



# SHANKITUNK

**OVERNIGHT & DAY CAMP AVAILABLE**

**REGISTRATION IS OPEN**

**Campership Applications - Due March 1<sup>st</sup>**

**Payment and Health Forms - Due June 1<sup>st</sup>**



Call (607) 865-6531 for more information.



Register online at [www.campshankitunk.org](http://www.campshankitunk.org)

**Get a FREE T-Shirt when you "Save our Sanity"**

*\* Register, pay in full, & submit complete health forms by June 1<sup>st</sup> \**

**COME JOIN US FOR SUMMER FUN!**



## 4-H CAMP SHANKITUNK



### ABOUT OUR CAMP:

At 4-H camp you will ...have fun...meet new friends... make things in the craft hall...learn about nature...cook and camp in the outdoors...swim in the pool...work in groups... and enjoy programs. 4-H Camp Shankitunk is located on 145 acres of county owned land along the west branch of the Delaware River. The main campground is a large open meadow surrounded by naturally wooded hillsides. Campers are housed in cabins spaced among the trees and along the meadow's edge. Camp is not just a week in the woods; it is what happens to campers, what they take home in their memories, in their new purposes, in their new or improved skills, in their friendships, in their appreciation of nature and outdoors. *A handbook is available on our website with frequently asked questions and tips!*

### ACCOMODATIONS:

Campers live in rustic cabins with other campers their own age and a camp counselor or two.

Other facilities include a swimming pool, bath house, dining hall, health center, low ropes course, staff housing, craft hall, recreation pavilion, science center, basketball court, gaga pit, and traverse wall.

### HEALTH REQUIREMENTS:

**Forms are due by June 1<sup>st</sup>.**

**Please keep a copy for your records.**

**Required Forms include:** (in brochure/online)

- Health Forms 1 & 2 (Parent/Guardian)
- Health Form 3 (Physician)
- Immunization record (current copy)
- Copy of last physical (within 18 months)
- Code of Conduct
- Assumption of Risk form
- Photo Release, Demographics, & Refund Policy

### CABIN PHOTOS:

Each camper unit will be photographed.  
5x7 photographs will be available for sale Friday.



### CAMP DATES:

All five weeks of camp are co-educational. Campers may attend up to two (2) weeks of camp. Campers are not allowed to stay over the weekend.

**Overnight Camp:** Runs Sunday through Friday

**Day Camp:** Runs Monday through Friday

#### Week 1 - July 3 - July 8

**Dungeons and Dragons:** Calling all dungeon masters and enthusiasts! Storytellers and adventurers will be invited to quest this week. Bring your strength, dexterity, charisma, constitution, intelligence, and wisdom; you'll need them!

#### Week 2 - July 10 - July 15

**Wild West:** Howdy campers! Grab your saddlebags and hit the trail with us at camp for a week of cowboy fun! Show off your roping skills, rustle up some grub, and enjoy crackling campfires when days are done.

#### Week 3 - July 17 - July 22

**Camp Kindness:** Kids and kindness will connect as we come together at camp to celebrate and embrace community-building. Campers will be invited to practice mindfulness, give warm fuzzies, and participate in service projects throughout the week.

#### Week 4 - July 24 - July 29

**Makers Week:** Pack your pens, pencils, paint, and sense of wonder. This week our camp creatives will be encouraged to enjoy and share their originality through drawings, stories, poems, pictures, skits, Legos, crafts, and more.

#### Week 5 - July 31 - August 5

**Game On:** Board games, card games, trivia games, water games, traditional camp games and much more! If you enjoy playing or learning new games, this is the week for you!

*The camping experience for children from week to week is very similar. Themes are a fun way to mix things up over the summer.*

**All applications are ranked in the order they are received.**

It is important to list your second choice of weeks.

Deposits for those not accepted will be returned.

### CAMP FEES:

\$200 per week of Day Camp

\$450 per week of Overnight Camp

A \$100 deposit is required with all paper registrations. If registering online, payment in full will be required.

### CAMPERSHIPS: Due March 1st

Some scholarships are available to help defray the cost of camp for families in need. Please see enclosed application.





## 4-H CAMP SHANKITUNK



### WHO MAY ATTEND?

**Overnight Camp:** Any youth ages 8-16 by January 1st who is able to follow the schedule and participate in programming safely and independently.

**Day Camp:** Any youth age 6 years old and up by their selected camp session who is able to follow the schedule and participate safely and independently.

### FIRST TIME CAMPER ~ OPEN HOUSE:

**SUNDAY, JUNE 5<sup>th</sup>**

2:00 – 4:00 pm

Tour camp, meet our staff, & learn about our program.

***THERE IS NO VISITING DURING CAMP SEASON!***

### CHECK-IN / REGISTRATION:

**DAY** campers must check in between 8:00 and 9:00 am on Monday morning of their week.

**OVERNIGHT** campers must check in between 1:00 and 4:00 pm on Sunday of their week.

### PICK-UP:

*You will be prompted to select a drop off time June 1:*

#### **DAY CAMP:**

Campers should be signed out from the Craft Hall by 5:00 pm, except on Friday (pick up by 4:00pm).

#### **OVERNIGHT CAMP:**

Campers will be dismissed on Friday between 4 and 6 pm by cohort.

- 4:00 pm - Cohort 1
- 4:30 pm - Cohort 4
- 5:00 pm - Cohort 2
- 5:30 pm - Cohorts 5 & 3

***All campers must be picked up by 6:00 pm.***

### CAMP STORE:

We offer snacks, knick-knacks, apparel, and more...

*You can put up to \$20 on an account for your camper*

**This is NON-REFUNDABLE**

#### **CARE PACKAGES**

- 1) *Essentials Package (\$20)* camp postcards, rain poncho, toothbrush, folding pocket comb, flashlight keychain, water bottle, laundry bag, pen, pencil, songbook
- 2) *Spirit Package (\$20)* bandana, T-shirt, bracelet, sunglasses, songbook, drawstring bag

### CABIN MATES:

You may request to be in a cabin with a friend.

