

2022 4-H SUMMER FUN DAY CAMPS

Cupcake Decorating

When: June 9th
9 a.m.-12 pm

Where: Faith Community
Cost: \$20



Come learn all about cupcake decorating in this fun hands on class. Bring your own dozen of cupcakes and we will decorate each one for you to take home to share. Register by June 3rd.

Fired Up!

When: June 14th
9 a.m.-12 p.m.

Where: Faith Community
Cost: \$20



Come learn your way around a charcoal grill. We will be grilling up a variety of meats for you to cook and taste. Register by June 10th.

Craft Day

When: July 21st
9 a.m.- 12 p.m.

Where: Riverbluff Park
Cost: \$20

Tie Dye, Router Boards, Canvas pour paintings, washi tape painting and candle making. Must bring clothing articles to dye. All other materials provided. Register by July 14th.



Yoga

When: June 28, 30
July 5, 7

8:30-9:30 a.m.

Where: David McCullough Room
Cost: \$20

Mats will be available, or you may bring your own. Must register by June 17th.



Crime Scene Camp

When: June 21-23
9 a.m.-2 p.m.

Where: Cheatham High School
Cost: \$75

This 3 day adventure will give you a hands on experience into the world of crime scene investigation and a day in the life of a police officer and detective. Junior High (4th-8th grade) and Senior High (9th-12th grade) camps will be going on during the same time that week. Space is limited. Register by June 15th.



Painting Class

When: July 13th
9 a.m.-12 p.m.

Where: Sycamore Square Conference Room
Cost: \$25

All supplies will be provided for you to paint a summer themed painting. Must register by July 5th.



Complete registration information is available at cheatham.tennessee.edu.

For more information, please contact the UT/TSU Cheatham County Extension Office, 615-792-4420.

Sewing Camp

When: June 6-8
1-4 p.m.

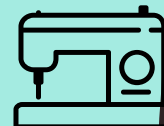
Where: Faith Community
Cost: \$40 for all, or \$15/day

Sewing machine and materials are provided. All experience levels are welcome!

Day 1: Kitchen Scarf/Oven Mitt

Day 2: Pillow

Day 3: Pajama Pants
Register by June 1st!



Programs in agriculture and natural resources, 4-H youth development, family and consumer sciences, and resource development.

University of Tennessee Institute of Agriculture, U.S. Department of Agriculture and county governments cooperating. UT Extension provides equal opportunities in programs and employment.

Registration (4th-12th graders)

All summer fun events have limited space and will fill up first come, first serve. Please send this registration form along with payment to the address below. Cash or check only. Make checks payable to CCUTE. Youth must also complete a 600a medical form to participate. Forms will be available at <http://cheatham.tennessee.edu>. Please turn in the 600a one week prior to fun day. Registration fee must be paid one week prior to event to register participant. No refunds without a doctors note.

<input type="checkbox"/>	<p>June 6-8 1pm-4pm</p>	<p style="text-align: center;">Sewing Camp</p> <p>— June 6 Kitchen Scarf/ Oven Mitt — June 7 Pillow — June 8 Pajama Pants</p> <p style="text-align: center;">Faith Community Church</p>	<p>\$40 for all or \$15 a day</p>
<input type="checkbox"/>	<p>June 9th 9am-12pm</p>	<p style="text-align: center;">Cupcake Decorating</p> <p style="text-align: center;">Faith Community Church</p>	<p>\$20</p>
<input type="checkbox"/>	<p>June 14 9am-12pm</p>	<p style="text-align: center;">Fired Up!</p> <p style="text-align: center;">Faith Community Church</p>	<p>\$20</p>
<input type="checkbox"/>	<p>June 28, 30, July 5, 7 8:30am-9:30am</p>	<p style="text-align: center;">Yoga</p> <p style="text-align: center;">David McCullough Room</p>	<p>\$20</p>
<input type="checkbox"/>	<p>June 21-23 9am-2pm</p>	<p style="text-align: center;">Crime Scene Camp</p> <p style="text-align: center;">Cheatham County Central HS</p>	<p>\$75</p>
<input type="checkbox"/>	<p>July 13 9am-12pm</p>	<p style="text-align: center;">Painting Class</p> <p style="text-align: center;">Sycamore Square Conference Room</p>	<p>\$25</p>
<input type="checkbox"/>	<p>July 21 9am-12pm</p>	<p style="text-align: center;">Craft Day</p> <p style="text-align: center;">Riverbluff Park</p>	<p>\$20</p>

Locations:

Faith Community Church, 238 Ed Harris Road, Ashland City, TN 37015

David McCullough Room, 322 Frey Street, Ashland City, TN 37015 (next to Subway)

Sycamore Square Conference Room, 322 Frey Street, Ashland City, TN 37015 (next to County Clerk's office)

