

Dear Camper and Family,

Thank you for your interest in Camp Loud and Clear which will be held July 22 – 24, 2022 at the Holiday Lake 4-H Educational Center in Appomattox County, Virginia (directions may be found at www.holidaylake4h.com). Camp Loud and Clear is a combined effort of Virginia Cooperative Extension, Holiday Lake 4-H Educational Center, Longwood University, and a team of dedicated volunteers and professionals. Camp Loud and Clear is an overnight summer camp for children and youth whose **primary disability is that he/she is deaf or hard of hearing**. Activities include swimming, archery, nature studies, hiking, and more set in the rolling terrain of Central Virginia.



Participants may be verbal or sign to communicate. Participants ages 9 to 13 (as of September 30, 2022) years old are considered campers and those ages 14 to 18 (as of September 30, 2022) are counselors-in-training (CITs). CITs participate in all activities and are given minor leadership roles. CITs will receive training on their responsibilities the first day of camp. Cost of the camp is \$115.

All campers/CITs will be sleeping in cabins or bunkhouses with at least two chaperoning adults. Boys and girls will be in separate cabins/bunkhouses. The adults in the cabins and chaperoning during the day are familiar with deafness/hearing loss. Most are enrolled in the Speech Language Pathology graduate program at Longwood University or are recent graduates working in the field.

The camp classes will be taught by the 4-H staff all of whom are certified instructors. Interpreters will be present at all times. There is an EMT on staff to handle medication administration and any first aid needs.

Campers and CITs should arrive between 11:30 and noon on Friday, July 22nd. Please do not arrive early as another group will be leaving the center. Items to bring are as follows; sleeping bag or bed roll (2 sheets + blanket), pillow, toiletries, towels, washcloth, sunscreen, flashlight, medication, spare batteries for hearing assisted devices plus any appropriate spare parts for devices, appropriate clothes (please watch the weather report), appropriate shoes for walking and sports (closed toe shoes required for climbing wall and a few other activities), modest swimsuit, shower shoes, and labeled water bottle. Please do not bring valuables, electronic toys or other devices, tobacco products, weapons of any kind, or food (this attracts bees, ants etc...).

Following is the camper/CIT application. Please complete it and mail with check made payable to **Treasurer, VT** to this address: 100 Dominion Dr, Farmville VA 23901. If you have any questions please contact me, Jake Morgan, Extension Agent, 4-H Youth Development, at (434)392-4246 or by email at jake78@vt.edu.

Jake Morgan
Prince Edward 4-H

CAMP LOUD & CLEAR 2022 APPLICATION

100 Dominion Dr, Farmville, VA 23901

(434) 392-4246

www.holidaylake4h.com

An application WILL NOT be processed until all required forms are completed and received in the office along with the \$55.00 application fee. This fee will be applied to the full cost of camp and is nonrefundable as long as camper space is available. Payment in full is due no later than May 15. Please check below to indicate items included in application packet.

- _____ Camper Application for 2022 (following)
- _____ Emergency Authorization Form
- _____ Medical History and Communication Form
- _____ Immunization History Form
- _____ Code of Conduct
- _____ Request for Financial Assistance (if needed) – Scholarship funds are limited and will only be **partial** in nature, no full scholarships are available. You will be notified of the amount approved once all requests have been received. If the amount requested is not available, the remaining amount is the responsibility of the camper and/or family.
- _____ **\$55 Application Fee or full payment (\$115)**. Make your check or money order payable to **Treasurer, VT** and under memo write **“Camp Loud & Clear reservation.”** Do not send cash. Mail completed application to:
VCE – Prince Edward, Camp Loud & Clear,
100 Dominion Dr, Farmville, VA 23901

Space is limited. Applications will be processed on a first-come, first-served basis. If your application is received after all spaces are full you will be notified that your camper is on the waiting list. If a space does not become available you will receive a refund.

CAMPER APPLICATION

Camper Information:

Full Name: _____ Preferred Name/Nickname: _____
First Last

Street Address: _____

City, State, Zip: _____

Birthdate: ____/____/____ Sex: Female Male

Application for: Camper (9 - 13 years old)
 Counselor-in-Training (CIT, age 14 - 18)
Has camper/CIT previously attended Loud and Clear? _____

T-shirt size (check one): Youth Medium Youth Large
 Adult Small Adult Medium Adult Large

CAMP LOUD & CLEAR

At **school** my child uses: (Check all that apply. If your child uses more than one form of communication, please rank communication means in order of use at school.)

