WEST VIRGINIA STATE CONSERVATION CAMP  
State 4-H Contacts: Mike Hall/Ben Spong  

PURPOSE: To acquaint West Virginia youth with the social and economic values of our natural resources and environment; to create in them a desire to save and defend from waste these resources; and, to develop future conservation leaders.  

WHO: Any youth who is at least 14 years of age on or before January 1, 2017, and not over 19 years of age by June 12, 2017. Youth do not have to be 4-H members to attend Conservation Camp, and may attend Conservation Camp more than one year. You DO have to be an active 4-H youth to receive the partial scholarship. (example: if you are an active 4-H youth, your cost to attend would be $95; if you are NOT an active 4-H youth, your cost is the full $185)  

WHEN: June 12 - 17, 2017  

WHERE: Camp Caesar, Cowen, West Virginia (Webster County)  

COST: $185  
You must pay with a credit card if you register on-line. You can however, make a partial payment, but full amount of registration is due by June 1, 2017.  

SCHOLARSHIPS: Twenty five, partial scholarships are available. Cost to the first 25 4-H’ers to register will be $95. Pre-registration deadline for a 4-H scholarship is May 12, 2017. For those who register with a paper form, a check made payable to WEST VIRGINIA UNIVERSITY must accompany registration. 4-H members who register after May 12th pay the full amount ($185).  

Many local conservation, sportsmen, and civic groups sponsor campers. Check with your Conservation District, garden club, hunting and fishing club, etc. to see if they sponsor campers. Individuals, including parents, may sponsor a camper. Alan Miller, Conservation Camp secretary, 4290 Greenawalt Gap Rd, Upper Tract, WV 26866 (phone: 304-358-3298), knows who is planning on sponsoring campers. Sponsors pay the $185 registration fee.  

REGISTRATION: Pre-registration deadline for a 4-H scholarship is May 12, 2017. Other scholarship sponsors have a June 1st deadline. Late registration is accepted if space is available.  

PROGRAM: Classes, all instructed by natural resource management professionals, are arranged to provide every camper with at least one hour of instruction in each of the following topics:  
- Fish Management  
- Forest Protection  
- Conservation Law Enforcement  
- Nature Awareness  
- Watershed Management  
- Wildlife Management  
- Soil Conservation  
- Forest Management  
- Youth Conservation  
- Parks and Recreation  
- Forest Products  
- Water Quality Conservation  

OTHER ACTIVITIES INCLUDE: Trap Shooting, Archery, Small Boat Safety/Handling, Rappelling, Stream Quality Improvement, .22 Caliber Rifle Marksmanship, Outdoor Cooking, Fishing Skills, Non-game Wildlife, Paul Bunyan Night, and traditional camp activities including campfire program, group activities, recreation/sports, and dancing.
WV State Conservation Camp  
June 12 - 17, 2017

Campers must be at least 14 years of age on or before January 1, 2017 and not over 19 years of age by June 12, 2017.

DIRECTIONS: 1) Please Print.  2) Fill in all items not marked FOR OFFICE USE ONLY.  3) Obtain all required signatures.

Last Name    First Name (specify name for nametag)    County

Home Address    City    State    Zip

E-Mail Address    Age    Birth date    Last Grade Completed

Gender: □ Male  □ Female

Name of Parent/Guardian: ____________________________

Name of Local 4-H Club: ____________________________

Name of Local Leader: ____________________________

Once this completed recommendation form is received at the State 4-H Office, you will be sent a West Virginia State Conservation Camp registration form. Follow the directions on the form to complete and return the appropriate pieces of the registration form to Alan Miller. Bring the remaining parts of the completed registration form with you to camp.

NO APPLICATION WILL BE CONSIDERED WITHOUT THE BELOW SIGNATURES

4-H MEMBER’S SIGNATURE: ____________________________  DATE

PARENT’S CONSENT: I give consent for my child to attend Conservation Camp.

Parent’s Signature ____________________________  Date

NOTE: The following information about the person submitting payment is required to process a refund, if necessary:

Name ____________________________

Daytime Phone ____________________________  Home Phone ____________________________

Date Received: __________

Check Number: ________

Name on Check: ________

Fee: $ __________

Amount Received: $ __________

Scholarship: $ ________

Refund Due $ __________

FOR OFFICE USE ONLY

Deadline Date
May 12, 2017

Scholarship is forfeited if form is late.
Health History Form: 4-H Camps, Events, and Activities

Provide complete information and return this form with event registration. At event arrival, update information with health personnel.

Name ___________________________________________ ___________________________________________ ___________________________________________ ___________________________________________ ___________________________________________

Home address ________________________________ City ___________ State ___________ Zip ___________

Gender:  □ Male  □ Female  Birth date ________ / ________ / ________  Age at event ___________

CUSTODIAL PARENT/GUARDIAN ___________________________ Phone __________________________

Home address (if different from above) ___________________________________________ City ___________ State ___________ Zip ___________

Home phone (     ) __________________________ Work phone (     ) __________________________ Other (     ) __________________________

SECOND PARENT OR GUARDIAN OR EMERGENCY CONTACT ___________________________ Phone __________________________

Address ___________________________________________ Phone __________________________

If not available in an emergency, notify ___________________________ Phone __________________________

Relationship ___________________________________________ Phone __________________________

INSURANCE INFORMATION: Is the participant covered by family medical/hospital insurance?  □ Yes  □ No

If so, indicate carrier or plan name ___________________________________________ Group # ___________

Insurance carrier address ___________________________________________ Phone number ___________

ALLERGIES: List all known. Describe reaction and management of the reaction.

