

# SUMMER TIME FUN

2017

Person County



## 4-H Summer Fun!

4-H Summer Fun classes are a great way for young people to **learn** more, **experience** more, and **enjoy** more. Registration can be done in person or mailed in. All participants must complete an Enrollment Form, Summer Fun Registration Form, & Medical Release Form (notarized), and payment is due with registration. Please have correct change or checks made payable to Person County.



For boys &  
girls ages  
5-18

Walk in or  
Mail in  
Registration

Like us on  
**Facebook**

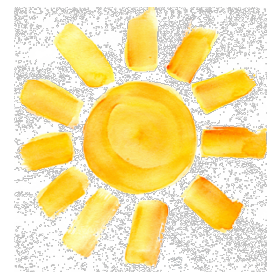
Follow us on  
**Twitter**

Person County 4-H  
304 S. Morgan St.  
Room 123  
Roxboro, NC 27573  
336.599.1195  
<http://person.ces.ncsu.edu>

# Summer Fun Classes

## Person County 4-H

---



### 1. Pet Pals

<b>Date:</b>	Wednesday, July 5th
<b>Time:</b>	9:30am-1pm
<b>Ages:</b>	10-18
<b>Instructor:</b>	Animal Services Staff
<b>Location:</b>	Person County Animal Services
<b>Cost:</b>	\$3
<b>Class Size:</b>	10

Enjoy the morning spending time with dogs & cats at the animal shelter. Show the pets in need of a home some love by grooming, walking, petting, or taking photos of them. We will start at the Extension office and provide transportation for kids. **\*An additional liability form will need to be signed by parents for this activity\*.**

### 2. Cloverbud Day Camp

<b>Date:</b>	Friday, July 7 <sup>th</sup>
<b>Time:</b>	9am-1pm
<b>Ages:</b>	5-8
<b>Instructor:</b>	Emily Roberts
<b>Location:</b>	County Office Building
<b>Cost:</b>	\$10
<b>Class Size:</b>	15

This fun-filled day is just for the Cloverbuds! They will be doing a variety of activities including science, crafts, outdoor games and so much more! Join us for an exciting morning! **\*Also bring a towel and wear clothes that can get wet/dirty. \***

### 3. Public Speaking

<b>Date:</b>	Wednesday, July 19 <sup>th</sup>
<b>Time:</b>	9am-12pm
<b>Ages:</b>	10-18
<b>Instructor:</b>	Cooperative Extension Staff
<b>Location:</b>	County Office Building
<b>Cost:</b>	\$2
<b>Class Size:</b>	12

Did you know that public speaking is one of the greatest fears among adults? Let's make sure that's not a fear of yours by learning the basics of public speaking. We'll play fun games and learn how to put together a captivating speech, and how to talk in front of a group. This is great for anyone who wants to do a 4-H presentation, or for anyone who has to give a speech at school!

### 4. Farm Tour

<b>Date:</b>	Thursday, July 20 <sup>th</sup>
<b>Time:</b>	10 am-3pm
<b>Ages:</b>	10-18
<b>Instructor:</b>	Cooperative Extension Staff
<b>Location:</b>	County Office Building
<b>Cost:</b>	\$7
<b>Class Size:</b>	13

Did you know there are more than 150 animal farms in Person County? Come spend the day with us to visit some of our local farms, so you can see them working in action! Our tour will include a local buffalo and dairy farm. Bring a packed lunch for a break in between farm visits. Be sure to wear closed-toed shoes as well.

## 5. Science of Soybeans

<b>Date:</b>	Monday, July 24 <sup>th</sup>
<b>Time:</b>	10am-12:30pm
<b>Ages:</b>	5-12
<b>Instructor:</b>	Laura Rogers
<b>Location:</b>	County Office Building
<b>Cost:</b>	\$2
<b>Class Size:</b>	20

Join us for lunch and learn about soybeans. Laura Rogers from the NC Soybean Producers Association will be demonstrating how to make food from soybeans such as pizza, cookies, or salad. Participants will also learn about measuring, cutting, and preparing foods in the kitchen! Come hungry and ready to learn about soybeans!

## 6. Explore Mayo

<b>Date:</b>	Tuesday, July 25 <sup>th</sup>
<b>Time:</b>	9am-2pm
<b>Ages:</b>	9-18
<b>Instructor:</b>	Person Co. Parks & Rec.
<b>Location:</b>	Mayo Park
<b>Cost:</b>	\$5
<b>Class Size:</b>	15

Come enjoy nature and get a little exercise as you explore Mayo Park. We will hike, paddle, fish, have lunch and enjoy the outdoors. Closed-toed shoes are required, and sunscreen and bug spray are recommended. You will also want to wear something you don't mind getting wet! Parents/guardians will need to drop participants off at Mayo Park office and pick up as well. Lunch will be provided.

