

January 13, 2024

Dear Parents and Guardians,

Welcome to Rutgers Cooperative Extension of Somerset County's summer camp program, **4-H TOPS (Totally Outrageous Program for Summer), June 24 – 28, 2024**. We're delighted that your child(ren) will be joining us this summer!

TOPS Camp is a 5-day week of fun, friends, and fascination! Held at the Ted Blum 4-H Center in Bridgewater, camp is the perfect blend of outdoor activities, educational workshops, trips, and making new friends – *this is the best week-long Summer Day Camp!* Experience opportunities such as woodworking, arts, theater, nature, animals, geology, olympics, water fun, games, a field trip, guest speakers, dancing, cooking, tie-dyeing, leadership, and bonding!

Each day you should send your child to camp with a lunch and a reusable water bottle. Camp will provide two snacks during the day. There will be an off-site trip fully camp supervised. We will also have a water fun day (weather permitting). On this day children should wear their bathing suits under their clothes. Each day of camp, parents will receive an email to keep them updated with the following day's activities and details.

Children should be brought to the rear of the 4-H Center each day at **8:30 am** and picked up in the rear of the building promptly at **4:30 pm**. Parents or other authorized adults will be required to sign their child **"IN"** upon arrival and **"OUT"** when picking the child up each day. **Children will NOT be released to another adult without written permission. Anyone later than 4:40 will incur a \$10.00/minute late fee. After 5:00 pm – the police will be called.**

This packet contains the following information:

- Registration Form
- Health Form
- Medication Disbursement Form
- 4-H Event Permission Form
- What to Bring to Camp
- Directions to the Somerset County 4-H Center

To register your child, please return all forms and payment to 310 Milltown Road, Bridgewater, NJ 08807. Space is limited so register early. All forms must be in prior to June 1, 2024.

Thank you. We look forward to seeing you at camp!

Sincerely,



Lisa Rothenburger
County 4-H Agent

4-H TOPS Camp Registration Form

June 24 - 28, 2024



Registration Fee: \$350

Payment in full is due with application. Payment is fully refundable before April 10, 2024, 50% refund between April 11– May 8, 2024. No refunds after May 9, 2024. Partial and full financial scholarships are available based on need. Scholarship forms can be downloaded at www.4HisTops.org. Scholarship applications are due May 8 and you will be notified in writing as to the amount awarded. Rutgers Cooperative Extension (RCE) educational programs are open and accessible to all. If special accommodations are needed, please contact us at 908-526-6644.

Each child brings their own lunch and drinks daily. We will supply snacks.
Children must be picked up by 4:30 pm or charges will occur.

Please Print (form can be downloaded and completed on the computer)

HAS YOUR CHILD ATTENDED TOPS CAMP BEFORE: YES NO

Name of Child

Last Name _____ First Name _____

Name on Nametag _____ Pronoun _____ 4-H Member? Y or N? _____

Address _____

City _____ State _____ Zip _____

Parents'/Guardians' Name _____ Email _____

Parents'/Guardians' Daytime Phone _____ Alternate Phone _____

Child's Grade **COMPLETED** as of June 2024 _____ (child must have completed grades 1-5 as of June 2024).

Child's Special Needs or Allergies (if any) _____

DOES YOUR CHILD HAVE A FRIEND THEY WANT TO BE WITH IN THE SAME GROUP ? YES NO

NAME AND GRADE OF FRIEND _____

Enclosed is \$350 check, made payable to **Somerset County 4-H Association**.

Enclosed is a Scholarship Application for consideration.

Mail to: **Somerset County 4-H Tops Camp, 310 Milltown Road, Bridgewater, NJ 08807**

Signature of Parent or Guardian
(Must be signed)

Date

**Rutgers Cooperative Extension Health Form
4-H TOPS Camp 2024**

Camper's Name _____ Preferred pronoun _____

Street Address _____ Phone # _____

Mailing Address _____ Zip Code _____

Parent/Guardian's Name _____ Day/Cell phone # _____

Parent/Guardian's Name _____ Day/Cell phone # _____

In case of illness or injury list alternates in the area other than guardian 1 and 2 to be called:

Name _____ Phone # _____ Cell Phone _____

Name _____ Phone # _____ Cell Phone _____

Name _____ Phone # _____ Cell Phone _____

Medical Information – Please answer all questions.