Medication allergies (list) ___________________________________________ Food allergies (list) ___________________________________________ Other allergies (list) – include insect stings, hay fever, asthma, animal dander, etc. ___________________________________________

Does not eat:  □ Red meat  □ Pork  □ Dairy products  □ Poultry  □ Seafood  □ Eggs  □ Other (describe) __________________________

PERMISSIONS: Important – This section must be completed for child to attend.

My child  □ has my permission  □ does not have my permission to attend

□ has my permission  □ does not have my permission to participate in swimming

□ should not participate in the following activities

I understand that while all reasonable efforts will be made to provide a safe environment, certain risks are involved. I understand the State of West Virginia, West Virginia University, its Board of Governors, officers, employees, and agents are not liable in case of accidental injury or illness. I hereby further understand that in case of serious injury or illness, I will be notified. If it is impossible to contact me, I hereby give permission for emergency treatment or surgery as the attending physician recommends.

This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent __________________________________________________________________________ Date __________________________

I also understand and agree to abide by any restrictions placed on my participation in camp activities.

Signature of camper/staffer __________________________________________________________________ Date __________________________
MEDICATIONS BEING TAKEN:
Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time of this event. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

☐ This person takes NO medications on a routine basis.  OR  ☐ This person takes medications as follows:

<table>
<thead>
<tr>
<th>Med #1</th>
<th>Dosage</th>
<th>Specific times taken each day</th>
<th>Reason for taking</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Attach additional pages for more medications.

Identify any medications taken during the school year that participant does/may not take during the summer.

GENERAL QUESTIONS: (Explain “yes” answers below.)

Has/does the participant:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Had any recent injury, illness, or infectious disease?</td>
<td></td>
</tr>
<tr>
<td>2. Have a chronic or recurring illness/condition?</td>
<td></td>
</tr>
<tr>
<td>3. Ever been hospitalized?</td>
<td></td>
</tr>
<tr>
<td>4. Ever had surgery?</td>
<td></td>
</tr>
<tr>
<td>5. Have frequent headaches?</td>
<td></td>
</tr>
<tr>
<td>6. Ever had a head injury?</td>
<td></td>
</tr>
<tr>
<td>7. Ever been knocked unconscious?</td>
<td></td>
</tr>
<tr>
<td>8. Wear glasses, contacts, or protective eye wear?</td>
<td></td>
</tr>
<tr>
<td>9. Ever had frequent ear infections?</td>
<td></td>
</tr>
<tr>
<td>10. Ever passed out during or after exercise?</td>
<td></td>
</tr>
<tr>
<td>11. Ever been dizzy during or after exercise?</td>
<td></td>
</tr>
<tr>
<td>12. Ever had seizures?</td>
<td></td>
</tr>
<tr>
<td>13. Ever had chest pain during or after exercise?</td>
<td></td>
</tr>
<tr>
<td>14. Ever had high blood pressure?</td>
<td></td>
</tr>
<tr>
<td>15. Ever been diagnosed with a heart murmur?</td>
<td></td>
</tr>
</tbody>
</table>

Please explain any “yes” answers, noting the number of the questions.

# _____
# _____

Use this space to provide any additional information about the participant’s behavior and physical, emotional, or mental health about which the camp should know.

Name of family physician ____________________ Phone __________________

Name of family dentist/orthodontist ____________________ Phone __________________

Which of the following has the participant had?

<table>
<thead>
<tr>
<th>☐ Measles</th>
<th>☐ Chickenpox</th>
<th>☐ German measles</th>
<th>☐ Mumps</th>
<th>☐ Hepatitis A</th>
<th>☐ Hepatitis B</th>
<th>☐ Hepatitis C</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>☐ Diphtheria</th>
<th>☐ Pertussis</th>
<th>☐ Tetanus</th>
<th>☐ Polio</th>
<th>☐ Typhoid</th>
<th>☐ TB Mantoux Test</th>
<th>Date of last test</th>
<th>☑ Positive</th>
<th>☑ Negative</th>
</tr>
</thead>
</table>

SCREENING RECORD (For staff use only) Screened by ____________________

Date screened ____________ Time ______ AM / PM Updates/additions to health history noted ☑ Yes ☑ No ☑ None required

Meds received ________________________________________________________________

Current health needs identified ________________________________________________

Observational notes _________________________________________________________

To request disability accommodations for state WVU Extension events, contact the Event Coordinator, 618 Knapp Hall, PO Box 6031, Morgantown, WV 26506-6031, phone 304-293-2694, or fax 304-293-7599. For local events, contact your county WVU Extension Office.