

## Archdale United Methodist Church

11543 N. Main St., Archdale, NC

*(All classes will meet at AUMC unless otherwise noted)*



Registration will  
take place on Thursday,  
**May 21, 2015** from  
**5:00p – 6:30p @ AUMC**  
only!



2015 Archdale Summer Fun



Jonathan Black, Interim Director, Randolph County

## 4-H Investigates

**Date:** June 16-18

**Time:** 8:30am – 4:00pm

**Cost:** \$10

**Ages:** Rising 6<sup>th</sup> grade + **Class:** 9

**Previous Participants Excluded** Do you love shows like CSI and NCIS? Well, if so, this is the program for you! Participants will become detectives to solve a 'murder' mystery. Solve the crime by exploring blood typing, forensic anthropology, fingerprint analysis, and DNA analysis. Lunch and snacks will be provided. A field trip to the courthouse will also be featured. Participants from other counties will join us here in Randolph County for this adventure.

## Horse Adventures

**Date:** June 22

**Time:** 8:30am – 2:30pm

**Cost:** \$18

**Ages:** 9+

**Class:** 12

We will visit with a local riding trainer to learn the daily requirements for caring for show horses. Wear walking shorts or pants and closed toe shoes to experience a riding lesson too. **Bring a sack lunch and drink for a picnic.**

## Beginners Horseback Riding

**Date:** June 23

**Time:** 8:30am – 1pm

**Cost:** \$15

**Ages:** 6 – 8 yrs

**Class:** 10

Youth will learn about caring for horses and have the opportunity to ride a horse. Wear walking shorts or long pants and closed toe shoes. Following the class we will enjoy a happy meal at McDonalds.

## Are You Army Strong?

**Date:** June 26

**Time:** 8am – 4:15pm

**Cost:** \$10

**Ages:** 10+

**Class:** 12

Do you have what it takes to be in the Army? We will travel to Lexington and meet real life soldiers as they guide you through a day of life in the Army. They'll guide you through a "PT" (physical training) routine and challenge you to complete tasks to prepare you for military life. Make sure to wear athletic shoes and comfortable clothes for physical activity. This will be a fun opportunity to explore a military career.

## Kids in the Kitchen!

**Date:** July 7

**Time:** 9am – 2pm

**Cost:** \$5

**Ages:** 8 – 12yrs

**Class:** 12

Spend the morning learning the basics in the kitchen! Youth will create and taste several 4th of July festive snacks and treats! Bring hair ties for long hair. **Bring a sack lunch and drink.**

## Soda Can Lamps

**Date:** July 8

**Time:** 10-3

**Cost:** \$10

**Ages:** 8+

**Class:** 15

Use electricity to light up your day! We will make pop can lamps as well as do experiments with the magic of electricity. Remember to bring an empty and clean soda can for your lamp. **Bring a sack lunch and a drink.**

## Fishing at Jordan Lake

**Date:** July 9

**Time:** 9:00am-3:00pm

**Cost:** \$ 6

**Ages:** 10+

**Class:** 12

We will travel to Jordan Lake to learn the basics of preparing a rod and casting for a big catch! Any fish caught will be released. **Bring a bagged lunch and drink. Wear closed shoes and sunscreens!**

## Paints and Pots

**Date:** July 14

**Time:** 8:30am – 3:30pm

**Cost:** \$25

**Ages:** 8+

**Class:** 12

We will explore our inner artist as we travel to Preppy Possum to create our own special painting. We will also visit a local pottery and take the wheel to create our own pot. Bring a bag lunch & drink.

