

February 4, 2009

Dear Campers and Parents:

We will be offering a Camp for individuals with multiple handicaps ages 8-18 from June 12-14, 2009. This camp will be held at the Elizabeth L. Evans Outdoor Education Center/ Canter's Cave 4-H Camp near Jackson, Ohio. Our theme will be based on gardening; the theme for camp will be "Digging in at 4-H Camp". Our check-in time will be 5:00-5:30 p.m. on, June 12, in the main lodge. Our check-out time will be 11:00 a.m. Sunday, June 14. Each camper will need to be accompanied by a caregiver. The price of camp for campers is \$65.00. Caregivers will need to pay \$30.00 for the camp. Please list any medical needs, extra equipment, foods, or special accommodations required for campers. Medications should be listed by name and times given from morning to night. The \$65 fee for campers, \$30.00 fee for caregivers and registration forms are due by May 20<sup>th</sup>. All other forms may be brought to camp on June 12<sup>th</sup>.

### Where is Camp?



Camp is at the Elizabeth L. Evans Outdoor Education Center/Canter's Cave 4-H Camp. Camp is located on Caves Road off S.R. 35 about 7 miles West of Jackson. Two ways to get there are: (1) Take S.R. 32 East to S.R. 35 west (toward Chillicothe). There is a green Canters Cave 4-H Sign along the road just before you turn right on Caves Road. (2) Take S.R. 335 North of Waverly to Higby Road. Take Higby Road to old S.R. 35. Turn right and follow it to Vigo Road Exit then turn left on Vigo and then an immediate right to S.R. 35 toward Jackson. Turn left on Caves Road. Again, there is a camp sign just before Caves Road. Camp is about one mile down Caves Road on the left. Camp map with forms is enclosed.

4-H Camp is a great place to enjoy the outdoors, meet new friends and learn about ourselves. We look forward to enjoying a few days with you!

Sincerely,

Connie Goble  
Extension Educator  
4-H Youth Development

### Things to Bring to Camp

- Comfortable attire
  - Swim wear
  - Towels, Wash Cloths
  - Sleeping Bag & Pillow or Blanket & Sheets (twin size)
  - Toiletries
  - Light jacket or sweatshirt (air conditioned building)
- (Lifts and changing tables will be available)

enclosures:

Camp Registration  
Health History Form  
Activity Release Form  
Special Needs Form  
Map

**Note:** Return these completed forms and the registration fee to the Pike County Extension Office by May 20<sup>th</sup>.



## Special Needs Form

- **Extra Equipment:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- **Special Food Requirements:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- **Medication Needs:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Medication:**

**Dosage:**

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• Other:



“Digging In AT 4-H Camp”

**2009 SPECIAL NEEDS CAMP  
REGISTRATION FORM**

Name \_\_\_\_\_ Age (1/1/09) \_\_\_\_\_

Address \_\_\_\_\_

Street or P. O. Box

Town

Zip

Phone \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Caregiver Name \_\_\_\_\_

Enclosed is my check \_\_\_\_\_ or money order \_\_\_\_\_ in the amount of \$65.00 per camper and \$30.00 per caregiver made payable to *the Pike County 4-H Committee*.

Return this completed form by Wednesday, May 20, 2009 to:

OSU Extension/Pike County  
120 South Market Street  
Waverly, Ohio 45690-1317

**CANTER'S CAVE 4-H CAMP, INC.**  
**Elizabeth L. Evans Outdoor Education Center**  
**Participation Release Form**

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_  
(Area Code)                      Number

**STATEMENT OF UNDERSTANDING**

I am aware in signing this statement for participation in the programs of the Canter's Cave 4-H Camp, Inc. that certain activities are physically demanding. Therefore, physical fitness will increase an individual's enjoyment and ability to participate in the activity. If for any reason you question your (or your child's) ability to participate in the activity, please consult with the instructors prior to participation.

While it is impossible to foresee all possible dangers, some of the specific hazards which you might encounter while using the High Ropes, Initiatives Course, Climbing Tower, Archery Range, Rappelling Area, Shooting Sports Safety Course, and Hiking Trails include: slipping or falling on the trails, insect bites, poison ivy, bumps, bruises, cuts, sprains, fractures or other associated injuries and hazards. Please note that most activities are conducted outdoors in all kinds of weather, so proper dress (rain gear, warm clothing) are essential to avoid undue exposure to the elements. Course instructors will take every reasonable precaution to minimize exposure to known risks, however, as a participant (or parent/guardian of a participant) you acknowledge the nature of the activity and the fact that not all of the stresses and hazards connected with these activities can be foreseen.

You have the personal responsibility to follow the established safety rules and procedures to the extent that you participate in such activities. If at any time you have questions about an activity, you have the responsibility to consult with the instructor. Sponsoring agencies have the responsibility to providing participants with a progression of appropriate activities which lead to the experiences at the Elizabeth L. Evans Outdoor Education Center.

Please sign your name beside the activities you authorize your child to participate in:

Swimming \_\_\_\_\_ Field Archery \_\_\_\_\_

Horseback Riding \_\_\_\_\_

Please list other activities that you do not wish your child to participate in: \_\_\_\_\_

"I recognize that there is a significant element of risk in any adventure, sport, or activity associated with the outdoors. Knowing the inherent risks, dangers and rigors involved in the activities, I certify that my family and I, including any minor children, are fully capable of participating in the activities."

"I assume full responsibility for my family and myself, including any minor children, for bodily injury, death, loss of personal property and expenses thereof, as a result of my negligence or the negligence of my family."

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or legal guardian must sign for all persons under 18 years of age)

