

LEWIS & CLARK COUNTY 2025 4-H SUMMER CAMP

MYTHICAL & MAGICAL ADVENTURES!



**REGISTER
EARLY!
LIMITED TO
70 CAMPERS**

August 3-7, 2025 ★ Loon Lake 4-H Camp

Five fun-filled days and four nights at a dedicated 4-H camp. Open to all kids ages 8-13 who are enrolled 4-H members in Lewis & Clark County. **Camper fee is \$225.** Fee includes all transportation, accommodations, meals, snacks, activity supplies, program materials and a tee-shirt. Activities will include group games, campfire songs and skits, crafts and skills workshops, swimming, canoes, team games, youth development exercises, outdoor adventure, and friendships to last a lifetime! **Note:** we do not permit requests to share a cabin with friends—you'll be assigned to a cabin and camp counselor once you arrive.

Name: _____ 4-H Club: _____

Age: _____ ☐ Male ☐ Female ☐ Unspecified Have you attended 4-H camp before? YES/NO

Parent/Guardian(s): _____

Email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Tee-shirt size: ☐ Adult 2XL ☐ Adult XL ☐ Adult L ☐ Adult M ☐ Adult S ☐ Youth L ☐ Youth M

Camp check-in is Sunday, August 3 at 11:00 a.m. at Lewis & Clark County Fairgrounds. We will ride buses up to Loon Lake 4-H Camp near Bigfork. We'll return Thursday afternoon, August 7. Once you are registered and we have received payment, we will send out details and a list of what to bring via email.

► If you need financial assistance to attend camp, consider reaching out to your 4-H club for sponsorship.

Make check payable to: **Lewis & Clark County 4-H Council**

Fees, registration and health forms must be received by **Friday, May 30, 2025.**

Mail forms and fee to:

Lewis & Clark County 4-H Council
100 West Custer
Helena, MT 59602

Forms and fees can also be dropped off in-person at the 4-H Extension Office at the Fairgrounds

**Please make sure you can attend the full camp before you register!
We will not honor refunds without careful review by
Lewis & Clark County 4-H.**



PARENTS: we will build a Remind text message list so we can inform you on what time the buses will be returning to Helena. Please indicate the phone number you want to use:

Registration checklist:

- ☐ Registration form completed
- ☐ \$225 per camper fee enclosed
- ☐ Health form completed
- ☐ Camp rules form signed by camper and parent

4-H CAMP RULES

Lewis & Clark 4-H camp is a safe and inclusive space. We welcome all 4-H'ers to a great camp experience where kids can be kids.



- 1. Respect all others' privacy, property, and space.
- 2. Do not play near the water without a counselor.
- 3. NO swearing or name calling. NO bullying of any kind.
- 4. Make sure a camp counselor knows where you are at all times.
- 5. All campers assist with chores and cleanup led by your camp counselors. This means everyone helps in cleaning up after each activity, putting things away, and cleaning up any messes and waste after meals.
- 6. All meals are just like eating at a restaurant—be courteous to kitchen staff, take only what you'll eat, don't waste food.
- 7. Campers are expected to participate in all camp games, crafts and activities.
- 8. When asked to do something; PLEASE do it the first time you are asked.
- 9. Do not bring valuable items or electronic devices. We are not responsible for lost, stolen or damaged items. Phones will be turned in at camp check-in and held by chaperones.
- 10. We will practice "Leave No Trace:" respect all camp property and equipment, and keep camp looking great.
- 11. Snacks and drinks are provided at camp. Do not bring gum, soda, energy drinks, candy, chips or snacks of any kind. Unless pre-approved, food/snacks you bring will be confiscated.
- 12. New rules may come up as unforeseen circumstances arise. New rules will be announced to the whole group.
- 13. If there is a problem, tell a Camp Counselor immediately. They are there to help you!
- 14. At the end of each day, we will practice reflections, so think about who you meet, your favorite activities, things you learn, and how we can make our next camp better. Everyone participates in reflections.
- 15. Your camp counselors have worked very hard in planning all the fun at camp. Please respect their efforts and give them your positive energy and enthusiasm!
- 16. Most importantly, HAVE FUN!!!