## High Point City Lake

**Date:** July 15      **Time:** 9am – 7:00pm

**Cost:** \$20      **Ages:** 9+

**Class:** 15

Let's take a ride up to High Point City Lake Park for a day of sun and fun! We will play mini-golf, take a boat ride, catch the train, take a spin on the merry-go-round and dip our toe in one of the largest public swimming pools in the Southeast (with TWO waterslides!) **Bring swim clothes, towel, sunscreen, comfortable shoes, bagged lunch and a drink.**

## Camp Caraway

**Date:** July 17

**Time:** 8am – 1pm

**Cost:** \$21

**Ages:** 8+

**Class:** 30

**\*\* Meet at Camp Caraway (336.629.2374).** Youth will enjoy a day of canoeing, wall climbing, swimming and outdoor fun! **Please wear tennis/water shoes, bring a towel and sunscreen. NO SANDALS! Drinks and snacks will be provided.**

## Millstone Camp Adventure

**Date:** July 27

**Time:** 8:00am – 4:30pm

**Cost:** \$20

**Ages:** 10+

**Class:** 15

Join us for a day of shooting fun and adventure at Millstone Camp. This day-long event will offer instruction from certified camp staff on archery with canoeing and pool time included too. **Bring bag lunch & drink, swimsuit, sunscreen and towel; wear close toed shoes, NO SANDALS**

## Junk Drawer Robotics

**Date:** July 28-30

**Time:** 8:30am – 4:30pm

**Cost:** \$25

**Ages:** 6<sup>th</sup> – 8<sup>th</sup> grade

**Class:** 12

Have you ever built a robot from junk? Here's your chance! You will be challenged to build a robotic arm from everyday household items. Youth will gain an understanding of the basic science concepts related to robotics while building skills in science, technology and engineering. This program is for youth who love science and love to design things! **We will travel to Rockingham County and work with 4-H members from other counties as we learn robotics. Lunch and snacks will be provided.**

## Energy Architects

**Date:** July 29

**Time:** 9am – 2pm

**Cost:** \$10

**Ages:** 4<sup>th</sup> – 7<sup>th</sup> grade

**Class:** 10

As an energy architect youth will learn about the effects of energy use through hands-on activities. Participants will construct a model home to help them understand airflow, heat transfer, and energy efficiency. Some electric circuitry will also be explored. **We will travel to Davidson County to participate in this class. Please bring a bag lunch and drink.**

# **Hunter Safety**

**August 12, 14, 19, 21**

**Time: 7:00p – 9:45p**

**Cost: FREE**

**Age: 8 & up**

**Class: 30**

**\*\*Meet at Randolph County Cooperative Extension Office\*\*** Participants will learn about firearms and ammunition, gun care and cleaning, archery safety, game identification, fundamentals of shooting, hunter ethics and first aid. **You must attend all four classes to receive certification**



# Randolph County 4-H Presents

## 2015 Archdale Summer Adventures

- **REGISTRATION FORM - one form per child please!**

Please return this form, medical/informed consent, and photo release form and fees to:  
Randolph County 4-H, 112 W Walker Ave., Asheboro, NC 27203

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GRADE \_\_\_\_\_

GENDER: \_\_\_\_\_ RACE: \_\_\_\_\_ PARENT EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Parent/Guardian NAME: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

4-H Club \_\_\_\_\_

\_\_\_\_\_ 4-H Investigates.....\$10

\_\_\_\_\_ High Point City Lake.....\$20

\_\_\_\_\_ Horse Adventures.....\$18

\_\_\_\_\_ Camp Caraway.....\$21

\_\_\_\_\_ Beginners Horseback.....\$15

\_\_\_\_\_ Junk Drawer Robotics.....\$25

\_\_\_\_\_ Army Strong.....\$10

\_\_\_\_\_ Energy Architects.....\$10

\_\_\_\_\_ Kids In The Kitchen.....\$5

\_\_\_\_\_ Hunter Safety.....FREE

\_\_\_\_\_ Soda Can Lamps.....\$10

\_\_\_\_\_ Fishing at Jordan Lake.....\$6

\_\_\_\_\_ Paints and Pots.....\$25

Registration Fee \$5.00

\_\_\_\_\_ Millstone Camp.....\$20

TOTAL.....\$ \_\_\_\_\_



**4-H MEDICAL INFORMATION AND INFORMED CONSENT FOR TREATMENT  
FOR NC 4-H SPONSORED EVENTS**

4-H'ers Name \_\_\_\_\_

PLEASE READ AND COMPLETE THE FOLLOWING FORM. THIS FORM MUST BE PRESENTED AT THE OFFICIAL REGISTRATION FOR THE 4-H SPONSORED EVENT BEING ATTENDED.

