a nondiscriminatory basis. For more information: go.osu.edu/cfaesdiversity. For an accessible format of this publication, visit cfaes.osu.edu/accessibility

Waiver and Permission to Transport Child/Charge Ohio State University Extension

Although the activities of the MXC workshop will all take place at the Nationwide & Ohio Farm Bureau 4-H Center, transportation may be required if participants desire to attend church services or in emergency situations. **Please write in child's name and sign and date below.** Bring this form with you to **on-site registration.**

Child/Charge: _____

Event: Making eXtreme Counselors (MXC) workshop Date: February 23-24, 2019

Location: Columbus, Ohio – Nationwide & Ohio Farm Bureau 4-H Center

Driver: Adult Staff of the MXC Workshop

I give permission for my child/charge ("child") to be transported in a motor vehicle driven by the individual identified to an event at the specified location on the date indicated. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other adult volunteers. I understand that participation in the identified event is not a requirement for participation in the county or state 4-H youth development program.

I have read, understand, and discussed with my child that:

1. They will be traveling in a motor vehicle driven by an adult and they are to wear their safety-belt while traveling;
2. They are expected to respect each other, vehicles that they ride in, and people that they travel with during the trip;
3. Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; and
4. They are to remain in their seats and not be disruptive to the driver of the vehicle.

I recognize that by participating in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

As a condition for the transportation received, I, for myself, my child, my executors and assigns, further agree to release and forever discharge The Ohio State University, its Board of Trustees, The Ohio State University Extension and their agents, officers, employees and volunteers from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation. I have read this entire waiver and permission form, fully understand it, and agree to be legally bound by its terms.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____



**Nationwide & Ohio Farm
Bureau 4-H Center
2201 Fred Taylor Drive
PARKING PERMIT**

Please display on your dashboard



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Bureau 4-H Center
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Please display on your dashboard