1) Health Insurance Provider _____ Policy Number _____

2) Date of last Tetanus (DtaP) immunization (this is required to attend camp) _____

3) List all allergies (including Latex, Food, etc.) _____

4) Doctor _____ Doctor Phone # _____

5) Has your child been sick, hurt, hospitalized since January 2024? Yes ___ No ___

Describe, Date & Treatment _____

6) Can your child participate in all activities? Yes _____ No _____

7) If any restrictions, please forward a doctor's statement to the office along with this form.

Date _____

Parent or Guardian's Signature



New Jersey 4-H Event Permission Form for Youth

Both sides of this form must be completed by all youth participating in overnight activities, field trips, events requiring group transportation, and any other events sponsored through the 4-H Youth Development Program where it is deemed necessary by the event coordinator(s) (paid 4-H staff and/or registered 4-H volunteer) responsible for the youth participants. The form should be submitted prior to the event. The form has five parts: (1) information about the participant and activity, (2) parental permission and liability release, (3) medical emergency authorization and health information, and (4) code of conduct and (5) media policy. *Be sure to complete all five parts and sign where requested!*

Information about the Youth Participant and Activity

Name of Youth participant: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone number: (____) _____ Email Address: _____
4-H county: _____ Birthdate: _____ Grade: _____

Name of activity/event: TOPS CAMP 2024

Name of 4-H group sponsoring or participating in this event: RCE OF SOMERSET COUNTY

Location of event: 4-H Center 310 Milltown Rd, Bridgewater, NJ 08807

Date and time of participation of individual named above: June 24-28, 2024 8:30 am to 4:30 pm

Parent Permission and Release of Liability

I hereby give my son/daughter named above permission to participate in the event listed. Although Rutgers Cooperative Extension and its event coordinator(s) will use the utmost precaution in guarding the health of the above participant and preventing accidents, I release them from any liability in case of illness or injury as a result of this activity. Furthermore, I release the owner and driver of the car transporting my child to and from the event, from any liability in case of illness or injury.

Sign Here → Signature of parent or guardian: _____

Medical Emergency Authorization and Health Information

I authorize the event coordinator(s) to dispense the prescription drugs and/or over the counter medications listed below in accordance with the instructions provided on the label (prescription drugs) or below (over-the-counter medications). In case of sudden illness or an accident to the above named participant requiring immediate treatment or surgery while he/she is a participant in this activity, I

authorize the 4-H chaperone(s) to take such action as seems appropriate to protect the health and physical well-being of the above participant. This authority extends to any physician(s) and/or surgeon(s) selected by the event coordinator(s) to perform medical and/or surgical procedures including examinations and tests necessary to preserve the health and physical well-being of the above named participant. All efforts will be made to contact the parent(s) or guardian(s) in case of emergency.

Name of parent/guardian Phone number Name of additional emergency contact Phone number

The following information is provided as an aid to the event coordinator(s) in dealing with the well-being of the participant. The participant has the following health conditions: (include allergies, handicaps, diabetes, pregnancy, asthma, medications needed, etc.).

Health conditions: _____

Medications/Instructions: _____

Health Insurance: Company Group# _____ ID# _____

Sign Here → Signature of parent or guardian _____

New Jersey 4-H Code of Conduct


The primary purpose of the New Jersey 4-H Code of Conduct is to ensure the safety and well-being of all participants at 4-H sponsored events and activities. It applies to all participants, with participants defined as 4-H members, their parents, and volunteers.


As a participant in the 4-H program, I will:

- **Conduct myself in a courteous manner and treat members, parents, 4-H volunteers, Extension staff, judges and others with respect. Appropriate language and behavior are expected at all times.**
- **Respect and adhere to the rules and guidelines of the 4-H program including all those specific to a 4-H event or activity.**
- **Uphold an individual's right to dignity by supporting an environment of inclusion which welcomes involvement of participants from all backgrounds.**
- **Accept supervision and support from county and state 4-H staff while participating in the 4-H program. This includes acceptance of supervision and support from appointed 4-H volunteers coordinating 4-H events and activities.**
- **Obey local, state and federal laws.**

Participants who fail to adhere to the New Jersey 4-H Code of Conduct are subject to a range of disciplinary actions. Such actions will be taken in compliance with the New Jersey 4-H Discipline Policy and Procedure. When appropriate, immediate corrective action will be taken at the 4-H event to ensure the safety and welfare of all participants.