- **Only one request per camper.**
- Campers must request each other.
- Same gender & no more than 2 years apart in age.
- Can't request counselors as cabin mates.
- No Guarantees.

### CAMPER MAIL & EMAILS

Send in season camper mail to:

4-H Camp Shankitunk

CAMPER NAME & CABIN #

2420 Arbor Hill Road

Delhi, NY 13753

Send your camper a daily email on our website.

\$5 Fee. Campers **cannot** email you back.

### DAY CAMP

Is your camper too young for overnight camp? Maybe you're just not sure they are ready for the overnight experience. Try Day Camp! Our day program is a great stepping-stone to work your way to overnight.

#### **Day Camp Schedule for 2022:**

There will be two groups of Day Campers: 6+7 and then 8+. The groups will follow a schedule similar to the one below, but rotate through activity stations. For example, one group may play a field game while the other participates in Arts & Crafts.

### SCHEDULE

8:00am - 9:00 am Campers Check In & Games

9:00am - Flag Raising

9:15am - Welcome Circle

9:45am - Field Game

10:15am - Snack

10:25am - Creative Arts

11:00am - Lunch/Songs

Noon - Rest

12:30pm - Outdoor Skills / Exploration

1:30 pm - Swimming

2:25pm- Arts & Crafts

3:20pm - STEM/Science

3:45pm - Drinks and gather belongings

4:00pm - Flag Lowering

4:00pm - 5:00 Pick-Up (*Friday pickup is 4:00 pm*)

# 2022 4-H Camp Shankitunk Camperships

**Application and essay are due by MARCH 1<sup>st</sup> to:**

Cornell Cooperative Extension Delaware County, 34570 State Hwy 10, Suite 2, Hamden, NY 13782  
or e-mail forms to [crb222@cornell.edu](mailto:crb222@cornell.edu).

*Please Note: This list is subject to change. To see a current and up to date list, please visit <https://campshankitunk.org/camperships>*

Name of Campership	Amount	Number Available	Do you have to reside in Delaware County?	Do you have to be a 4-Her?	Age / Other Requirements	How to Apply
<b>OVERNIGHT CAMP</b>						
Summer Camp Opportunities Promote Education (SCOPE)	FULL	5	<b>NO</b>	NO	Public/Charter School, Income requirements, <i>See more details online</i>	Download the application on our website
Owen Kelly Campership	FULL	5	<b>NO</b>	NO	<b>Reference Required.</b>	Use Application
Gladstone Campership	\$150	First Come - First Served	YES	YES		Check the box.
Lennox Campership	\$150	First Come - First Served	YES	NO	Must reside on a bonafide farm	Check the box.
Martucci Family Foundation camperships	FULL	6	YES	NO		Use Application
Peg Ruff Campership	Partial - FULL	1-2	YES	NO	Youth Ages 11-13 with Financial Need	Use Application
Carley Campership	FULL	1	YES	NO		Use Application
Pat Gladstone Campership	FULL	1	YES	NO		Use Application
Van Mierlo Campership	FULL	5	YES	NO	First Time youth with Financial Need	Use Application
Lister/Korwan Campership	FULL	1	YES	NO		Use Application
Kaufman Campership	\$150	2	YES	NO	Youth who love sports and/or rocketry	Use Application
Sanford Campership	\$100	1	YES	NO	Youth Ages 14+ interested in CIT	Use Application
Anonymous Friends of 4-H	Partial	Dependent on funds	YES	NO		Use Application
Donald W. Gleason Unit 190 American Legion Auxiliary	\$225	1	YES	NO	Youth must reside in Delhi	Use Application
Town of Tompkins	Partial - Full	Dependent on funds	YES	NO	Must reside in Town of Tompkins	Address essay to Town of Tompkins
Town of Davenport	Partial - Full	Dependent on funds	YES	NO	Must reside in Town of Davenport	To be determined
Mattern Fund Awards	Full	2	YES	NO	Reside in Walton	Use Application
Cubby's Kindness Award	Full	1	YES	NO	Kind youth who love the outdoors	Use Application
Tractor Supply Award	FULL	1	YES	YES		Use Application
Delaware County Youth Bureau	Partial - Full	Dependent on funds	YES	NO	Income Eligibility	Contact Lara at 607-832-5310
Sullivan County 4-H Member Campership	Partial	Dependent on funds	SULLIVAN COUNTY	YES	Must be a current Sullivan County 4-H member	Contact CCE Sullivan County at 845-292-6180
Chenango County 4-H Leaders/Volunteers Association Campership	Partial	Dependent on funds	CHENANGO COUNTY	YES	Must be a current Chenango County 4-H Member	Contact CCE Chenango County at 607-334-5841
Parisian Foundation	Partial-Full	Dependent on funds	OTSEGO COUNTY	NO, but preferred	Must reside in Otsego Count	Separate Essay and Application
<b>DAY CAMP</b>						
Gladstone Campership	\$50	First Come - First Served	YES	YES		Check the box.
Hannum Campership	\$50	4	YES	NO		Use Application
Whittaker Campership	\$50	10	YES	NO		Use Application

*If you have any questions regarding camperships, please do not hesitate to call us at (607) 865-6531.*

# 2022 Campership Application & Essay

**Return this campership application and essay by MARCH 1<sup>st</sup> to:**

Cornell Cooperative Extension Delaware County  
ATTN: CORRINE TOMPKINS  
34570 State Hwy 10, Suite 2, Hamden, NY 13782  
or e-mail forms to [crb222@cornell.edu](mailto:crb222@cornell.edu).

There are several Campership opportunities to assist in defraying the cost for youth to attend summer camp. They range from partial to full camp scholarships. Descriptions of the camperships are available on our website. Please use this form to apply for any campership opportunity that requires an application and essay.