___ ASL ___ Signed English ___ Verbal
 ___ Other (please list)_____

Which of the following (if any) does your child use at **school**? (Check all that apply.)

___ Interpreter ___ FM System ___ Other (please list)_____

At **home** what is the most commonly used method of communication with the camper?

___ ASL ___ Signed English ___ Verbal
 ___ Other (please list method)_____

Please check all that apply:

- Camper uses hearing aid(s), Which ear(s)? _____ (Please bring spare batteries for aids.)
- Camper uses cochlear implant(s) Which side(s)? _____ (Please bring spare batteries and any appropriate spare parts.)
- Camper uses Baha
- Camper is bringing personal FM system (Label system and charger with camper's name.)

Parent /Guardian Information:

Name: _____ Relationship: _____
 First *Last*

Address if different than camper: _____

Emergency Phone: Home:(_____) _____ Work:(_____) _____

Cell/TTY: (_____) _____ E-Mail: _____

CAMP LOUD & CLEAR

_____ (camper name) has my permission to participate in activities related to Camp Loud & Clear programming. I/We are fully aware that all activities are supervised by volunteer camp staff. Activities will include non-denominational reflections and vespers.

Yes No Initials of Parent/Guardian _____

I/We hereby authorize Longwood University, and Holiday Lake 4-H Educational Center to use any photographs taken of me or my family member/ward for the purpose of publicity, promotion, or public information. Such use of photographs may include newspaper articles, brochures, magazines, slide or video presentations, press releases, television, and displays. I understand that there may be occasions when other campers or family members may take photos of me or others and control over those situations is limited.

Yes No Initials of Parent/Guardian _____

I hereby authorize Longwood University, and Holiday Lake 4-H Educational Center to use my name or that of my family member to accompany photographs or quotes for the purpose of promotion, publicity, or public information about the activities of Camp Loud & Clear. Only the first name of campers will be listed.

Yes No Initials of Parent/Guardian _____

I/We attest that all information provided in application materials for Camp Loud & Clear including the application, medical form, financial assistance request, and any supplemental items are true and correct to the best of our knowledge.

SIGNED: _____ (Parent / Legal Guardian) _____ (Date)

For Office Use Only

Date application received: _____

Date acceptance letter sent: _____

REQUEST FOR FINANCIAL ASSISTANCE

Contributions from individuals and organizations make scholarships for campers possible. In order to be good stewards of these funds, the following information will assist in determining need for financial assistance. **Assistance will be granted on the basis of financial need and availability of funds. You will be notified of the amount granted as we near the start of camp sessions.**

Camper Name: _____

Amount of Assistance requested: \$ _____

(Reminder: Everyone must pay the \$55 application fee. Scholarships are only partial in nature. No full scholarship will be awarded)

Please check all that apply:

- Recipient of General Relief including Food Stamps by camper or family in which the camper is dependent
- Recipient of Medicare/Medicaid, including assistance with residential services.

Name of group home or other supported or assisted living program (if applicable).

Name of Provider: _____

Location: _____

Contact Person: _____

- Annual family income at or below the following 2021 Federal guidelines:

| <u>Number in Family</u> | <u>Annual Income</u> |
|----------------------------------|----------------------|
| 2..... | \$ 17,420 |
| 3..... | 21960 |
| 4..... | 26,500 |
| For each additional person, add: | 4,540 |

Source: U.S. Department of Health and Human Services

SIGNED: _____
(Parent / Legal Guardian)

(Date)

EMERGENCY AUTHORIZATION FORM

Please read completely. Parent/legal guardian must sign.

1. I give my permission for the participant named on this form to attend Camp Loud and Clear. He/She has permission to participate in all activities which may include swimming and other water sports under the supervision of lifeguard(s) and to take part in other scheduled activities such as firearm safety, archery, low ropes, physical activity/exercise and related activities under the supervision of instructors; subject to limitations noted herein.

2. I hereby give permission to the medical staff person selected by the event/activity director to order X-rays, routine tests and treatment for my child (or for myself if I am a participant over 18 years old) as medically necessary. I also give permission for the participant to receive over the counter medication as needed under the guidance of the medical staff person. I understand that all attempts will be made to notify parents/guardians of any serious injury or illness to their child. If I cannot be reached in an emergency, I hereby give permission to the medical staff person to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me/or the participant named on this form. This form may be photocopied for use outside of the event/activity location.

3. Camp Loud and Clear is not responsible for loss/damage to hearing aids, cochlears, FM systems or other hearing assisted devices.