## 7. Busy Bees

<b>Date:</b>	Friday, August 4 <sup>th</sup>
<b>Time:</b>	9am-12pm
<b>Ages:</b>	5-18
<b>Instructor:</b>	Person County Beekeepers
<b>Location:</b>	County Office Building
<b>Cost:</b>	\$2
<b>Class Size:</b>	20

During this class, participants will learn just how busy bees are! Person County Beekeepers Association members will teach participants how and why plants are pollinated, what products come from the hive, and the parts of the honey bee.

## 8. Hunter Safety Education

<b>Date:</b>	August 9 <sup>th</sup> -11 <sup>th</sup>
<b>Time:</b>	9am-12:30 pm
<b>Ages:</b>	9-18
<b>Instructor:</b>	Chuck Gentry
<b>Location:</b>	County Office Building
<b>Cost:</b>	\$5
<b>Class Size:</b>	20

Learn all you need to know about hunter safety, so you will be ready for hunting season! By participating in this class, participants will learn the necessary information needed to receive a hunting license. Students will be responsible for studying the materials in preparation for the test. Students who pass the test will be able to participate in safe shooting at the range on Friday afternoon!



# Registration Process

---

Please read the following information before you register!

- Person County 4-H Summer Fun is open to all Person County youth between the ages of 5-18. Each class has its own age requirement, so **please be mindful** of that when registering.
- You may register in person or by mail. If you choose to mail in your registration, you **MUST** have completed 1) the Summer Fun Registration Form, 2) the 4-H Enrollment Form, 3) the Medical Release Form, and 4) a check made payable to Person County. The Medical Release Form **must be notarized**, which can be done in our office at no charge. *(Please do NOT sign the form before it is notarized. It must be signed in the presence of the notary public.)*
- Registration is first come, first serve. **Payment is required at the time of registration.** Cash and checks made payable to Person County are accepted. Please make sure you bring correct change if paying with cash.
- If a 4-Her has earned Clover Cash, he/she may use their Clover Cash to help pay for registration.
- We follow the NC 4-H Code of Conduct, so please go over this with your child before they attend a Summer Fun class. The Code of Conduct can be found here: [http://www.nc4h.org/uploads/documents/publications/forms/4-H\\_codeofconduct.pdf](http://www.nc4h.org/uploads/documents/publications/forms/4-H_codeofconduct.pdf).
- There will be no refunds, unless a class is cancelled.
- For classes not held at the County Office Building, participants will be emailed directions to the location of the class, or transportation will be provided. If transportation is being provided, it will be noted in the class description. Parents/guardians must sign their child in when dropping them off and sign their child out when picking them up.
- **Don't forget an additional form must be signed for Pet Pals Activity**

**Registration & Payment due NO LATER than**  
**FRIDAY JUNE 30<sup>TH</sup> @ 5PM**

\*\*\*\*\*

*It's always a good idea to call ahead to make sure someone is here to notarize forms, just to be sure. Our number is 336-599-1195.*



# 4-H Summer Fun Registration Form

Name of Youth:		Age:	
Names of Parents/ Guardians:		Date of Birth:	
Best Contact Phone #:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Email Address:			

Please put a check next to the number of the classes you wish to register for. If any classes are full, we will add you to the waiting list. Payment won't be taken for waiting list registration.

✓	#	Name of Class	Ages	Dates & Times	Cost	Paid
	1	Pet Pals	10-18	July 5 <sup>th</sup> 9:30am-1pm	\$3.00	
	2	Cloverbud Day Camp	5-8	July 7 <sup>th</sup> 9am-1pm	\$10.00	
	3	Public Speaking	10-18	July 19 <sup>th</sup> 9am-12pm	\$2.00	
	4	Farm Tour	10-18	July 20 <sup>th</sup> 10am-3pm	\$7.00	
	5	Science of Soybeans	5-12	July 24 <sup>th</sup> 10am-12:30pm	\$2.00	
	6	Exploze Mayo Park	9-18	July 25 <sup>th</sup> 9am-2pm	\$5.00	
	7	Busy Bees	5-18	August 4 <sup>th</sup> 9am-12pm	\$2.00	
	8	Hunter Safety	9-18	August 9 <sup>th</sup> -11 <sup>th</sup> 9am-12:30pm	\$5.00	
		4-H Tee Shirt (optional)		<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL <input type="checkbox"/> AXXL	x \$6.00	
		Clover Cash Used				-
					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 \_\_\_\_\_

