



2026 4-H CAMP AT CAMP McCUMBER

This is your invitation to fun, learning and adventure - new friends, hiking, swimming, sports, crafts, campfires, singing and games - all at 4-H Summer Camp. The camp is located at McCumber Reservoir in Butte County. Newer cabins with bunks built to sleep 10 maximum, teens and campers. There is a large indoor and outdoor dining area. A Nurse is also part of our full-time staff.

CAMPERS: 4-H members 4th grade (or 9 years old by Dec 31, 2025) thru 8th grade may attend.

Parents/guardians will need to have campers arrive at 4:00 PM on **Tuesday, July 7, 2026** and must be picked up between 11:00am and 12:00pm on **Saturday, July 11, 2026**. (Pick up time period is mandatory. No exceptions.) Youth must have approval of parents/guardian of who is picking them up from camp. There will be **one** session **July 7- July 11, 2026**. (5 days, 4 nights)

COST:

\$250.00 - Make checks payable to: **Butte 4-H County Council**. Camper's application and fees are due no later than Friday, May 16, 2026.

We are happy to work out payment plans if they are requested! The fee covers the cost of meals, craft materials, t-shirt, and use of camp facilities. Applications and fees will be accepted until camp facility is full or **May 16, 2026**, whichever comes first. After that time, applications will be added to a waiting list.

SPECIAL ACCOMODATIONS: Youth who require a special accommodation must contact the 4-H office @ (530) 552-5812.

All 4-Hers who apply for camp will be sent more information and instructions around the first of June. Watch your emails. If you have any questions, please contact the 4-H office @ (530) 552-5812, or email the Camp Director (Kim Hogan) at **kimsshd@gmail.com**.

Please bring your own towels, pillow and/or sleeping bag to camp. Bring your own water canteen and bug spray.

PROGRAM: All sorts of camp activities are available to fill your days at camp.

- **Campfire:** ceremonies, singing, skits and stunts. Campers are encouraged to participate & share ideas.
- **Crafts:** beads, macrame, collages, natural materials. All craft supplies are provided.
- **Games and sports:** special recreation programs featuring all kinds of games plus kickball, volleyball, soccer, & ping pong.
- **Swimming and boating:** on Lake McCumber under careful supervision of trained lifeguards and adult counselors. Canoes, kayak, paddle boat and rowboats with life jackets are available.
- **Hiking and fishing:** in organized groups. Bring your own fishing tackle. No knives!
- **Nature study:** learn all about the forest and wildlife in the biggest outdoor classroom you ever saw.
- **Note: Any camper in possession of nicotine vapes or vaping paraphernalia will be sent home.**

PARENTS-CAMP FEE MAY BE TAX DEDUCTIBLE.

Under the Child and Disabled Dependent Care Credit, working parents may take tax credits of 20% to 30% of the money they spend on child care, actual amount depending on the tax payer's adjusted gross income. Day camp expenses qualify as deductible child care expenses and your child must be under the age of 13; check with your local IRS office, to see if you qualify.

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2026 4-H SUMMER CAMPER APPLICATION

Butte County 4-H Camp

July 7, 2026 to July 11, 2026

Camp McCumber, 35440 Deer Flat Rd, Shingletown, CA 96088

NAME _____ GENDER _____ AGE (by Jan 1st of camp year) _____

MAILING ADDRESS _____ CITY _____ ZIP _____

COUNTY _____ Email (parent) _____

4-H CLUB _____ Grade in School in Dec. 31, 2025 _____

YEARS IN 4-H _____ DID YOU ATTEND CAMP LAST YEAR _____ YEARS ATTENDED 4-H CAMP _____

PARENT(S)/GUARDIAN(S) NAMES (both if applicable) _____

PARENT #1 PHONE# _____ PARENT #2 (if applicable) PHONE# _____

Camper will need a ride to and back from Camp McCumber: YES _____ NO _____

Parent has room for another camper: YES _____ NO _____

IN CASE OF EMERGENCY, PLEASE PROVIDE A FRIEND'S OR FAMILY MEMBER'S CONTACT INFORMATION IN CASE WE ARE UNABLE TO CONTACT THE PARENTS/GUARDIANS:

NAME _____ RELATIONSHIP _____

TELEPHONE # (HOME) _____ TELEPHONE # (CELL) _____

1. Is this the camper's first resident camp experience without a parent? YES _____ NO _____

2. **OPTIONAL**: Please identify **ONE** YOUTH the camper would like to share a cabin with: *(Requests will be considered but may not be able to be honored)* _____

How did you hear about coming to 4-H camp: Friend _____ Fun night _____ Club Meeting _____ Other _____

* * * **T- SHIRT SIZE** (circle one) **Please note that T-Shirts are adult sizes!** * * ***X-SMALL**
(30"-32" chest)**SMALL**
(34"-36" chest)**MEDIUM**
(38"-40" chest)**LARGE**
(42"-44" chest)**X-LARGE**
(46"-48" chest)**XX-LARGE** (\$2.00 Extra)
(50"-52" chest)

Applications will be accepted on a first-come first-served basis. A waiting list will be established.

*Applications will be accepted until camp facility is full or May 16, 2026, whichever comes first.*Please make check payable to "**Butte 4-H County Council.**"**No refunds after May 16, 2026****This registration form (with all attached forms and the total fee) is due to the UCCE 4-H Office located at 5 County Center Drive, Oroville, CA 95965, by 5pm on May 16, 2026 to secure your reservation.**

Amount enclosed: \$ _____ Check # _____ or Cash: \$ _____



Pick-Up Permission

In the event that you are not able to pick-up your child from camp, please provide the 4-H Office with two alternative individuals you authorize to release your child to. Please fill out the information below.

If you have any questions, please feel free to call the office: **(530) 552-5812**.

***** Please fill out the information below and return to the 4-H Office prior to camp. *****

Other than of the Parent/Guardian, please provide the names of two adults you authorize to pick up your child in the event you are not able. All adults picking up youth counselors and campers must present a valid driver's license.

Camper's Name: _____

Address: _____

City, State, Zip: _____, CA

Two Alternates: OTHER THAN THE PARENTS

*Please make sure when you are filling this out you are not putting your child's Parent/Guardian name we are looking for grandparents, aunts or uncles or close friends Please.

Alternate 1: _____

(Please Print)

Cell Phone

Alternate 2: _____

(Please Print)

Cell Phone

Signature of Parent/Guardian

Date



4-H CAMP CODE OF CONDUCT

This **CODE OF CONDUCT** has been established to create a positive educational experience for all campers, teen counselors, and adult staff. In order to provide the best educational camp program possible, it is necessary that all participants are aware of and agree to abide by the rules and the consequences for not abiding by these rules. Rules are as follows:

1. Be concerned for the safety of campers and staff.

- A. All meals and snacks are provided, (NO ENERGY DRINKS). Food in the cabins will attract rats, mice, insects, squirrels, SKUNKS and other wildlife. **Any food found will be confiscated.**
- B. No running in camp unless during an organized activity.
- C. You must wear closed-toe shoes for camp activities. Flip-flops are not safe on uneven terrain. It is OK to wear sandals to and from swimming areas; **no bare feet at any time.**
- D. Sleeping areas shall be kept neat and free of litter.
- E. Throwing objects will not be allowed unless during a planned activity such as sports.
- F. No jumping or swinging on or from beds.
- G. Campers, Councils, and Adult Chaperones cannot leave the camp boundaries.
- H. Campers and Teen Counselors must be in their cabins by 10 PM unless permission is given by the Camp Directors and/or cabin adult. During rest time and "lights out", campers are to be quiet and supervised by a teen counselor or an adult chaperone at all times.
- I. Swimming and boating will be permitted only at scheduled times with lifeguards on duty. Swimmers must have a buddy. Boaters must wear life jackets. A swim test must be passed before allowed in the lake.
- J. All prescription and over-the-counter drugs must be given to the Camp Medical Staff upon arrival at camp.
- K. Fishing poles, tackle boxes, bait, and hooks cannot be kept in the cabins. For safekeeping, a storage area will be available.