Camper's Name: _____

Insurance Company Name: _____

Insurance Policy ID Number: _____

Policy Holder's Name: _____

Emergency Contact Person: _____

Emergency Phone Number: (____) _____

SIGNED: _____

(Parent / Legal Guardian)

(Date)

MEDICAL HISTORY and COMMUNICATION FORM

INSTRUCTIONS: Please fill out completely. Attach additional sheet if necessary. **Please note hearing loss must be the primary disability. Campers with additional disabilities will be accepted at the discretion of the Camp Loud and Clear Board. All campers must be able to cooperate with fellow campers, follow instructions in a group setting, and independently take care of their daily personal hygiene needs.**

Camper Name: _____

In the space below, please list all food allergies and/or other dietary restrictions:

Has the participant ever experienced any of the following? Check all that apply.

- | | | |
|---|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bleeding disorders | <input type="checkbox"/> Attention disorders (ADHD) |
| <input type="checkbox"/> Eating disorders | <input type="checkbox"/> Seizures/convulsions | <input type="checkbox"/> Wears contacts |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Fainting spells |
| <input type="checkbox"/> Non-food allergies | <input type="checkbox"/> Other (specify): _____ | |

Please describe any condition or need that you checked:

Is the participant experiencing any current health problems, under medical care, receiving mental or behavioral services, or currently taking medication?

Yes No If yes, please explain:

Is there any reason that participation in a program or activity should be restricted?

Yes No If yes, please explain:

Does your child have a one-on-one aide at school? Yes No

If yes, provide a detailed explanation and description of activities the aide completes for child:

What grade is your child currently in? _____

In order to understand your child’s communication needs fully, we would like to know any accommodations your child uses in a school setting. Please check all that apply:

- Directions for group activities/testing in school are simplified for my child.
- Directions for group activities/testing are repeated one-on-one to my child.
- My child takes “plain English” versions of testing.
- My child is given alternate testing from the majority of the class.

Degree of hearing loss in **right** ear:

- | | | | |
|--|---|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Slight/minimal | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> Moderate/severe | <input type="checkbox"/> Severe | <input type="checkbox"/> Profound | |

Degree of hearing loss in **left** ear:

- | | | | |
|--|---|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Slight/minimal | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> Moderate/severe | <input type="checkbox"/> Severe | <input type="checkbox"/> Profound | |

Please circle camper/CIT’s swim level: non-swimmer beginner intermediate advanced

SIGNED: _____
(Parent / Legal Guardian)

(Date)

IMMUNIZATION HISTORY
(This must be completed)

Camper Name: _____

Are your child's immunizations up to date? **Yes** **No**

Date of most recent tetanus shot: (month/year) _____

RELEASE AUTHORIZATION

I give permission to the following individual(s) to pick up my child at the conclusion of this event:

Name(s): _____

Sign below at time of pick up (Receiving person must be pre-listed above):

Name (print): _____

Signature: _____ Date: _____

CODE OF CONDUCT FOR 4-H PROGRAMS/EVENTS

Purpose The purpose of the 4-H program is the positive development of youth. We believe in creating a safe learning environment that encourages the four-fold development of a young person (i.e., Head, Heart, Hands, and Health). We expect all persons involved in 4-H (youth members, parents, teen/adult volunteers) to practice behaviors that foster the total development of youth. Each 4-H member and associated individuals participating in 4-H activities must accept the responsibility of creating a positive image that reflects 4-H ideals. Furthermore, the Virginia 4-H program recognizes that "CHARACTER COUNTS!" All 4-H participants are representatives of the program and should always strive to uphold the following standards: Trustworthiness, Respect, Responsibility, Fairness, Caring, and Citizenship. In seeking uniformity in the conduct expected at 4-H programs/events, the following code of conduct has been developed to provide a clear understanding of expectations. **Participants and parents/guardians must sign this form in order to participate.**