**Name of Campership(s) you are applying for** \_\_\_\_\_

**Camper's Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_  
(Town)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

**Phone Number** \_\_\_\_\_ **E-mail Address** \_\_\_\_\_

**Age** \_\_\_\_\_ **Grade in School** \_\_\_\_\_ **Gender** \_\_\_\_\_

***What week are you hoping to attend camp?***

\_\_\_\_ Week 1    \_\_\_\_ Week 2    \_\_\_\_ Week 3    \_\_\_\_ Week 4    \_\_\_\_ Week 5

**Will this be your first time at camp?**    \_\_\_\_ YES    \_\_\_\_ NO

If no, how many years have you attended 4-H Camp Shankitunk? \_\_\_\_\_

**Does anyone else in your family want to attend 4-H camp this year?** \_\_\_\_\_

If yes, how many people in your family want to attend 4-H camp? \_\_\_\_\_

**Are you a member of 4-H?**    \_\_\_\_ YES    \_\_\_\_ NO

If yes, what is the name of your 4-H Club \_\_\_\_\_

**Do you live on a farm?**    \_\_\_\_ YES    \_\_\_\_ NO

**What level of campership support do you need?**

\_\_\_\_ Full, (\$450.00 overnight only)

\_\_\_\_ 50% (\$225.00, overnight only)

\_\_\_\_ Partial (\$100.00 - \$150.00 off overnight camp, or \$50.00 off day camp)

**Will you be able to attend camp if you don't receive the campership(s) you are applying for?**

\_\_\_\_ YES, but this would sure help    \_\_\_\_ MAYBE    \_\_\_\_ NO

**May we publish your essay?**

☐

YES

☐

NO

If yes, your response may be published in full or have quotes pulled from it.

Any reference would include only your first name, number of years at camp, and age.

I want to attend 4-H Camp Shankitunk because . . .

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

*If awarded, you will need to send a thank you note to our office, and we will share it with the appropriate donor on your behalf.*



## Health Form 1 (HF1) Medical Information

**New: These forms MUST be submitted in full by June 1st or your registration for camp may be cancelled.**  
**If you have questions or anticipate a problem, please contact us immediately at (607) 865-6531.**

**To Parents/Guardians:** Please follow the instructions below.

- 1) Complete HF1 & HF2
- 2) Contact Physician to complete or obtain copies of:
  - 2a) HF3 (physician/medication form)
  - 2b) Immunization History
  - 2c) Copy of last physical (**within 18 months**)
- 3) Review and sign the Code of Conduct with camper.
- 4) Complete Assumption of Risk and Releases Page
- 5) Make a copy of everything for your records.
- 6) Submit completed and signed paperwork by June 1<sup>st</sup>

### ATTENDING CAMP:

**PARTICIPANT NAME:** \_\_\_\_\_

LAST, FIRST MIDDLE

☐ **OVERNIGHT**

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Pronouns (*optional*) \_\_\_\_\_

☐ **DAY CAMP**

- ☐ WEEK 1
- ☐ WEEK 2
- ☐ WEEK 3
- ☐ WEEK 4
- ☐ WEEK 5

### EMERGENCY CONTACT: PARENT / GUARDIAN

Name \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Home Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Phone ( ) \_\_\_\_\_ Alternate Phone ( ) \_\_\_\_\_

**IN THE EVENT I CANNOT BE REACHED, please contact:** (must be over 18 years of age)

1) Name: \_\_\_\_\_ Relationship to Participant \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship to Participant \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**FAMILY PHYSICIAN:** Name \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

Office Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**MEDICAL INSURANCE:** Fill out completely **OR** attach a copy of your insurance card. Both sides must be readable.

Is this camper covered by family medical/health insurance? \_\_\_\_\_ YES \_\_\_\_\_ NO

Policy Holder's Name	Insurance Company and Phone Number	Policy Number
----------------------	------------------------------------	---------------

### PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE & TRANSPORTATION

I certify that the information given in these health forms is current, correct, and accurately reflects the health status of the camper to whom it pertains. I hereby give permission to the medical personnel selected by the Camp Administrator to order x-rays, routine tests, treatment, release any records necessary for insurance purposes, and to provide or arrange for necessary transportation of my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Administrator to secure and administer treatment, including hospitalization, for the person named above. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child. Those providers may talk with camp staff about my child's health status.

Signature of Custodial Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_



## HF2 – Health History

GENERAL HEALTH HISTORY – PLEASE FILL IN ALL INFORMATION. WRITE N/A IF APPROPRIATE.

PARTICIPANT NAME \_\_\_\_\_ First Time Overnight? ☐ YES ☐ NO ☐ N/A

Has/Does the participant have a history of . . .

- ☐ YES ☐ NO Asthma / Wheezing / Short of Breath  
☐ YES ☐ NO Bedwetting  
☐ YES ☐ NO Bleeding / Clotting Disorders  
☐ YES ☐ NO Concussion / Head Injury  
☐ YES ☐ NO Constipation  
☐ YES ☐ NO Diabetes  
☐ YES ☐ NO Diarrhea  
☐ YES ☐ NO Disability or Chronic Condition  
☐ YES ☐ NO Ear Infections  
☐ YES ☐ NO Eating Disorder  
☐ YES ☐ NO Fainting / Dizziness  
☐ YES ☐ NO Headaches  
☐ YES ☐ NO Heart Defect / Disease  
☐ YES ☐ NO Hypertension  
☐ YES ☐ NO Mononucleosis  
☐ YES ☐ NO Psychiatric Treatment  
☐ YES ☐ NO Seizures / Convulsions  
☐ YES ☐ NO Skin Irritation / Condition  
☐ YES ☐ NO Sleepwalking

Developmental Disability \_\_\_\_\_

Operations/Serious Injuries (dates) \_\_\_\_\_

Traveled outside the country in the past 9 months? (When/Where) \_\_\_\_\_

### FEMALES:

- ☐ YES ☐ NO Has this person menstruated?  
☐ YES ☐ NO If no, has she been told about menstruation?  
☐ YES ☐ NO If yes, is her menstrual cycle normal?