Riverbluff Park, 175 Old Cumberland Street, Ashland City, TN 37015

Name: _____

Address: _____ City _____, TN

Phone Number: _____ email: _____

Grade: _____ School: _____ Parent/Guardian: _____

Total Amount Enclosed: \$ _____

Mail to: UT&TSU Cheatham County Extension, 162 John Mayfield Drive, Suite 110, Ashland City, TN 37015

**Activity and Event
Acceptance Form**Photo of
Participant*Please print*Name _____
(Last) (First) (M.)

County _____

*This form requires parent/guardian and participant signatures on the back page. Failure to have both bona fide signatures shall be sufficient to disqualify a member from further participation.*Activity and Event Acceptance Form for _____
(event or activity)**A. Identification of Participant**Date of Birth _____ Age _____ Sex: Male Female

Parent or Guardian _____

Home Address _____
(Street/P.O. Box) (City) (State) (ZIP)

Cell Phone () Daytime Phone () Nighttime Phone ()

Workplace Address _____ Phone ()
(Address/City/State/ZIP)Other Emergency Contact (if appropriate) _____
(Name)_____
(Address/City/State/ZIP) (Phone, if different than above)**B. Code of Conduct**

This 4-H activity or event is planned, conducted and supervised by UT and TSU Extension. All participants are responsible for their conduct to UT and TSU Extension personnel and/or 4-H volunteers supervising the activity or event. Specific guidelines for conduct include:

- A. Participants shall be in their rooms and quiet at the time determined by UT and TSU Extension personnel and volunteers. Boys are not to go into girls' rooms and girls are not to go into boys' rooms at any time unless accompanied by authorized UT and TSU Extension personnel or adult 4-H volunteers.
- B. Participants shall participate fully in all programs outlined for the activity or event.
- C. Participants shall show respect for the property and facilities used during the activity or event and assume financial responsibility for any damages they cause.
- D. Participants' conduct at all times shall be appropriate to the standards and image of the 4-H program. Tobacco products, drugs, alcohol, weapons and fireworks will not be tolerated at any 4-H event or activity.

Parents and participants understand and accept the responsibility for following the above guidelines, and realize that failure to do so may result in a participant being sent home from the activity or event at his or her own expense and/or made ineligible to participate in future 4-H events or activities.

C. Publicity Release

By indication of signature on the last page, participants authorize the University of Tennessee, Tennessee State University, and the Tennessee 4-H Foundation to photograph, film, audio/video tape, record and/or televise their image and voice, and biographical material, in whole or in part in any medium now known or developed in the future, without any restrictions.

D. Health History and Medical Record for _____

(Name of Participant)

The information on this form will not be used to discriminate against a child on the basis of any disability.

Name of Family Physician _____ Phone () _____

Family Medical/Hospital _____
 (Carrier) (Policy or Group #)

Attach a front and back copy of your insurance card below:

Insurance Card (front)	Insurance Card (back)
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Check all that apply

Is participant allergic to the following drugs?:

- Penicillin Sulfa Drug Tetracycline Aspirin
 Allergy to a medicine, food, plant, or insect toxin. (Explain) _____

- Asthma Heart Trouble Nosebleeds Diabetes Convulsions Fainting Spells
 Any condition that may require special care, diet or restriction of activities for medical reasons.

(Explain) _____

Does participant wear: Dentures Contact Lens Other (Explain) _____

Is any medication, including behavior modification medication, being taken at the present time? Yes No

If yes, explain _____

Date of most recent medical examination: _____

Are you aware of any current health problems? Yes No If yes, explain _____

Is there any accident, illness or past/present history related to the following: (If yes, give dates and full details below.)

	No	Yes	Year		No	Yes	Year
Serious Injury/Illness	<input type="checkbox"/>	<input type="checkbox"/>	_____	Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Surgery	<input type="checkbox"/>	<input type="checkbox"/>	_____	Kidney Infection	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ears, Eyes	<input type="checkbox"/>	<input type="checkbox"/>	_____	Back, Joints, Limbs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Teeth, Tonsils	<input type="checkbox"/>	<input type="checkbox"/>	_____	Blood	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	_____	Stomach	<input type="checkbox"/>	<input type="checkbox"/>	_____

Immunizations
 Tetanus
 Diphtheria
 Polio
 Hepatitis A, B or C
 (circle one/any)

Last Yr. Given

Immunizations
 Measles
 Mumps
 Rubella
 Varicella

Last Yr. Given

Has Had (please check)
 Measles
 Mumps
 Rubella
 Chicken Pox
 Tuberculosis

E. Health and Safety Investigations

On-site authorities may enter a room/facility for purposes of a search without permission of the person occupying a room in order to ascertain health and safety conditions in the room and/or for the purpose of investigating suspected violations of UT and TSU Extension/4-H Youth Development rules and regulations and/or city, state or federal law. In case of an emergency, when there is danger to a person, property or the building, no authorization is required.