These rules must be agreed to and signed by both a parent and the camper. If any rules are violated, a parent may be called to take the child home. Thank you for your cooperation.

☐ I agree to abide by all camp rules, respect my camp counselors, and give my full enthusiasm and participation throughout the 4-H camp experience.

Camper Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Photo release I understand that there may be photos and video taken while participating at Lewis & Clark county 4-H summer camp. Lewis & Clark County 4-H has my permission to use these photos on their social media website and other promotional materials specific to camp. I understand that I can contact the Lewis & Clark County Extension if I would like a photo removed within a reasonable amount of lead-time: ☐ Agree ☐ Disagree



4-H Camp Service Project: In 2022, we donated a gaga ball pit to Camp. We strive to leave camp better than how we found it. At the 2024 summer camp, we heard a lot of campers request for more down time, and the opportunity to read a book in the sun. We're asking all campers to please bring one age-appropriate book (ages 8 to 17). Together, we'll donate these books to create a permanent library at Loon Lake 4-H Camp!



LEWIS AND CLARK COUNTY 4-H CAMP HEALTH FORM

Note: Information provided on this form is confidential and will be held by the camp nurse.

Camper Name _____ Birthday _____

Parent/Guardian(s): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

If above person cannot be reached, contact _____

Relationship to child _____ Phone # _____

Physician _____ Phone # _____

Dentist _____ Phone # _____

All medications sent with the camper will be reported and checked in with the camp nurse.

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☐ Respiratory problems. Explain: _____

☐ Heart Disease. Explain: _____

☐ Stomach or intestinal problems. Explain: _____

☐ Diabetes or hypoglycemia (low blood sugar). Explain: _____

☐ Nervous disorder (convulsions, epilepsy, dizziness, etc.). Explain: _____

☐ Any Allergies. Explain: _____
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Medications: Only required to complete the medication section if your child is to receive his/her medication during camp hours

☐ Medicine prescribed by _____ Description: _____
What medication? _____ Dosage? _____
Frequency? _____ ☐ A.M. ☐ P.M.

☐ Medicine prescribed by _____ Description: _____
What medication? _____ Dosage? _____
Frequency? _____ ☐ A.M. ☐ P.M.

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LEWIS AND CLARK COUNTY 4-H CAMP HEALTH FORM

☐ Any physical restrictions or medical problems that may require special considerations?

Explain: _____

☐ Any special diet or food restrictions?

Explain: _____

☐ Is your child subject to: (check any that may occur)

☐ Abdominal pain

☐ Anxiety attacks

☐ Bed-wetting

☐ Cramps

☐ Ear/sinus trouble

☐ Fainting spells

☐ Hay fever

☐ Headaches

☐ Homesickness

☐ Menstrual cramps

☐ Other concerns _____

Is there any health information you would like shared with chaperones and counselors? (diabetic, asthma, major allergies, etc) _____

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INSURANCE INFORMATION: Name of Insurance: _____

Policy Holder Name: _____ Phone number _____

Date of last: Tetanus Shot: _____ Polio Shot: _____ Mumps Shot: _____

Measles Shot: _____ Rubella Shot: _____

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Authorization

Being the parent or legal guardian of _____ I affirm that this form is complete and accurate to my knowledge and grant permission for them to participate in the Lewis and Clark County 4-H Camp. I will not hold the sponsoring organization or host facility or their representatives responsible in case of an accident.

I give permission for the Camp Nurse to administer simple medications such as Tylenol, Antacid, cough drops, ibuprofen, benadryl, etc., to my child if s/he is not allergic to medication. In case of a medical emergency, if I cannot be reached, I give permission for the camp nurse to contact a physician. If I cannot be reached, I give permission for the attending physician to treat her/him in an emergency situation. I know the plans of the trip, including the dates, chaperones, the mode of travel, location of the camp, and the planned activities.

I AGREE TO THE TERMS ABOVE:

Signature of Parent or Guardian

Mailing Address, City, Zip

Date

Best contact phone number

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