### ALLERGIES: Please specify allergy and typical reaction.

Environmental Allergies: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Insect Sting/Other Allergies: \_\_\_\_\_

**INHALERS & EPI-PENS:** The Camp Health Director / Nurse must keep the primary. If you would like them to carry, you must provide a second inhaler or epi-pen. Please note that Camp is NOT responsible for lost items, including inhalers/epi-pens.

- ☐ YES ☐ NO Camper has been trained in the proper use of their inhaler/epi-pen.  
☐ YES ☐ NO Camper has parental consent to carry their second inhaler/epi-pen.

### MENTAL / EMOTIONAL / SOCIAL HEALTH (MESH): Has the participant:

- ☐ YES ☐ NO Ever been treated for attention deficit disorder (ADD) OR attention deficit hyperactivity disorder (ADHD)?  
☐ YES ☐ NO Ever been treated for emotional or behavioral difficulties or an eating disorder?  
☐ YES ☐ NO During the last 12 months, seen a professional to address mental/emotional health concerns?  
☐ YES ☐ NO Had a significant event that continues to affect the participant's life (death of a loved one, family change, etc.)?

If yes, or if there is anything we've forgotten to ask, please explain (separate sheet may be used if necessary) \_\_\_\_\_

**SUNSCREEN & INSECT REPELLANT:** I hereby give permission for my son/ daughter to carry and use sunscreen or insect repellent at camp and to use it throughout the day. If my child needs help re-applying sunscreen or insect repellent, I give permission for camp staff to provide my child with assistance if he/she requests it. Should my son/daughter not have either sunscreen or insect repellent on person, I hereby give permission for camp staff to apply either to my child based on what camp staff has been supplied and the request of my son/daughter.

☐ YES ☐ NO

### DIET: This camper eats a

- ☐ Regular Diet  
☐ Vegetarian Diet  
☐ Special Food Needs:

*Please describe any special food/nutrition needs . . .*

### ACTIVITY RESTRICTIONS: I have reviewed the program and activities of the camp and feel (mark one answer below)

- ☐ My camper can participate without restrictions.  
☐ My camper can participate with the following restrictions or adaptations. (Please describe below.)





# HF3 – Physician Form & Medication Authorization

Form must be signed by a licensed health-care provider.

PARTICIPANT NAME \_\_\_\_\_

IMMUNIZATION HISTORY: Please provide a current vaccination record which includes name of vaccines and dates administered.

PHYSICAL EXAM: Done Today? ☐ YES ☐ NO If NO, date of last physical: MM/DD/YEAR \_\_\_\_\_

Weight: \_\_\_\_\_ lbs Height: \_\_\_\_\_ ft \_\_\_\_\_ in Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_

Has this individual been diagnosed with a developmental disability? ☐ YES ☐ NO If yes, please explain: \_\_\_\_\_

Participant is undergoing treatment at this time for the following condition(s): \_\_\_\_\_

Do you feel this person will require limitations or restrictions while at camp? ☐ YES ☐ NO If yes, please explain: \_\_\_\_\_

**Medication Authorization:** My child may receive medications, including prescription and/or over-the-counter, during their time at camp. The Camp Health Supervisor may provide necessary medications as needed. **Note: Our medical staff cannot administer any medication (including over-the-counter medications) without the appropriate signature from the licensed Health Care Professional on this form.** (If you do not wish for your child to receive any medications, check the box at the bottom of this page and sign that section. If your child requires medication during their stay at camp, you will be required to attend to your child's medications.)

## Over the Counter (OTC) Medications kept on hand in our infirmary.

DRUG NAME	<b>CIRCLE</b> ROUTE	DOSAGE	SCHEDULE & INDICATIONS	<b>PERMISSION</b> TO ADMINISTER
Ibuprofen (Advil/Motrin)	Elixir, tabs, or Chewable	Per Label Instructions by age/weight	Q 4 hr for pain or fever > _____ °F	YES or NO
Acetaminophen (Tylenol)	Elixir, tabs, or Chewable	Per Label Instructions by age/weight	Q 4 hr for pain or fever > _____ °F	YES or NO
Antacids (Tums)	Pills or liquid	Per Label Instructions by age/weight	Q 2-4 hrs PRN gas, heartburn, indigestion, upset stomach	YES or NO
Diphenhydramine (Benadryl)	Elixir, tabs, pills, or Chewable	Per Label Instructions by age/weight	Q 6 hr PRN for allergic reaction, (hives, insect bite)	YES or NO
Loratadine (Claritin)	Elixir, tabs, pills, or Chewable	Per Label Instructions by age/weight	Q 6 hr PRN for allergic reaction, (hives, insect bite)	YES or NO
Cough Drops	Oral	Per Label Instructions by age/weight	PRN for cough or sore throat	YES or NO
Dextromethorphan (Cough Syrup)	Elixir	Per Label Instructions by age/weight	Q 4 hrs PRN for cough	YES or NO
Hydrocortisone	Topical Cream	Per Label Instructions	Q 6 -8 hrs PRN rash, skin irritation, insect bites	YES or NO
Antiseptic	Topical	Per Label Instructions	PRN stings/bites, cuts, scrapes, splinters, blisters	YES or NO
Antifungal	Spray / Powder	Per Label Instructions	PRN Athletes foot, jock itch	YES or NO

## Prescription and/or other OTC Medications brought to camp with the camper

DRUG NAME	ROUTE	DOSAGE	SCHEDULE & INDICATIONS

**ALL medications MUST be in their ORIGINAL CONTAINERS and surrendered to the Camp Nurse at registration!**

Please consider sending only what your child needs for their stay at camp. This prevents problems if meds are forgotten at pick up.

I have reviewed the health forms and discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above). They may be given any of the medications as indicated.

