

Hey kids entering Kindergarten thru finishing 2nd grade!



at the 2025 Richland County

4-H Cloverbud Camp

July 14, 2025

Richland County Fairgrounds

9:30 a.m. – 2:30 p.m.

Register by July 3, 2025

Camp fee = \$22 (includes a T-shirt)



What will you do at Cloverbud Camp? Meet new friends, sing, play games, learn about animals, crafts, safety, recreation, snacks, tour the fairgrounds, STEM activities, and learn more about 4-H.

Sign up for an exciting and fun-filled camp experience today!

2025 4-H CLOVERBUD CAMP ENROLLMENT APPLICATION

I hereby apply for enrollment at the 2025 Richland County 4-H Cloverbud Camp. If accepted, I agree to abide by the rules of the camp and conduct myself in a respectable, polite, and responsible manner. I understand that if I am dismissed from Cloverbud Camp, I will not receive any camp fee refund. If I leave camp for any other reason, I may not be entitled to any refund. Camp enrollment is on a first-come, first-served basis for registration.

Date of application: _____ Signature of Parent/Guardian: _____

Circle one: Male Female Parent/Guardian Email: _____

PLEASE PRINT THE FOLLOWING INFORMATION:

Name: _____ Age(1/1/25): _____ Cell Phone: _____

Address: _____
 Number and Street/Road Name City Zip Code

Parent Cell: _____ Name preferred for name tag: _____

4-H Club Name, if applicable: _____

Name of School for this fall: _____ Grade: _____

CAMP FEE PAYMENT

Item	Number	Fees
Camp fee (including crafts/activities, educational supplies, snacks and T-shirt): \$22, *** \$32 if paid after July 3, 2025 deadline (no T-shirt)		
<u>Included in retreat fee:</u> T-shirt w/retreat theme, (please mark size; 50% cotton, please allow for shrinkage)	One T-shirt per participant provided as part of camp fee	Included with camp fee
YOUTH: _____ Small (6-8) _____ Medium (10-12) _____ Large (14-16) ADULT: _____ Small _____ Extra Large _____ Medium _____ 2X Large (add \$2) _____ Large _____ 3X large (add \$3)		
Grand Total of Fees — amount enclosed		

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PARENT/GUARDIAN REQUEST/PLEDGE & LIABILITY RELEASE: I wish to register my son/daughter in the 2025 Richland County 4-H Cloverbud Camp to be conducted at the Richland County Fairgrounds, 750 N. Home Road, Mansfield, Ohio, July 14, 2025. I shall not hold the camp, fairgrounds, OSU Extension or my local 4-H club (if applicable), responsible in case of accident. NOTE: An insurance policy covers participants for 24 hours afterward. In case of accident, I prefer you call:

DOCTOR: _____ DOCTOR'S PHONE # _____

I take full responsibility for any damage my son/daughter may initiate while participating at the 4-H Cloverbud Camp. I understand that unruliness, inappropriateness and delinquent behavior will not be tolerated, and my child may be asked to forfeit their camp participation (including all fees and participation privileges) in case of serious and/or repeated situations. My child may also be dismissed from the camp if observed using/possessing alcohol, tobacco products, weapons, illegal drugs, or any other item/substance deemed illegal by law or inappropriate for possession at the camp. In addition, if my child is suspected by the camp medical staff of carrying a contagious disease or other serious medical symptom, I agree to remove my child from the camp immediately. In case of serious offenses, I agree to remove my child from camp upon immediate notification from the 4-H Camp Director.

I understand that parents and/or relatives are welcome to observe the camp activities, but may not have direct contact with children other than their own participant unless previously arranged and approved by the Camp Director. Cell phones and food & drink ARE NOT to be brought to camp unless medically necessary and placed on the camp health medical form. **Possession of a cell phone will be a state mandated automatic "send home" offense.**

I understand that my child is not required to participate in this activity, but grant permission for him/her to do so, despite the possible risks. I recognize that by participating in this activity, as with any activity involving interaction with unfamiliar surroundings, my child may risk personal injury. 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.

I understand that there may only be a percentage refund after the sign-up deadline up until seven (7) days prior to the opening of camp. There will not be any refund available within seven days of camp. I have explained appropriate behavior guidelines to my child and the expectations for positive behavior throughout 4-H camp. All camp participants and parents shall sign a Code of Conduct before participation.

Date: _____ Signature of Parent/Guardian: _____

Date: _____ Signature/Printed Name of Participant: _____

Enrollment Deadline: July 3, 2025

NO REFUND IF CANCELLED LESS THAN 5 DAYS BEFORE CAMP BEGINS

RETURN APPLICATION WITH FEES TO: O.S. U. Extension, Richland
County 1495 W. Longview Ave., Suite #206, Mansfield, Ohio 44906.

List SPECIAL DIETARY NEEDS/OTHER NEEDS: _____

Email address (used for camp confirmation and "what to bring" list): Please PRINT clearly.