F. Consent for First Aid Treatment

Please complete this Consent for First Aid treatment form. This will allow appropriate treatment for your child in the event of minor illness or injury. Check any or all treatments, if available, as your consent. If you do not give us your permission to provide these non-emergency treatments, we will not be able to provide them to your child. Medication may be self-administered under a health care professional's or trained 4-H agent's supervision as appropriate. Conditions in parentheses are examples of the most frequent use of these medications, but may not be the sole use of the medication.

- Bausch and Lomb® eye wash or generic equivalent (*eye irritation*)
- Benadryl® or generic equivalent (*rash or bee sting*)
- Calamine lotion/Caladryl® or generic equivalent (*sunburn or poison oak/ivy*)
- Emetrol® or generic equivalent (*nausea*)
- Hydrocortisone ointment or other equivalent (*insect bites*)
- Ibuprofen (*pain*)
- Imodium AD® or generic equivalent (*diarrhea*)
- Isodettes® spray or generic equivalent (*sore throat*)
- Lanacane® spray, Solarcaine® or aloe vera gel (*sunburn*)
- Milk of Magnesia®, Mylanta®, or generic equivalent (*antacid*)
- Neosporin® or generic equivalent (*topical treatment for cuts*)
- Pepto Bismol® or generic equivalent (*upset stomach*)
- Robitussin® or generic equivalent (*nasal congestion/coughing*)
- Swimmer's ear solution (*earache*)
- Tylenol® or generic equivalent (*pain*)
- Tylenol® cold tablets or generic equivalent (*congestion*)

G. Administration of Medication

- Check here if your child, _____, will have medication(s) (prescription or non-prescription) and is competent to **self-administer** them under appropriate supervision.
- (Name of Participant)*

Medications should be sent to the event or activity in the original container and include the following information: (1) Name of child, (2) Name of medication, (3) Dosage and directions, (4) Name of licensed prescriber (*if applicable*), (5) Name, address and phone number of pharmacy (*if applicable*), (6) Prescription number (*if applicable*), and (7) Date prescription was filled (*if applicable*).

If your child is a participant at one of the Tennessee 4-H Centers (Camps), you must include a **parental consent form for each medication** (prescription or non-prescription) you send with your child. Please consult your County Extension Agent for a form and more information.

H. Emergency Medical Release

In consideration of _____ 's (*participant's name*) participation in the 4-H activity or event, I provide the following release. I understand that a health problem or a medical emergency may develop that necessitates the administration of medical care, hospitalization or surgery.

In the event of injury or illness to _____ (*participant's name*), I hereby authorize the University of Tennessee, Tennessee State University, and its representative(s) or agent(s) to secure any necessary treatment, including the administration of anesthetics and surgery.

In signing this acceptance form at the bottom of this page, I agree not to hold the University of Tennessee, Tennessee State University, or camp health care professional (or any of its representatives or agents) responsible for any side effects of medications.

I further give permission to the University of Tennessee, Tennessee State University, and its representative(s) or agent(s) to provide the medical history form to health care personnel. I authorize any physician, health care provider or any hospital to provide reasonable and necessary medical treatment or supplies. This original permission or a photo static copy thereof is equally valid as an authorization.

I recognize that the event does not provide sickness or accident insurance coverage for participants; and, I accept responsibility for payments of medical costs incurred for injuries or illnesses.

Required Signatures* - Parent/Guardian and Participant

We have provided accurate information in all areas represented on this form. We understand and agree to the expectations and procedures as stipulated in the preceding sections of this ACTIVITY AND EVENT ACCEPTANCE FORM. We understand that all of the following sections must be initialed to demonstrate our agreement and acceptance and a full, dated signature must be provided at the bottom of this page.

Parent's Initials	and	Participant's Initials	
_____		_____	A. Identification of Participant
_____		_____	B. Code of Conduct
_____		_____	C. Publicity Release
_____		_____	D. Health History and Medical Record
_____		_____	E. Health and Safety Investigations
_____		_____	F. Consent for First Aid Treatment
_____		_____	G. Self-Administration of Medication
_____		_____	H. Emergency Medical Approval

** If for religious reasons you cannot sign this section, contact your Extension office for a legal waiver (F600C) which must be signed in order to participate.*

I have read this Release and Assumption of Risk Agreement and sign it on behalf of myself, my heirs, assigns and anyone entitled to act on my behalf.

Signed _____ Date _____
(Parent or Guardian Signature) (Month/Day/Year)

Signed _____ Date _____
(Participant's Signature) (Month/Day/Year)

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