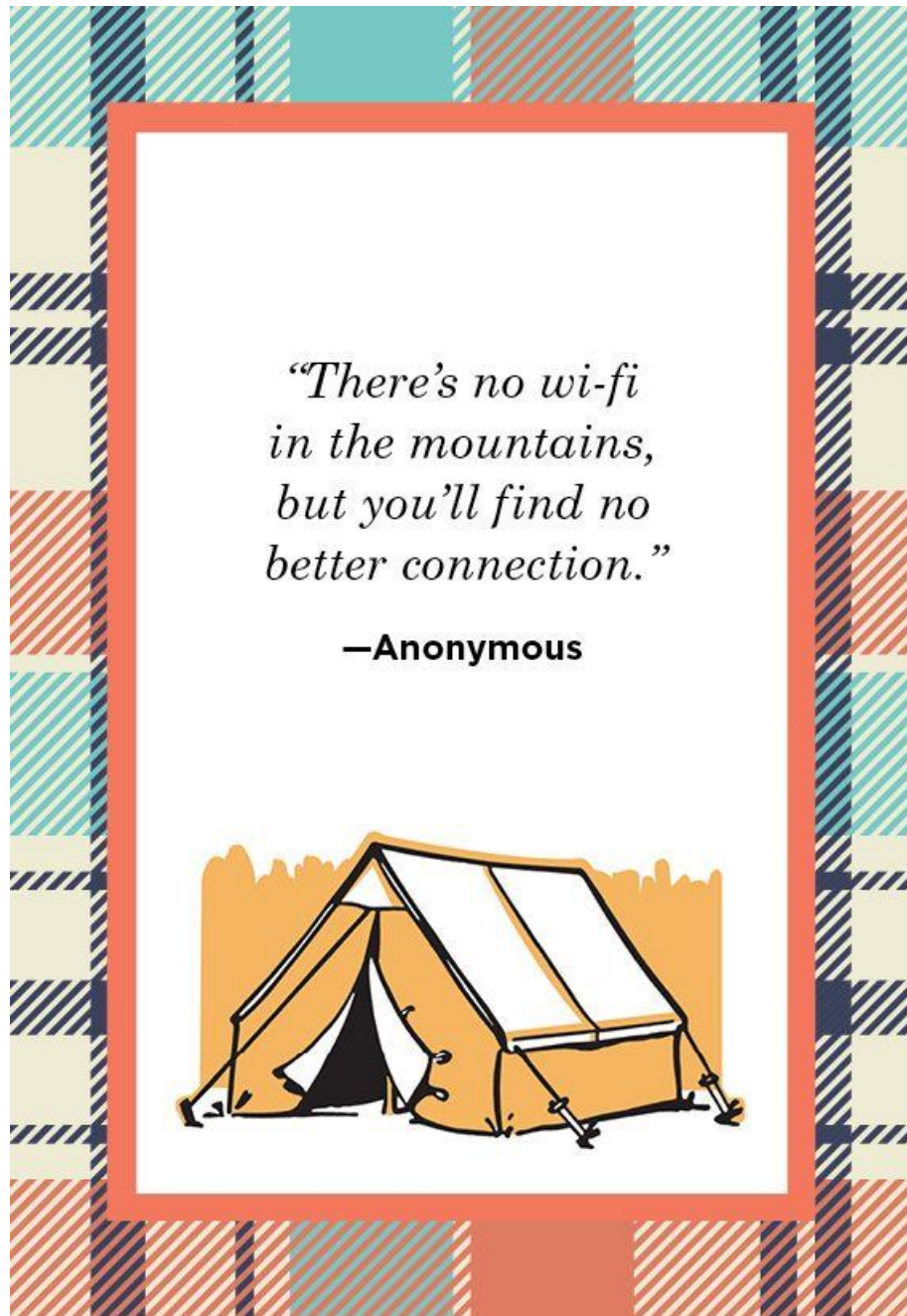
Name of Health are Professional \_\_\_\_\_ Phone Number (     ) \_\_\_\_\_

Office Address \_\_\_\_\_

Signature of Licensed Physician/Provider \_\_\_\_\_ License # \_\_\_\_\_ Date \_\_\_\_\_

☐ **NO.** I do not authorize any medications to be given to my child while they are at camp. Please contact me in the event that my child would need any medication. **Parent/Guardian Signature:** \_\_\_\_\_

*This page has been intentionally left blank.*



Except, it's not really blank; is it? 😊

## ASSUMPTION OF RISK FORM

(Form must be completed prior to participation)

I hereby apply for my child to participate in the summer residence camp program indicated below to be conducted by the designated Cornell Cooperative Extension Association and acknowledge as follows:

I fully understand and acknowledge that there are inherent risks and dangers in my child's participation in the camp and all its programs and activities and that my child's use of any equipment related to such activities and programs may result in injury, illness or death and damage to personal property. I understand other participants, accidents, forces of nature or other causes may cause these risks and dangers. I hereby fully accept and agree to such risks and dangers, both known and unknown.

My child is in good health and is at or above the minimum age of six (6) required to participate in the camp and is able to participate in any strenuous physical activity associated therewith. I affirm that I have read all the camp materials describing the various activities and programs conducted by the camp.

**Name of camp:** 4-H CAMP SHANKITUNK  
**Location:** 2420 ARBOR HILL ROAD, DELHI, NY 13753

**Camp activities:** Camp activities include but are not limited to: swimming, hiking, fishing, basketball, volleyball, soccer, baseball, archery, ropes course/team challenge, rocketry, woodworking, arts and crafts, and cooking.

**Dates:** JULY 3, 2022 - AUGUST 5, 2022

**Note:** Activities listed above may involve competition between both boys and girls or coed teams.

**Swimming:** Does your child have permission to swim?  
(Required for children with a developmental disability)

YES NO

I have read the above and by signing it I agree it is my intention to have my child participate in the camp and all activities and programs and I understand and accept the risks involved.