I understand if I fail to adhere to the above Code of Conduct, I will be subject to disciplinary action and potentially prohibited from attending and participating in the New Jersey 4-H Youth Development program.

 **SIGN HERE** Signature of Participant _____ Date _____

 **SIGN HERE** Signature of Parent/Guardian _____ Date _____

New Jersey 4-H Media Policy and Release

The 4-H program routinely promotes activities through various media. This includes, but is not limited to newsletters, newspapers, brochures, and displays. In doing so, the names and photos of members may be included to help tell the 4-H story. However, New Jersey 4-H policy is that on web sites, youth in photos will not be identified by name(s).

- No, do not use my individual picture for any purpose.** I will make an effort to avoid opportunities to be in group photos.
 - No, do not use my name for any purpose.**
-

Revised: January 2013

Cooperating Agencies: Rutgers, The State University of New Jersey, U.S. Department of Agriculture, and Boards of County Commissioners. Rutgers Cooperative Extension, a unit of the Rutgers New Jersey Agricultural Experiment Station, is an equal opportunity program provider and employer.

Typical Day at TOPS Camp

8:30am	Check In
8:40-9:00am	Individual group time/preparing for the day
9:00-10:15am	Whole group activity, snack, and recess
10:15-11:15am	Workshop 1
11:15am -12:15pm	Workshop 2
12:15-1:00pm	Lunch and recess
1:00-2:00pm	Workshop 3
2:00-3:00pm	Workshop 4
3:00-3:00pm	Snack and recess
3:30-4:15pm	Whole group activity
4:15-4:30pm	Closing meeting and check out

Field Trip Day at TOPS Camp*

*Traffic may affect schedule

8:30am	Check In
8:40-9:00am	Individual group time/preparing for the day
9:00am	Boarding the bus
3:30pm	Return from trip
3:30-4:15pm	Whole group activity
4:15-4:30pm	Closing meeting and check out

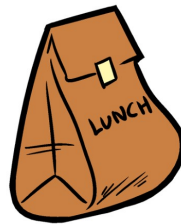
What to Bring to Camp

Bring lunch in an insulated lunch bag
with your child's name on it.

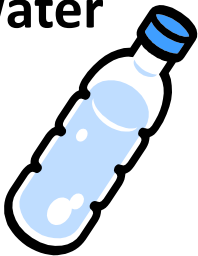
All lunches must be in an insulated pack—they will not be refrigerated.

NO PEANUTS/PEANUT BUTTER

Camper lunches cannot be heated



Water



Sunscreen



Hat

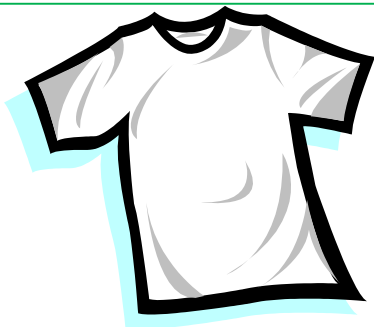


PLEASE LABEL EVERYTHING

If applicable, please bring your child's medication/prescriptions. Place them in a labeled Ziploc bag.

On the first day of camp
bring a plain white t-shirt.

For our camp field trip - pack a cinch
bag with your lunch, water and wear
your tie-dye shirt.



Directions to 4-H Center (310 Milltown Rd, Bridgewater, NJ)

From the Somerville Traffic Circle: Exit on Route 202 South toward Flemington. Go approximately 3 miles. Exit right on Milltown Road (jug handle before the light). Bear right on Milltown Road. 4-H Center is on the right.

From Route 287 North: Exit onto Route 22 West. Take jug handle turn off Route 22 West onto Milltown Road. Cross over Route 22 and go approximately 2 miles. The road will make a sharp bend to the right; you will go under a one-lane bridge. The 4-H Center is approximately 1½ miles on the left.

