# 2026 Belmont County 4-H Cloverbud Camp:

Sunday, June 14th, 2026 at 4-H Camp Piedmont

Camper Drop off: 10am-10:30am

Camper Pick Up: 6pm (optional campfire dinner available for campers and guests, must leave camp by 7pm – cost is $5 per person, payable cash only at event)

***Campers should eat breakfast at home but will be provided with lunch and a snack.

*All youth who have completed grades K-2 are welcome to join us for our 2026 Cloverbud Day Camp! Parents and advisors are welcome to join their campers as guests.

Camp Includes:

- 1 full day of activities and fun!
- Learning about science and nutrition, and a craft!
- Camp T-Shirt
- Group Photo
- New Friends

What to Bring: (all personal items should have camper name in permanent marker):

- Closed toed shoes (open toed shoes are NOT allowed)
- Swimsuit and towel for optional water activities
- Change of dry clothes
- Water Bottle
- A smile!

# CLOVERBUD CAMP REGISTRATION

***Due Friday, May 8th, 2026, by 4:30pm.***

Registration is $50 per camper and includes a camp t-shirt, lunch, snack, and craft. Adult guests are $25 per person and includes lunch and a t-shirt.

Please drop off or mail to:

OSU Extension – Belmont County
45422 Roscoe Rd., Suite A
St Clairsville, OH 43950

Participant Name:_____
Address: _____
Phone: _____Age:_____Grade Completed:_____
4-H Club:_____County:_____
T-Shirt Size (circle one): YS YM YL YXL AS AM AL AXL AXXL

Dietary/Other Accommodations? _____

***Parents/Guardians are NOT required to attend with their child but are welcome. Prices are below for campers and guests, and include lunch, snack, and t-shirt. Siblings that do not meet the grade requirements are not permitted to attend.

**ADULT GUESTS:**

Name: _____ Relationship to Camper:_____
T-Shirt size:_____

Name: _____ Relationship to Camper:_____
T-Shirt size:_____

Name: _____ Relationship to Camper:_____
T-Shirt size:_____

**********

Number of adult guests:_____ x $25 = Adult Registration: _____
+ $50 = Camper Registration:_____
Total Registration: _____

*Checks, cash, or online payment accepted. Checks made payable to OSU Extension – Belmont County
Online Payments can be made at https://go.osu.edu/bc4hcamppay

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# Ohio 4-H Participant Medical Release

This form is for 4-H volunteers to use to gather an overview of critical 4-H participant information. This information will be used only for the welfare of the participant.

## GENERAL PARTICIPANT INFORMATION

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

Gender _____ Date of Birth _____ Age (January 1) _____

Primary phone number: (to use in case of cancellations, rescheduling, etc.) _____
Please mark the type of phone: ___Home ___Parent Cell ___Member Cell
Is texting on this phone ok? ___ Yes ___ No

## EMERGENCY CONTACT INFORMATION

Parent/Guardian Name _____
Mobile Phone _____
Other Phone_____
Email _____

Alternate Person _____
Mobile Phone _____
Other Phone _____
Email _____

**MEDICAL AND/OR OTHER ACCOMMODATIONS:** Does your child have any medical needs or accommodations that would limit their ability to fully participate in the scheduled program/activity? If so, please describe these below.

_____
_____
_____
_____
_____

Please specify any restrictions in activities:

_____
_____

## MEDICAL RELEASE

In the case of serious illness or injury of my child, I understand that I will be notified. If I cannot be contacted, unless otherwise specified below, I grant permission to the attending medical professional to secure proper treatment, hospitalize, and/or take any other action deemed necessary for the immediate care of my child. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

Parent/Guardian Name (printed)_____

Parent/Guardian Signature_____Date_____

Participant Signature_____Date_____



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Epley, H.K., 10/2024

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# Photo, Video Release and Authorization

My child, _____ plans to participate in _____ programming through Ohio 4-H, taking place _____ (*insert dates*). I acknowledge that during this programming, my child may have their image and or voice captured through photo, audio or video recording. For good and valuable consideration, the receipt of which is hereby acknowledged, I irrevocably consent to and authorize The Ohio State University, OSU Extension, Ohio 4-H, 4-H Camping Facility and its affiliates, agents, successors and assigns ("OSU") consent to use the videotape and photographs of my child, and recordings of his/her voice, conversations, sounds, name, image and likeness, captured during and in connection with my child's participation in _____*(insert activity name)* in all types of media and for all lawful purposes.

I hereby grant all rights to OSU to use the results of such videotaping, photography and recording in perpetuity, throughout the world to: (1) reproduce, distribute, use, and display all or any portion of the Video in any manner and in any medium and for any purpose; and (2) grant others the right to reproduce, distribute, use, and display all or any portion of the Video in any manner and in any medium and for any purpose. I give permission to OSU Extension/ Ohio 4-H to publish, post or print in the newspaper, on a website, via social media channels/platforms, or other media methods, my child's name and/or image to celebrate and promote accomplishments they may achieve through participation in this program.

I further agree that OSU may use and permit others to use my child's name, voice, image, and likeness captured during this activity in any medium and in the promotion, advertising, sale, publicizing OSU and Ohio 4-H throughout the world, an unlimited number of times in perpetuity. I hereby waive any right of inspection or approval of the use of my child's voice, conversation, sounds, image and likeness. I acknowledge that OSU will rely on this grant of rights and hereby agree not to assert any claim of any nature whatsoever against anyone relating to the exercise of the rights granted hereunder.

I acknowledge and agree that this agreement is binding on all of my heirs and assigns.

Please select ONE option:

□ YES, I give permission to the photo, video release, and authorization.

□ No, I do not give permission to the photo, video release, and authorization.

_____ Date: _____

Authorizing Signature of Parent/Legal Guardian if Participant is under 18 years of age

Print Parent/Legal Guardian Name: _____

Print Full Name of Participant: _____



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