This shall be binding on my heirs, successors, assigns, administrators and executors. Any claims or disputes arising out of my child's participation in 4-H Camp Shankitunk activities shall be venued in the Supreme Court of the State of New York, Delaware County.

**I am at least twenty-one (21) years of age and I am the legal parent/guardian authorized to sign on the behalf of myself and any other parent/guardian of the child named herein.**

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

Date of Birth \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## CODE OF CONDUCT

(Form must be completed prior to participation)

The following ground rules are designed to make the experience at 4-H Camp Shankitunk safe and satisfying for everyone attending camp this summer.

- 1. Participate** - Everyone is expected to participate in all activities. No camper may leave the grounds unless permission is secured from the Camp Director or Administrator.
- 2. Create a Welcoming Environment for All** - Recognize that everyone has skills and talents to contribute. Though we may not always agree, we must disagree respectfully.
- 3. Bring Your Best Self** - Respect and follow the rules. Conduct yourself in a manner that reflects honesty, integrity, and self-control. Fighting, obscene or discriminatory language; and insubordination are never acceptable.
- 4. Obey the Law** - Commit no illegal acts. Do not possess or use illegal drugs, tobacco products, firearms, weapons, or any harmful object with the intent to hurt others at any time.
- 5. Honor Diversity - Yours and Others** - Respect the rights and dignity of everyone. Cornell Cooperative Extension is an equal opportunity, affirmative action educator and employer.
- 6. Create a Safe Environment** - Do not carelessly/intentionally harm other youth or adults in any way (verbally, mentally, physically, or emotionally). Refrain from romantic displays and sexual activities. Be kind and compassionate. Harassment, bullying, and other exclusionary behavior are not acceptable.
- 7. Watch What You Wear** - Use your best judgement. Wear clothing suited for the activity you will participate in. Don't wear clothing that reveals under garments, midriffs, buttocks, etc. Clothing promoting intoxicants or displaying inappropriate/discriminatory messages are never acceptable.
- 8. Recognize Off-limit Areas** - These are places where the campers are not allowed to go unless an adult is accompanying them. In addition, everyone must keep to their designated lodging areas: boys may not be in girls' units/tents/bathrooms and girls may not be in boys' units/tents/bathrooms.
- 9. Respect Rest Times** - All participants are to be in their assigned area at curfew and to comply with the quiet hours, lights out, and other rules of the camp, including rest time after lunch.
- 10. Say Something** - Help others by promptly reporting any violations or infractions of these rules to the Camp Director.

We have a three strike discipline policy. *The Camp Director, in his/her sole discretion, may waive the three strike policy and send a camper home depending upon the level of camper misconduct.* Campers violating camp rules, policy, or code of conduct will be dealt with as follows:

- First Offense:** Counselor or other official will provide a verbal warning.  
**Second Offense:** Director or designee will meet with camper and call home.  
**Third Offense:** The camper will be sent home.

**I have read the Code of Conduct with my camper and he/she agrees to abide by the rules outlined above.**

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

Participant's Signature \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

This form is required. Please submit with your health forms.

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

### PHOTO/VIDEO RELEASE FORM

Cornell Cooperative Extension (CCE) and Cornell University are granted permission to use and/or publish my or my child's photograph or image (including audio, film, digital image or any other media) for educational purposes, on their respective websites or for promotion of their respective programs.

I understand that I/my child/ward are not being compensated in any way for the use of our images and that I/we do not have approval over the final product in which it appears. I hereby release Cornell Cooperative Extension and Cornell University and all persons acting under their permission or authority from any and all claims or liability arising out of use of our images. This release shall bind our heirs, guardians, assigns, and legal representatives.

\_\_\_\_ YES

\_\_\_\_ NO

### HELP US GET TO KNOW YOU BETTER

Please take a moment to provide the following information about your camper. This valuable information helps us serve our camp families and better achieve our goal of inclusiveness.

#### 1) 4-H MEMBER *(Check One)*

\_\_\_\_ YES                      \_\_\_\_ NO

#### 2) RESIDENTIAL DISTRIBUTION *(Check One)*

\_\_\_\_ Farm  
\_\_\_\_ Rural (Under 10,000)  
\_\_\_\_ Town (10,000-50,000)  
\_\_\_\_ Suburban City (less than 50,000)  
\_\_\_\_ Central City (Greater than 50,000)

#### 3) ETHNICITY *(Check One)*

\_\_\_\_ Hispanic                      \_\_\_\_ Non-Hispanic

#### 4) RACE *(Check One)*

\_\_\_\_ African American                      \_\_\_\_ Asian  
\_\_\_\_ Caucasian/White                      \_\_\_\_ Native American  
\_\_\_\_ Pacific Islander/  
Native Hawaiian                      \_\_\_\_ Balance  
(other combination)

*Cornell Cooperative Extension provides equal program and employment opportunities.*

### REFUND/CANCELLATION POLICY

**All refund requests must be made in writing. NO refunds will be issued after Friday, June 17, 2022.**

**There will be a processing fee of \$100.00 per session applied to all refunds.**

We understand that sometimes things happen or plans change. If you need to cancel, we ask that you notify our camp secretary as soon as possible. We often have families on a waiting list and would like to include their children at camp whenever possible.

Upon arrival, if it is determined that a camper is too ill to attend, the camper will be sent home immediately. No refund issued. In the event a camper becomes ill while at camp and is sent home at the discretion of the Camp Nurse, no refund will be issued.

For the health and wellness of all campers, those campers who cannot adjust to camp (e.g. severe homesickness, bed wetting, disruptive or dangerous behavior, non-compliance, etc.) may be sent home at the discretion of the Camp Director. No refund issued.

Full refunds minus the applicable processing fees will only be considered after June 18<sup>th</sup> for emergency situations. An emergency situation is defined as a medical condition (e.g. injury, illness or hospitalization) or a certain family situation (e.g. death in family).

