



18USC707

**RUTGERS**  
New Jersey Agricultural  
Experiment Station

*2018 Summer Enrichment  
The Cumberland County  
4-H Program Presents...*

# Shark Week



**4-H  
Summer Enrichment Program  
Monday, – Thursday,  
July 22-July 25, 2019  
9:00 AM–1:00 PM**

**4-H Klem Building  
291 Morton Avenue  
Rosenhayn  
(Deerfield Township)**



**Space is limited...**

Program features...

- Hands-on science activities
- Games & group activities
- Arts & crafts



18USC707

**RUTGERS**  
New Jersey Agricultural  
Experiment Station

4-H Youth Development Program  
Rutgers Cooperative Extension  
of Cumberland County  
4-H Center  
291 Morton Avenue  
Millville, NJ 08332  
856-451-2800 ext. 3  
856-451-4206 FAX  
Website:cumberland4h.com  
E-Mail:cumberland4h@co.cumberland.nj.us

**RUTGERS**  
New Jersey Agricultural  
Experiment Station

Cooperative Extension of Cumberland County  
Extension Education Center  
291 Morton Avenue  
Millville, NJ 08332

[www.njaes.rutgers.edu/extension](http://www.njaes.rutgers.edu/extension)  
Phone: 856-451-2800 x 3 (4-H)  
FAX: 856-451-4206

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

**When & Where:** The 4-H Summer Enrichment Program is a 4-day program held Monday, July 22—Thursday, July 25, 2018 from 9:00 AM-1:00 PM at the 4-H Klem Building located at 291 Morton Ave, Rosenhayn (Deerfield Township) behind the County Extension Center

**Who Can Attend?** This program is open to boys and girls who have completed 1st-4th grades. Both 4-H members and non 4-H members are welcome to attend.

The 4-H Youth Development Program is part of Rutgers Cooperative Extension, a unit of the New Jersey Agricultural Experiment Station. 4-H educational programs are offered to all youth, grades K-13, on an age-appropriate basis, without regard to race, religion, color, national origin, ancestry, sex, sexual orientation, gender identity and expression, disability, atypical hereditary cellular or blood trait, marital status, domestic partnership status, military service, veteran status, and any other category protected by law.

**What is the Cost?** Cost is \$50 per child which covers program materials, activity supplies and crafts.

### **What Happens?**

Activities are based on the theme “***Shark Week.***”



Children will learn all about sharks through games, crafts, hands on activities and group activities.

### **Program Staff and Supervision**

The 4-H Summer Enrichment Program is coordinated by the Cumberland County 4-H Youth Development Program staff. Adult 4-H volunteer leaders, teen 4-H members and 4-H staff will conduct program activities.

**What About Lunch?** Children need to bring their lunch and a beverage each day.

### **How Do I Register My Child?**

Registration materials can be found online at [www.cumberland4H.org](http://www.cumberland4H.org) or picked up at our office. Completed forms can be mail or deliver to the 4-H Center located at 291 Morton Avenue Millville. The office hours are Monday-Friday, 8:30 AM– 4:30 PM.



Space is limited, so registrations will be accepted on a first-come basis. A completed registration form, 4-H Event Permission Form and payment are due at the Extension Center by **Friday, July 12.** Checks/Money orders should be made payable to:

### **4-H Advisory Committee**

Submit forms and payment (*cash or money order*) to:

**4-H Center  
291 Morton Avenue  
Millville, NJ 08332**

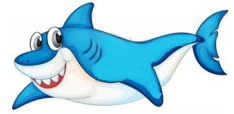
**Cancellation policy: If you need to cancel please notify us in a reasonable amount of time. If you cancel two weeks or less prior to camp, you will only receive a 25% refund.**





**Cumberland County  
4-H Summer Enrichment Program  
REGISTRATION FORM**

Shark Week Monday, July 22-Thursday, July 25, 2019  
Location: 4-H Klem Bldg., 291 Morton Avenue  
Rosenhayn (Deerfield Township)



Name \_\_\_\_\_ M \_\_\_ F \_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade (as of 9/18) \_\_\_\_\_

Is child a 4-H member?      \_\_\_Yes      \_\_\_No

If "Yes" Name of 4-H Club \_\_\_\_\_

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

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Cell \_\_\_\_\_

**Cost:** \$50.00 Payment by cash, check or money order.

**PLEASE NOTE:** Space is limited to the first 20 paid. Registrations will be accepted on a first-come basis. Send Registration Form, 4-H Event Permission Form for Youth and payment (check or money order payable to **4-H Advisory Committee**) by **July 12** to:  
Extension Center, 291 Morton Avenue, Millville, NJ 08332

**Cancellation policy: If you need to cancel please notify us in a reasonable amount of time. If you cancel two weeks or less prior to camp, you will only receive a 25% refund.**

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

<b>For Office Use Only</b>	
_____ Application Received	_____ 4-H Event Permission Form Received
_____ Amt Enclosed	_____ Cash _____ MO _____ Check _____ Date _____

# New Jersey 4-H Event Permission Form for Youth



4-H104

Both sides of this form must be completed by all youth participating in overnight activities, field trips, events requiring group transportation, and any other events sponsored through the 4-H Youth Development Program where it is deemed necessary by the adults (paid 4-H staff and/or registered 4-H volunteer leaders) responsible for the youth participants. The form should be submitted prior to the event and kept by the chaperone for at least 90 days after the event. The form has five parts: (1) information about the participant and activity, (2) parental permission and liability release, (3) medical emergency authorization and health information, and (4) behavior agreement and (5) media policy. **Be sure to complete all five parts and sign where requested!**

### Information about the Youth Participant and Activity

Name of youth participant: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_ 4-H County: \_\_\_\_\_ Grade (as of 9/18) \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

Name of activity/event: **Shark Week Summer Enrichment Program Cumberland County 4-H Youth Development Program,**

Name of 4-H group **4-H 291 Morton Avenue, Millville, NJ 08332**

Date and time of participation of individual named above: **Monday, July 22 - Thursday, 25, 2019, 9:00 AM - 1:00 PM**

### Parent Permission and Release of Liability

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

Signature of parent or guardian: **X** \_\_\_\_\_

### Medical Emergency Authorization and Health Information

I authorize the 4-H chaperone(s) to dispense the prescription drugs and/or over the counter medications listed below in accordance with the instructions provided on the label (prescription drugs) or below (over-the-counter medications). In case of sudden illness or an accident to the above named participant requiring immediate treatment or surgery while he/she is a participant in this activity, I authorize the 4-H chaperone(s) to take such action as seems appropriate to protect the health and physical well-being of the above participant. This authority extends to any physician(s) and/or surgeon(s) selected by the chaperone(s) to perform medical and/or surgical procedures including examinations and tests necessary to preserve the health and physical well-being of the above named participant. All efforts will be made to contact the parent(s) or guardian(s) in case of emergency.

_____	_____	_____	_____
<b>Name of parent/guardian</b>	<b>Phone number</b>	<b>Name of additional emergency contact</b>	<b>Phone number</b>

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

Health conditions: \_\_\_\_\_

Medications/Instructions: \_\_\_\_\_

Health Insurance: Company \_\_\_\_\_ Group # \_\_\_\_\_ ID# \_\_\_\_\_

Signature of Parent/Guardian **X** \_\_\_\_\_



**Continued on other side -**

