



SHANKITUNK

OVERNIGHT & DAY CAMP AVAILABLE

REGISTRATION IS OPEN FEBRUARY 1ST

Campership Applications - Due March 1st

Volunteer Day - May 4th

Required Forms - Due June 1st

Open House - June 2nd



Call (607) 865-6531 for more information.



Register online at www.campshankitunk.org

You can register, pick your classes, pay, and complete forms
through Ultra Camp!

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:

Forms are due by June 1st.

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

CAMP FEES:

\$275 per week of Traditional Day Camp

\$300 per week of Progression Day Camp

\$500 per week of Overnight

A \$100 deposit is required with all paper registrations.

If registering online, payment options are available.

CAMPERSHIPS: Due March 1st

A Campership is a scholarship to attend camp. Scholarship opportunities are available to help defray the cost of camp for families in need. Please apply online at www.campshankitunk.org/camperships or use the enclosed application. Payment plans available during registration.

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 - June 29 - July 4

Medieval Week - Pack your pantaloons and ride along to Shankitunk! your cabin will be your castle and join us in the great hall for feasts aplenty. Join the renaissance, take archery classes and much more!

Week 2 - July 6 - July 11

Out of This World Week - Come and explore new frontiers as you take the Galaxy by storm. We will hunt out enemy aliens and make alliances on distant planets. Bring your favorite spaced theme costume from Star Wars, Star Trek or your own imagination as we celebrate the world beyond.

Week 3 - July 13 - July 18

Pioneer Week - Campfires, candle making, cooking meals over a fire, living off the land and surviving with only a wagon full of supplies, we will have many adventures throughout the week as we travel west to find our new home!

Week 4 - July 20 - July 25

Jungle Week - Pack the bare necessities and head to Shankitunk to forget about your worries and your strife! Join us for a game of safari, rainsticks, drum circles, monkey tag, giraffe skin science, jungle slime, and more. Don't forget to pack your sense of adventure!

Week 5 - July 27 - August 1

Mystery Week - Time to hone up on your observation skills campers. We need you this week for a game of "Who done it" at camp? Put your thinking caps to examine fingerprints, write secret messages, guess riddles, and try to crack Justine's code! Are you up for the challenge? We hope so!

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.

CABIN PHOTOS:

Each camper unit will be photographed.

5x7 photographs will be available for sale Friday.





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.

Progression Day Camp: Formerly known as our "Yellow-Sheet" Day Camp Program, any youth age 8-14 by their selected camp session who is able to follow the camp schedule and participate safely and independently is welcome to attend.

Day Camp: Any youth ages 6 -8 and completed Kindergarten by their selected camp session who is able to follow the schedule and participate safely and independently.

FIRST TIME CAMPER ~ OPEN HOUSE:

SUNDAY, JUNE 1st

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.

You will be prompted to select a drop off time on or around June 1st

PICK-UP:

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: Following our closing ceremony at 5:00 pm, campers must be signed out at their cabins.

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

CAMP STORE CARE PACKAGES

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

The store is open during Recs A & B, Thursday at Day Camp Pick-Up and Friday during overnight pick-up.

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 via Ultra Camp.

\$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 2025:

Classroom Day Campers 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

12:00pm - 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*)



Health Form 1 (HF1)

Camper Medical Information

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 1st

ATTENDING CAMP:

CAMPER NAME: _____

LAST, FIRST MIDDLE

Date of Birth _____ Age _____ Gender _____

- | | |
|---|--|
| <input type="checkbox"/> OVERNIGHT | <input type="checkbox"/> WEEK 1 |
| <input type="checkbox"/> PROGRESSION DAY | <input type="checkbox"/> WEEK 2 |
| <input type="checkbox"/> DAY CAMP | <input type="checkbox"/> WEEK 3 |
| | <input type="checkbox"/> WEEK 4 |
| <input type="checkbox"/> STAFF | <input type="checkbox"/> WEEK 5 |

EMERGENCY CONTACT: PARENT / GUARDIAN

Name _____ Relationship to Camper _____

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 Camper _____ Phone: () _____
- 2) Name: _____ Relationship to Camper _____ 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
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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 Camper: _____