**COVID-19 REFUND EXCEPTION:** If a camper tests positive for Covid-19 or is identified as a primary contact during a Covid-19 exposure within the two weeks prior to them attending camp, we will honor a full refund, provided documentation of a positive test or quarantine orders is provided. If a camper exhibits symptoms of Covid-19 during the health screening phase at camp, and is not permitted to remain at camp, a full refund will be given. In lieu of a refund, families may elect to transfer their camp fee to a later session of camp if availability allows.

In the event a camper tests positive for Covid- 19 while at camp or is exposed to someone who tests positive while at camp and needs to be sent home, a pro-rated refund will be given. (less \$90 per day of Overnight Camp and \$40 per day of Day Camp).

**Please note that requests for refunds will be subject to review and may take time to process.**

Name of Parent/Guardian Name \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



## **CORNELL COOPERATIVE EXTENSION - Volunteers and Program Participants**

---

### **Assumption of the Risk and Waiver of Liability Relating to Camp & Coronavirus/COVID-19**

**This form must be completed as part of the registration process for each camping year.**

---

**Name of Camp:** 4-H Camp Shankitunk

**Location:** 2420 Arbor Hill Road Delhi, NY 13753

**Date(s):** July 3 – August 5

I acknowledge as follows:

I fully understand and acknowledge that there are inherent risks and dangers in I or my dependent's participation in the camp and its programs and activities. I fully understand that I or my dependent's participation in the camp and all its activities and programs and that I or my dependent's use of any equipment related to such activities and programs may result in injury, illness or death and damage to personal property. I understand other participants, accidents, forces of nature or other causes may cause these risk and dangers and I hereby fully accept these risks and dangers.

I or my dependent is in good health and is at or above the minimum age of required to participate in the camp and is able to participate in any strenuous physical activity associate therewith. I affirm that I have read all the camp materials describing the various activities and programs conducted by the camp.

---

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people of more than # \_\_\_\_.

---

#### **Acknowledgement of Risk**

**I understand Cornell Cooperative Extension of Delaware County ("CCE") has put in place preventative measures to reduce the spread of COVID-19; however, CCE cannot guarantee that I or my dependent will not become infected with COVID-19. Further, entering the facilities of, or participating in programs of, CCE could increase my risk of contracting COVID-19.**

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19.

By participating in **CCE** programs and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 diseases may result from the actions, omissions, of myself and others, including, but not limited to, **CCE** employees, volunteers, other participants, visitors or vendors.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my entering **CCE** or participation in **CCE** programming ("Claims"). On my behalf, and on behalf heirs and estate, I hereby

---

## **CORNELL COOPERATIVE EXTENSION - Volunteers and Program Participants**

---

### **Assumption of the Risk and Waiver of Liability Relating to Camp & Coronavirus/COVID-19**

release, covenant not to sue, discharge, and hold harmless **CCE**, its directors, officers, employees, volunteers, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, or omissions of the **CCE**, its directors, officers, employees, volunteers, agents, and representatives, whether a COVID-19 infection occurs before, during, or after my participation.

And in addition: As a volunteer, program participant or the guardian of a program participant under the age of 18, by signing the attached, I acknowledge that I have reviewed the plan **for Cornell Cooperative Extension of Delaware County ("CCE")**. I will abide by the guidelines and continued updates as released by NYS Forward and the CDC.

I HAVE READ THE ABOVE AND BY SIGNING IT I AGREE IT IS MY INTENTION TO HAVE MYSELF OR MY DEPENDENT PARTICIPATE IN THE CAMP AND ALL ACTIVITIES AND PROGRAMS AND I UNDERSTAND AND ACCEPT THE RISKS INVOLVED.

**This shall be binding on my heirs, successors, assigns, administrators and executors. Any claims or disputes arising out of my child's participation in the activity shall be venued in the Supreme Court of the State of New York of the County where the County Extension office is located.**

**I am at least twenty-one (21) years of age and I am the legal parent/guardian authorized to sign on behalf of myself and any other parent/guardian of the child named herein.**

Participant's Name (print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

---



## 4-H CAMP SHANKITUNK APPLICATION FORM

You can also sign-up online at [www.campshankitunk.org](http://www.campshankitunk.org).

This application must be accompanied by a \$100.00 deposit *per week* to secure your child's spot at camp.

Mail completed registration form and deposit to: 4-H Camp Shankitunk, 34570 St Hwy 10, Suite 2, Hamden, New York 13782



CAMPER NAME \_\_\_\_\_ NICKNAME \_\_\_\_\_  
 PRONOUNS (optional) \_\_\_\_\_ GENDER: M F  
 DATE OF BIRTH \_\_\_\_\_ AGE (at the time they attend camp) \_\_\_\_\_

CABIN MATE REQUEST (Limit of one request) \_\_\_\_\_

CAMPER'S ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COUNTY \_\_\_\_\_ GRADE (Entering in the Fall) \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL/ALT PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

PARENT/GUARDIAN'S NAME \_\_\_\_\_

PARENT/GUARDIAN'S SIGNATURE \_\_\_\_\_



Is this camper a 4-H Member? \_\_\_\_\_ YES \_\_\_\_\_ NO

This will be my camper's \_\_\_\_\_ year at 4-H Camp Shankitunk!

**OVERNIGHT ONLY** (No one may be awarded both the Lennox and the Gladstone Camperships.)

☐ This camper is a Delaware County 4-Her and meets the guidelines for the **Gladstone Campership** which pays \$150 (overnight) or \$50 (day) of the camp fee for 1 WEEK.

☐ This camper lives on a bonafide farm and meets the guidelines for the **Lennox Campership** which will pay \$150 of the overnight camp fee for 1 WEEK.

### 3. CHOOSE YOUR CLASSES

Cohorts will rotate through shared programming spaces. Program offerings are subject to scheduling availability and may change. Overnight campers should select six activities of interest to guide our planning/ordering efforts. Classes may not be offered each week, due to low interest.