Company Telephone Number (\_\_\_\_) \_\_\_\_\_

**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)





## 4-H Enrollment Form

Name of 4-H Group/Unit: \_\_\_\_\_ Year: \_\_\_\_\_

Member Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street Address City State Zip Code

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ County: \_\_\_\_\_

Gender\*: ☐ Male ☐ Female Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

If re-enrolling in 4-H, how many years have you been in 4-H: \_\_\_\_\_

Do you live\*: ☐ Farm ☐ City over 50,000 people  
(Choose only one) ☐ Town under 10,000 people or rural non-farm ☐ Suburbs of city over 50,000 people  
☐ City 10,000-50,000 people ☐ Military installation: \_\_\_\_\_

Do you have parent/guardian(s) active in the military? Yes \_\_\_ No \_\_\_

If yes, circle all that apply: Army Air Force Navy Marines Coast Guard National Guard(Air & Army) Reserves

Ethnic group\*: A. Choose One: ☐ Hispanic or Latino ☐ Non-Hispanic or Latino

B. Choose all that apply:

☐ White or Caucasian ☐ Asian  
☐ Black or African-American ☐ Native Hawaiian or other Pacific Islander  
☐ American Indian or Alaska Native ☐ Other \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street Address City State Zip Code

Phone: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Area Code Daytime/Cell phone Area Code Home phone Email (if applicable)

Additional Parent or Guardian: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street Address City State Zip Code

Phone: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Area Code Daytime/Cell phone Area Code Home phone Email (if applicable)

**1. A parent or guardian should sign below whichever statements you wish to apply to the youth's involvement in 4-H programs.**

\_\_\_\_\_ I 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.  
\_\_\_\_\_ I do not wish for 4-H to take photographs/audio/video of my child for use in 4-H or N.C. Cooperative Extension educational, promotional or marketing purposes.

2. The enrolling youth is bound by the NC 4-H Code of Conduct and Disciplinary Procedure for 4-H events and activities. The youth should initial here if he/she has received and reviewed the NC 4-H Code of Conduct and Disciplinary Procedure for 4-H events and activities: \_\_\_\_\_.

*\*This information is required for all federally assisted programs and is solely used for the purpose of determining compliance with Federal civil rights laws; your responses will not affect consideration of your application. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.*

COLLEGE OF  
**AGRICULTURE & LIFE SCIENCES**  
ACADEMICS • RESEARCH • EXTENSION

For office use only  
4-H Membership # \_\_\_\_\_  
Date entered: \_\_\_\_\_



**\*PET PALS ONLY\***

**Person County Animal Services**

**Liability Release and Acknowledgement**

**And Assumption of Risk Statement for Volunteers**

I, \_\_\_\_\_, a volunteer performing services for Person County Animal Services and/or providing care for Person County Animal Services owned animals, hold Person County harmless from any and all damages or personal injuries I may receive as a result of my work or other participation in the Person County Animal Services volunteer program.

I acknowledge by signing this form that I could experience an exposure to animal bites and/or disease or other injury. I further acknowledge and assume responsibility for all expenses associated with any and all medical care and/or treatment in the event such an exposure or other injury occurs.

In my role as a volunteer I may be required to transport an animal or animals to or from appointments etc. I will ensure that the animals in my care are properly secured in my vehicle whether in a carrier, crate or leashed. I understand that I am solely responsible for my vehicle and its contents during the time I am transporting animals.

I do hereby further acknowledge that I am volunteering my services to Person County Animal Services of my own free will and that I agree for myself, my heirs, executors, and assigns to waive and release any legal rights that I may have to seek damages of any nature as against the County of Person, its elected and appointed officers, its employees, or its agents for any bodily injury or death as a result of my work at or participation in programs at Person County Animal Services or in any other way arising out of my work or other participation in this program.

The waiver and release is deemed to apply to all medical problems, injuries and/or damage to property from all causes and including all payments or legal remedies I might be entitled to against Person County, its elected officials, its employees and agents.

**I have read and fully understand the foregoing, and I do hereby, of my own free will, execute the Liability Release and Acknowledgement and Assumption of Risk Statement.**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Parent/Guardian Signature (required if under 18) \_\_\_\_\_

Witness (PCAS staff) \_\_\_\_\_

Date Approved \_\_\_\_\_