HF2 – Camper Health History

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

CAMPER NAME _____ First Time Overnight? ☐ YES ☐ NO ☐ N/A

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

- | | | |
|------------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Asthma / Wheezing / Short of Breath |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Bedwetting |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Bleeding / Clotting Disorders |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Concussion / Head Injury |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Constipation |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Diabetes |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Diarrhea |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Disability or Chronic Condition |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Ear Infections |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Eating Disorder |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Fainting / Dizziness |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Headaches / Migranes |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Heart Defect / Disease |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Hypertension |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Infectious Disease |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Mononucleosis |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Psychiatric Treatment |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Recent Injury |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Seizures / Convulsions |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Skin Irritation / Condition |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Sleepwalking |

Developmental Disability _____

Operations/Serious Injuries (dates) _____

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

FEMALES:

- ☐ YES ☐ NO Has this camper 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 your camper 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.

EYEWEAR: Does the participant wear glass, contacts, or protective eyewear? _____

MENTAL / EMOTIONAL / SOCIAL HEALTH (MESH): Has the camper:

- ☐ 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 life event that continues to affect the camper'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

Please describe any special food/nutrition needs . . .

- ☐ Regular Diet ☐ Vegetarian Diet ☐ Special Food 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.

CAMPER 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 camper been diagnosed with a developmental disability? ☐ YES ☐ NO If yes, please explain: _____

Camper is undergoing treatment at this time for the following condition(s): _____

Do you feel this camper 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	CIRCLE ROUTE	DOSAGE	SCHEDULE & INDICATIONS	PERMISSION 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 Care 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:** _____

ASSUMPTION OF RISK FORM

(Form must be completed prior to participation)

Name of camp: 4-H CAMP SHANKITUNK

Location: 2420 ARBOR HILL ROAD, DELHI, NY 13753

Dates: June 22, 2025 - AUGUST 1, 2025

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 there are inherent risks and dangers in my and/or my dependent's participation in the camp and its programs and activities. I fully understand that I and/or my dependent's participation in the camp and all its activities and programs and that I and/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 myself, my dependent, other participants, accidents, forces of nature, or other causes that may cause these risks and dangers. I hereby fully accept these risks and dangers, including the risks presented by Coronavirus/COVID-19, its variants, or similar infectious diseases known or unknown ("COVID-19"), on behalf of myself and my dependent.

***Initials: _____

My dependent or I are in good health, at or above the minimum age required to participate in the camp/program, and can participate in any strenuous physical activity needed. I affirm that I have read all the camp materials describing the various activities and programs conducted by the program/camp.

***Initials: _____

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

☐ YES ☐ NO

By signing this agreement, I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself and my dependent (including, but not limited to, personal injury, disability, and death), illness (including illness from COVID-19), 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 of my heirs and estate, I hereby 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 an illness occurs before, during, or after my participation.

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 any current health and safety regulations or guidelines and their continued updates as released by CCE or any Federal, State, County, or local regulatory authority.

I am at least twenty-one (18) 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 underwear, midriff, buttocks, or cleavage, 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 June 1, 2025.
There will be a processing fee of \$100.00 per session applied to all refunds.**

If a family must cancel a session (we understand that sometimes things happen or plans change), 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 when possible. No refunds will be granted after June 1st. This is due to staffing, food, and program supply allocations. Thank you for your understanding.

No refunds will be granted if campers do not arrive at camp when scheduled or who do not complete all required forms by due dates, resulting in cancellation of their registration.

No refunds will be granted if a camper is sent home for medical or behavioral reasons included but not limited to; violating camp rules and policies (see handbook), homesickness, non-compliance, failure to thrive (e.g., not eating or participating).

A prorated refund will be considered for remaining camp stays if a camper becomes injured at camp and the Camp Health Director or Camp Director (or designee) determines that they are unable to participate in camp activities and must be sent home.

If camp must cancel a session(s) or is unable to open, refunds will be issued to participants. If a session had taken place for 3 or more days at the time of cancellation no refunds will be issued.

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

I am at least twenty-one (18) years of age and I am the legal parent/guardian authorized to sign on the behalf of any other parent/guardian of the child named herein.

Name of Parent/Guardian Name _____ Relationship to camper: _____

Signature _____ Date _____



4-H CAMP SHANKITUNK REGISTRATION FORM



An account will be created for you in our Ultra Camp platform using the information provided below.
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!