1. For the safety and wellness of all participants, a completed and signed 4-H Health History Report Form is required for participation in 4-H events. In addition, medications and medication forms (for all participants under 18 years old) must be turned in at the registration table upon arrival at the 4-H event (or according to another system outlined in the registration/orientation information).
2. Participants should attend and be actively involved in all scheduled activities as part of this 4-H program/event (unless under the supervision of a medical staff person.) Curfew is to be followed as specified in the schedule for overnight events. Failure to be in assigned locations may lead to dismissal from the 4-H event. Some areas are off-limits to participants (ex: swimming pool; bodies of water such as lakes and rivers; challenge course, etc.) unless under appropriate instructor supervision.
3. Visitors to a 4-H program/event must check-in with the Extension Agent, Program Director, or other adult in charge of the 4-H program/event upon arrival.
4. Participants should remain at a 4-H program/event until the program/event is scheduled to end. Participants may not leave a 4-H program/event without prior permission from Extension Agent, Program Director, or other adult in charge of the 4-H program/event. Participants may only be picked up from a 4-H program/event by the person designated on the 4-H Health History Report Form. Identification may be requested at the time of pick-up.
5. Participants are expected to follow the directions of 4-H volunteers and paid staff. All 4-H'ers are under the supervision of the Extension Agent, Program Director, or other adult 4-H leader responsible for the 4-H program/event.
6. Participants should respect the property of others and be responsible for themselves. Deliberate destruction or removal of facilities or equipment is not permitted. Financial responsibility for any damages caused by deliberate destruction will be assumed by the participant and/or parents/guardians. The same applies to the property and personal items of other participants.
7. Participants should treat all others and themselves with respect. Aggressive, abusive, vulgar, or violent language and behavior towards others (ex: fighting, threats, insults, cursing, discrimination, etc.) are not permitted.
8. Participants should respect the privacy of others. Girls are not permitted in boys' lodging rooms nor are boys permitted in girls' lodging rooms.
9. Participants are expected to dress appropriately based upon the guidelines established by the person in charge of the 4-H program/event. **Only modest swimsuits are allowed. No string bikinis.**
10. Possession, distribution, or use of fireworks, weapons, knives, or other items that can be used as a weapon are not permitted at 4-H programs/events, except under adult supervision in scheduled instructional activities (ex: shooting education class supervised by a certified instructor, etc.).
11. Possession, distribution, or use of alcoholic beverages, illegal drugs, tobacco products, and unauthorized prescription drugs are not allowed at any 4-H sponsored program/event and must be reported to law enforcement. The Virginia 4-H program reserves the right to conduct a search of a participant's outer clothing,

luggage, personal belongings, lodging rooms, and furniture being used by a participant(s) if there is “reasonable suspicion” that the participant has drugs, alcohol, or weapons.

12. Animals and pets are not allowed at 4-H programs/events unless needed to accommodate a disability or as part of an organized program, or through specific authorization from Extension Agent, Program Director, or other adult in charge of the 4-H program/event. Animals that are used as part of a 4-H program/event should always be provided with proper care.

13. **Electronic and mechanical devices (ex: cellular phones, pagers, walkie-talkies, video games, radios, CD players, TV's, laptop computers, etc.) are not allowed** at 4-H programs/events unless they are needed as part of an organized 4-H program/event, or with authorization from the Extension Agent, Program Director, or other adult in charge of the 4-H program/event. Without authorization, these items will be confiscated and returned to the participant (or the participants' parents/guardians) at the end of the program/event.

Consequences

Unacceptable behavior during a 4-H program/event (as defined within this **Virginia 4-H Standardized Code of Conduct** or through a review process by 4-H staff/volunteer) will result in consequences to the participant.

Consequences may include:

1. early release from this 4-H program/event without refund,
2. restitution or repayment of damages
3. denial of future participation in the 4-H program/event at the local, district, state and national levels for one or more years (as determined by the unit staff in charge of, or responsible for, the 4-H program/event),
4. forfeiture of financial support for a 4-H program/event
5. removal from 4-H offices held (if applicable), and
6. releasing the youth to the appropriate law enforcement agency and/or the proper authorities.

NOTE: Any conduct not specifically covered by this **Virginia 4-H Standardized Code of Conduct**, but deemed inappropriate by those responsible for the 4-H program/event will be viewed as a violation and appropriate action will be taken. If an infraction occurs, the person in charge of the 4-H program/event will provide appropriate communication to parents/guardians.

Signature(s) (Both signatures are required for participants under 18 years old.)

I have read and understand the above “Code of Conduct” and will abide by the expectations described in the Code-of-Conduct. I understand that if I act inappropriately I will have to accept responsibility for my actions that may result in the consequences listed above.

Participant Printed Name

Participant Signature

I have discussed and reviewed this “Code of Conduct” with my child. I understand that failure to abide by this ‘Code of Conduct’ may result in the consequences listed above which includes no refund. In the event that this code is violated, I agree to come to the 4-H program/event to pick up my child at the request of the adult in charge of the 4-H program/event. I further understand that I refuse to pick up my child, am unavailable, or fail to make timely arrangements to retrieve my child, 4-H program/ event staff may contact law enforcement or social services to provide necessary protection for a child in need of services. I acknowledge responsibility for all fees/charges that may result from said services.