**Please rank your top six (6) choices.** Rank choices as 1=First Choice, 2, 3, etc.

Day campers will not select classes; they will rotate through activities in two groups (5-8, 8+). Our Yellow Sheet program remains suspended in summer 2022.

**NOTE:** When signing up for a class with age restrictions, campers must be the required age before attending camp. Campers enrolling in the CIT classes must be required age by July 1<sup>st</sup>.

1. \_\_\_\_\_ Archery - Ages 8+

2. \_\_\_\_\_ Arts & Crafts

3. \_\_\_\_\_ Astronomy

4. \_\_\_\_\_ Beading

5. \_\_\_\_\_ CIT I - Age 14+

6. \_\_\_\_\_ CIT II - Age 15+

7. \_\_\_\_\_ Drama

8. \_\_\_\_\_ Fishing

9. \_\_\_\_\_ Grab Bag

10. \_\_\_\_\_ Make Your Own Walking Stick

11. \_\_\_\_\_ Nature

12. \_\_\_\_\_ Outdoor Skills

13. \_\_\_\_\_ Rocketry I - Ages 10+ \$20 Fee

14. \_\_\_\_\_ Rocketry II - Ages 12+ \$20 Fee

15. \_\_\_\_\_ Rocketry III - Ages 14+ \$20 Fee

16. \_\_\_\_\_ Science

17. \_\_\_\_\_ Sports & Recreation

18. \_\_\_\_\_ Swimming

19. \_\_\_\_\_ Team Challenge

20. \_\_\_\_\_ Woodworking Ages 10+ \$10 Fee

### 1. CHOOSE YOUR PROGRAM

☐ OVERNIGHT CAMP ☐ DAY CAMP

### 2. CHOOSE YOUR WEEK

Camp is filled on a first come, first served basis. Please list your first choice of camping weeks.

Note: Day Camp runs Monday - Friday

\_\_\_\_\_ **Week 1** - Dungeons & Dragons - July 3-8

\_\_\_\_\_ **Week 2** - Wild West - July 10-15

\_\_\_\_\_ **Week 3** - Camp Kindness - July 17-22

\_\_\_\_\_ **Week 4** - Makers Week - July 24-29

\_\_\_\_\_ **Week 5** - Game On - July 31-August 5

### 4. SEND A DEPOSIT

\$\_\_\_\_\_ Amount Enclosed (\$100 Deposit Req.)

There is a one-time fee of \$100.00 for any cancellation.  
Please pay your balance by June 1st.

### 5. EXTRAS / CAMP STORE

\$\_\_\_\_\_ **Camp Store Account** - Max of \$20.00

\_\_\_\_\_ **Essentials Care Package** - \$20.00

\_\_\_\_\_ **Spirit Care Package** - \$20.00

\_\_\_\_\_ **Shirt Size:** \_\_\_\_\_

\_\_\_\_\_ **Email my Camper** (one way) - \$5.00

\_\_\_\_\_ **Cabin Photo Pre-Order** - \$5.00

### OFFICE USE ONLY

\_\_\_\_\_ **Registration Fee**

\_\_\_\_\_ **Class Fees** (Rocketry, Woodworking, etc.)

\_\_\_\_\_ **Camp Store Account Funds** (Max of \$20)

\_\_\_\_\_ **Care Packages** (Essentials or Spirit Pack)

\_\_\_\_\_ **Camper Email**

\_\_\_\_\_ **Cabin Photo**

\_\_\_\_\_ **TOTAL DUE**

- \_\_\_\_\_ Gladstone OR Lennox

- \_\_\_\_\_ Campership Funds Awarded

\_\_\_\_\_ **BALANCE REMAINING**

**Payments:**

Date	Check #	Amount
_____	_____	_____
_____	_____	_____

# Cornell Cooperative Extension | Delaware County

Resource Center  
34570 State Hwy 10, Suite 2  
Hamden, NY 13782

Presorted Standard

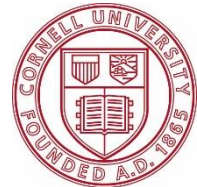
US Postage Paid  
Hamden, N.Y.  
Permit No. 2

## Tell your friends!

CURRENT RESIDENT OR



*Building Strong and Vibrant New York Communities*



Camp Get-A-Way partners with 4-H Camps across NYS to provide a camping experience for families with a child with an emotional, behavioral, or mental health challenge. CGAW families participate in activities like swimming, archery, arts and crafts, fishing, and a campfire as an entire family. Respite, training, and support are also available.

Scholarships for 2022 make a session free! For more information, including session dates and locations, go to [www.cgaw.org](http://www.cgaw.org).

*Camp Get-A-Way is independently owned and operated, and is not a 4-H Camp.*



**ON-LINE REGISTRATION:**  
[www.campshankitunk.org](http://www.campshankitunk.org)



**4-H CAMP  
SHANKITUNK**

Office Phone: (607) 865-6531; In Season Phone (July-August): (607) 746-2004

4-H Camp Shankitunk is required to be licensed by the New York State Health Department and is inspected twice yearly. Inspection reports are on file at the NYS Department of Health, 28 Hill St, Ste 201, Oneonta, NY 13820.

The New York State Cooperative Extension 4-H Programs are conducted in compliance with the Civil Rights Act of 1964. All programs including clubs, activities, events, and special interest groups are provided to all youth on a non-discriminatory basis without regard to race, color or national origin. Cooperative Extension is an equal opportunity employer.



*4-H Camp Shankitunk is operated by Cornell Cooperative Extension of Delaware County*

**Cornell  
Cooperative  
Extension**  
serving  
Delaware County  
for over 100 years



**Building Strong and Vibrant  
New York Communities**

*Human Ecology 4-H Agriculture*

Phone: (607) 865-6531  
Fax: (607) 865-6532  
Email: [Delaware@cornell.edu](mailto:Delaware@cornell.edu)  
Website: [www.ccedelaware.org](http://www.ccedelaware.org)