Gladstone Family Campership

- ☐ This camper is a Delaware County 4-Her and meets the guidelines for the **Gladstone Family Campership** which will pay \$150 for Overnight Camp OR \$50 for Day Camp fees for ONE WEEK ONLY.

3. CHOOSE YOUR CLASSES

Groups will rotate through shared programming spaces. Program offerings are subject to scheduling availability and interest and may change. Please rank your top six (6) choices. Rank choices as 1=First Choice, 2, 3, etc.

While Progression Day Campers choose classes, classroom Day Campers will not select classes.

There are four class periods each day. Descriptions available on our website. Please rank your top six (6) choices. Rank choices as 1=First Choice, 2, 3, etc. Classes are filled on a first come, first served basis. *** = *Wait list only at this time.*

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 the required age by July 1st.

- | | |
|--|---|
| 1. _____ Air Rifle – Ages 9+ *** | 15. _____ Nature |
| 2. _____ Archery I | 16. _____ Newspaper |
| 3. _____ Archery II – Ages 12+ | 17. _____ Outdoor Cookery |
| 4. _____ Arts & Crafts | 18. _____ Outdoor Skills – 10+ Double Per. |
| 5. _____ Astronomy | 19. _____ Photography |
| 6. _____ Backpacking I – Ages 8 & 9 | 20. _____ Rocketry I – Ages 10+ \$20 Fee |
| 7. _____ Backpacking II – Ages 10+ Double Per. | 21. _____ Rocketry II – Ages 12+ \$20 Fee |
| 8. _____ Beading | 22. _____ Rocketry III – Ages 14+ \$20 Fee |
| 9. _____ CIT I – Age 14+ | 23. _____ Science |
| 10. _____ CIT II – Age 15+ Double Period | 24. _____ Sports & Rec |
| 11. _____ Drama | 25. _____ Swimming |
| 12. _____ Fire Building – Ages 12+ | 26. _____ Team Challenge |
| 13. _____ Fishing – Double Period | 27. _____ Woodworking I- Ages 10+ \$15 Fee |
| 14. _____ Living History | 28. _____ Woodworking II- Ages 14+ \$15 Fee |

1. CHOOSE YOUR PROGRAM

☐ OVERNIGHT ☐ PROGRESSION ☐ DAY CAMP

2. CHOOSE YOUR WEEK

Camp is filled on a first come, first served basis. Please list your first choice of camping weeks. Use another application for a second week.

- _____ **Week 1** – Medieval Week– June 29–Jul 4
_____ **Week 2** – Out of this World Week- July 6-11
_____ **Week 3** – Pioneer Week- July 13- 18
_____ **Week 4** – Jungle Week - July 20-25
_____ **Week 5** – Mystery Week – July 27 - August 1

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. ADD ONS / 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
_____ **Wooden Picture Frame** - \$25.00

Apparel Pre-Order

Sizes available: Youth Small, Medium, Large OR Adult Small, Medium, Large, Extra Large, XXL

Green Zip-Up

- _____ Youth Hoodie - \$25.00 - Size _____
_____ Adult Hoodie - \$30.00 - Size _____

Gray Pullover

- _____ Youth Hoodie - \$25.00 - Size _____
_____ Adult Hoodie - \$30.00 - Size _____

Camp T-Shirt

- _____ Camp T-Shirt - \$12.00 - Size _____

OFFICE USE ONLY

- _____ **Registration Fee**
_____ **Class Fees** (Rocketry, Woodworking, etc.)
_____ **Camp Store Account Funds** (Max of \$20)
_____ **Care Packages** (Essentials or Spirit Pack)
_____ **Apparel Pre-Order**
_____ **Other Extras**

TOTAL DUE

- _____ Gladstone (\$150 or \$50)
- _____ Campership Funds Awarded

_____ **BALANCE REMAINING**

Cornell Cooperative Extension | Delaware County

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

Presorted Standard

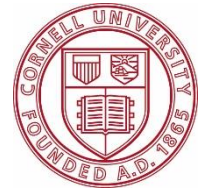
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Hamden, N.Y.
Permit No. 2

Tell your friends!

CURRENT RESIDENT OR



Building Strong and Vibrant New York Communities



ON-LINE REGISTRATION:
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.

*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 <hr/> Human Ecology 4-H Agriculture <hr/> Phone: (607) 865-6531 Fax: (607) 865-6532 Email: Delaware@cornell.edu Website: www.ccedelaware.org
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