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Directions to Holiday Lake 4-H Educational Center

From Lynchburg/Roanoke: Take 460 East to Appomattox, turn left onto Route 24 East toward Appomattox Courthouse, drive 7 miles, turn right onto Route 626, drive 5 miles and keep left onto Route 723. The Center is at the end of Route 723.

From Richmond: Take Route 60 West past Buckingham Courthouse, turn left onto Route 24, drive 10 miles, turn left onto Route 626, drive 5 miles and keep left onto Route 723. The Center is at the end of Route 723.

From Charlottesville: Take Route 20 South turn right onto Route 15 South, drive 1 mile, turn right onto Route 60 West past Buckingham Courthouse, turn left onto Route 24, drive 10 miles, turn left onto Route 626, drive 5 miles and keep left onto Route 723. The Center is at the end of Route 723.

From Farmville: Take Route 460 West to Prospect, turn right onto Route 626 follow Route 626 for 10 miles, turn right onto Route 723, The Center is at the end of Route 723.

For additional information, visit their website at: www.holidaylake4h.com

2022 Camp Loud and Clear Tentative Schedule

Friday

| | |
|---------------|---|
| 11:30 – 12:15 | Campers and Parents arrive, unpack |
| 12:15 – 1:00 | Lunch |
| 1:00 – 1:15 | Camper/Parent Welcome in Dining Hall |
| 1:15 – 2:30 | Camper Opening Assembly |
| 2:30 – 2:50 | Camp Tours in groups – summer staff led |
| 2:50 – 3:00 | Change for Pool |
| 3:00 – 3:20 | Pool Orientation/Rules |
| 3:20 – 4:30 | Swim Tests/Free Swim |
| 4:30 – 5:00 | Change out of swimwear |
| 5:00 – 5:45 | Group A (Ages 8 – 13): Games with Staff Group B (Ages 14 – 18): Tie Dye T-shirts |
| 5:45 – 6:00 | Prepare for Dinner |
| 6:00 – 6:45 | Dinner (fire drill) |
| 6:45 – 7:00 | Flag Lowering |
| 7:00- 7:45 | Group A: Tie Dye T-Shirts Group B: Leadership/CIT Class |
| 7:45 – 8:30 | Mattress Kickball |
| 8:30 – 9:45 | Night Swim and snack at the Pool |
| 9:45 | Prepare for bed |
| 10:30 | Lights Out |

Saturday

| | |
|---------------|---|
| 7:30 | Rise and Shine |
| 8:15 – 9:00 | Breakfast |
| 9:00 – 9:15 | Flag Raising |
| 9:15 – 10:15 | Group A (Ages 9 – 13): Class 1 Group B (Ages 14 – 18): Class 1 |
| 10:15 – 10:30 | Change Classes |
| 10:30 – 11:30 | Group A: Class 2 Group B: Class 2 |
| 11:30 – 12:00 | Prepare for Lunch |
| 12:00 – 1:00 | Lunch & sign up for evening activity |
| 1:00 – 1:30 | Prepare for afternoon classes |
| 1:30 – 2:30 | Group A: Class 3 Group B: Class 3 |
| 2:30 – 2:45 | Change Classes |
| 2:45 – 3:45 | Group A: Class 4 Group B: Class 4 |
| 3:45 – 4:00 | Prepare for Pool |
| 4:00 – 5:15 | Free Swim / Basketball Court Open |
| 5:15 – 5:45 | Prepare for Dinner |
| 5:45 – 6:00 | Flag Lowering |
| 6:00 – 6:45 | Dinner & Sign Up for Sunday AM program |
| 6:45 – 8:15 | Early Evening Activity |
| 8:15 – 8:30 | Snack |
| 8:30 – 9:30 | Campfire! (Amphitheater) |

| | |
|-------|-----------------|
| 9:30 | Prepare for Bed |
| 10:30 | Lights Out |

Sunday

| | |
|---------------|---|
| 7:30 | Rise and Shine |
| 8:15 – 9:00 | Breakfast |
| 9:00 – 9:15 | Flag Raising |
| 9:15 – 11:30 | Choice of Morning Class |
| 11:30 – 12:00 | Pack Up |
| 12:00 – 1:00 | Lunch |
| 1:00 | Parents Arrive |
| 1:15 – 2:00 | Closing Assembly (Amphitheater) |
| | Depart, families may sign out campers and pick up meds at EMT station |