**I. Medical Information**

Known allergies to foods, drugs, insect stings or bites, etc: \_\_\_\_\_

Special medical concerns or conditions that event supervisors should know about, including contagious illnesses, epilepsy, asthma, diabetes, previous injuries to bones/joints, etc.: \_\_\_\_\_

List special dietary needs: \_\_\_\_\_

Medications currently being taken (name of medication, dose, and frequency): \_\_\_\_\_

Family Physician: Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

**II. Insurance Information**

The 4-H program purchases insurance for youth participants for many sponsored events. In some cases, this coverage will not pay for some medical expenses and it may be necessary to bill the family or your insurance company.

Health Insurance Company \_\_\_\_\_ Health Insurance  
Policy # \_\_\_\_\_ Company Address  
\_\_\_\_\_  
Number (\_\_\_\_) \_\_\_\_\_ Phone Company Telephone

**III.**

If you are a person with a disability and desire any assistive devices, services or other accommodations to participate in this activity, please contact \_\_\_\_\_ [name, office] at \_\_\_\_\_ [phone number/TTY] during business hours of 8 a.m. and 5 p.m. to discuss accommodations at least \_\_\_\_\_ [hours/days] prior to the activity.

**Signatures Acknowledging Parts I, II, and III**

Parent's/Guardian's signature \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian telephone #: Home \_\_\_\_\_ Work \_\_\_\_\_

#### IV. Informed Consent

**In the event that a participant needs minor medical care from 4-H or more significant medical care from a qualified health care provider, including in rare cases possible hospitalization and/or surgery, the parent/guardian is asked to sign the informed consent form below. In case of serious medical condition, 4-H will make every effort to notify the parents, but the first priority may be providing care to the participant.**

Authorization to Consent to Health Care for Minor

I, \_\_\_\_\_, of \_\_\_\_\_ County, am the custodial parent having legal custody of \_\_\_\_\_, a minor child, age \_\_\_\_\_, born \_\_\_\_\_. I authorize any adult(s) acting as agents (including official volunteers) or employees of the \_\_\_\_\_ 4-H program and in whose care the minor child has been entrusted, to do any acts which may be necessary or proper to provide for the health care of the minor child, including, but not limited to, the power (i) to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person for such health care, and (ii) to consent to and authorize any health care, including administration of anesthesia, X-ray examination, performance of operations, and other procedures by physicians, dentists, and other medical personnel except the withholding or withdrawal of life sustaining procedures.

This consent shall be effective for one year from the date of the execution.

Custodial Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

STATE OF NORTH CAROLINA  
COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me the said named, \_\_\_\_\_, to me known and known to me to be the person described in and who executed the foregoing instrument and he (or she) acknowledged that he (or she) executed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

My commission expires \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
\_\_\_\_\_

(OFFICIAL SEAL)



North Carolina 4-H and \_\_\_\_\_ County 4-H  
**Photographic, Video, and Audio  
Optional Publicity Release**



I **do** \_\_\_\_\_ **or do NOT** \_\_\_\_\_ give permission to North Carolina State University, through its Cooperative Extension program for North Carolina 4-H, and \_\_\_\_\_ County Extension staff, to take photographs and/or record video and/or audio or otherwise record images and likenesses of me and/or my property and to use these for 4-H Youth Development nonprofit educational, promotional, and/or marketing materials. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I expressly release North Carolina State University, its agents, employees, licensees and assigns from and any and all claims which I may have for invasion of privacy, right of publicity, defamation, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast or exhibition of such recordings of my image, voice, or likeness.

I understand this permission is entirely optional, and that participants who do not give permission will remain eligible for 4-H services, benefits, and privileges the same as those who do give permission.

Participant Name (please print): \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If individual is under the age of 18, consent of the legal parent or guardian is needed.*

Parent/Guardian signature: \_\_\_\_\_

Parent/Guardian name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_