

# SUMMER CAMPS



## 4-H SCIENCE CAMP JUNE 26-30

Discover the exciting world of agriculture at the NHC Arboretum! You'll have to think like a farmer to complete some of the challenges you will be given. A few highlights includes hatching and caring for baby chicks, making snacks from local foods and field trips to local farms and farmers markets!

8:00 a.m.—3:45 p.m.

Non Club Members- \$150

9-12 YEAR OLDS

4-H Club Members- \$125

## Making YOU Matter Overnight Yoga Retreat JULY 21-22

A yoga retreat designed specifically for teen girls to: learn cool new yoga moves, make new friends and laugh (a lot), get creative with nature inspired art projects, prepare delicious fresh food (plus some s'mores!) and most importantly, making YOU matter.

RISING 6-8TH GRADE GIRLS

5:00 PM Friday - 12:00 PM Saturday

Non Club Members- \$75 4-H Club Members- \$60

[NEWHANOVER.CES.NCSU.EDU/4-H-CAMPS](http://NEWHANOVER.CES.NCSU.EDU/4-H-CAMPS)

**NC STATE**



**New Hanover County 4-H**  
6206 Oleander Dr. Wilmington, NC 28403  
910.798.7660

## THE FACTS

The 4-H slogan is “Learn By Doing” and you can bet that’s what we’ll do at camp! 4-H camp is all about being active, meeting new friends, and learning something new. We’ll keep your child busy and engaged. “Play clothes” should be worn as some of the activities might get messy!

## LOCATION

Camps will be held at the New Hanover County Arboretum, located at 6206 Oleander Drive, Wilmington, NC 28403.

## FOOD/DRINKS

Snacks are provided for camps and all-day campers should bring a nutritious packed lunch both days. Please indicate food allergies on your child’s registration form. The lunches will be kept cool in a refrigerator. Campers should bring a refillable water bottle with their name or initials marked on it. \*\*Dinner and breakfast will be provided during the Yoga Retreat.

## REGISTRATION

All campers must complete a registration form. Click here for [registration form](#). If you have not submitted a [4-H Enrollment Form](#) and [Medical Release Form](#) in 2017 you must also submit those. Please note that the Medical Release Form **must** be notarized. Cash or check is accepted. Make checks payable to **New Hanover County**. Registration is complete when all forms and payment is received.

To inquire about any of these summer 4-H opportunities, please contact:

*Leslie Dill, 4-H Agent*

910.798.7660

*leslie\_dill@ncsu.edu*

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# 4-H Summer Camp Registration Form

Participant's Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade Entering \_\_\_\_\_

Email Address \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

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

May be reached @ \_\_\_\_\_ home; \_\_\_\_\_ cell; \_\_\_\_\_ work

**PLEASE CHECK:** (One form per camper)

4-H Science Camp (9-12 Year Olds)

☐ Non 4-H Club Member—\$150

☐ 4-H Club Member—\$125

Making YOU Matter Yoga Retreat

☐ Non 4-H Club Member—\$75

☐ 4-H Club Member—\$60

4-H Club Name: \_\_\_\_\_ (if applicable)

## MEDICAL INFORMATION:

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

Special medical concerns or conditions that camp staff should be aware of, including contagious illnesses, asthma, diabetes, previous injuries, behavioral problems, etc.: \_\_\_\_\_

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

## **Media Consent and Release - Please circle one:**

**I DO or I DO NOT** agree to allow 4-H to take photographs/audio/video of my child for use in 4-H and other N.C. Cooperative Extension educational, promotional, and/or marketing materials. Neither individual addresses nor telephone numbers will be published within these materials.

## **Release of Liability Statement**

In case of an emergency, I understand that every effort will be made to contact the parents listed below. In the event that I can not be reached, I hereby give permission to the physician selected by New Hanover County Cooperative Extension to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery for my child as named above.

I further understand that New Hanover County 4-H does not carry any type of insurance on participants in any of its day camp programs, also in which transportation may be required, and that we ARE NOT liable for any personal injuries that may incur while my child participates in these 4-H Day Camps. I understand that I will be responsible for any medical bills that may be incurred while the child is at the 4-H Summer Day Camp Programs.



**Initial here** stating you have read and understand the above release of liability statement.

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

Individuals with disabilities and/or special needs interested in attending camp, should call 910.798.7660.