2. Respect the rights and property of others.

- A. Do not touch other campers' belongings; this means no cabin raiding or trashing of the cabins.
- B. Boys are not allowed in the girls' cabins; the girls are not to visit boys in their cabins.
- C. All campers must be invited before visiting other cabins.
- D. Disrespectful, abusive language will not be a part of camp (no profanity, racial slurs, or putdowns)
- E. Do not damage or deface camp facilities or property. No food in cabins. No writing or carving on the cabins (inside or outside), tables, benches, or trees.
- F. Do **not** bring hair dryers & curling irons, radios, cell phones or other electronic devices. Electrical power outlets are limited and circuits are easily overloaded.
- G. Label all personal items with name; 4-H is not responsible for lost items.
- H. Rudeness, lack of courtesy, cheating and disrespect toward authority and/or other campers will not be tolerated.
- I. Fighting and threatening physical abuse are **not** acceptable behaviors.

3. 4-H Camp is a fun experience and everyone is to participate in the planned activities.

- A. When you hear the bell, report immediately to the stage seating area.
- B. Be on time and ready to participate. All campers and teen counselors must attend all camp activities and meals unless permission given by the Camp Directors.
- C. If ill, report to the Camp Nurse.
- D. Be a positive team member of your group and cabin.
- E. "Lights out" means quiet and in bed.
- F. Phones and electronic devices which are brought must be turned into the Camp Directors. Access to a phone is with permission of Camp Director only, and is reserved for emergency use only.

4. **The following items and activities are NOT allowed at camp. Campers, teen counselors and adult staff having or doing such will be sent home at their own expense, immediately.**

- Possession of alcoholic beverages, knives, firearms, fireworks, illegal drugs, matches, candles, vape pens, and/or tobacco.
- Gambling or betting with money, excessive displays of affection, fighting, threatening physical abuse, stealing, tampering with emergency equipment, setting off fire alarms for fun, and being under the influence of drugs or alcohol are not acceptable behaviors.
- Campers may NOT be out of their cabins, without permission, 30 minutes after "lights out".
- Campers leaving their cabins after lights out must be accompanied by a Teen Counselor.
- Clothing that displays anything about alcohol, drugs, tobacco products or has any sexual connotation. NO SIERRA NEVADA BREWERY ITEMS or DRUG PARIPHANILIA on clothing (includes marijuana leaves).

CONSEQUENCES:

(The following actions will be taken if a camper or Teen Counselor does not abide by the rules.)

DEPENDING UPON THE SEVERITY OF THE RULE BREAKING AND ACTIONS, THE CAMP DIRECTORS AND 4-H STAFF RESERVE THE RIGHT TO SKIP THE STEPS OUTLINED BELOW AND SEND THE CAMPER, TEEN COUNSELOR, OR ADULT HOME IMMEDIATELY.

ADULTS WILL ONLY RECEIVE ONE WARNING BEFORE BEING SENT HOME.

STEP 1: **First Infraction** - Discuss the inappropriate behavior with a Teen Counselor/Camp Director and clarify the rule.

STEP 2: **Second Infraction** - Discuss the inappropriate behavior with Camp Director(s) and given a "time-out" or task for up to 30 minutes related to the infraction.

STEP 3: **Third infraction** - Camp Director will request parent to pick up Camper/Teen Counselor to be taken home at Camper/Teen Counselor expense and camp fee will not be refunded. Adult Chaperone will be requested to leave camp immediately.

Additional consequences may include: barring the individual from future 4-H activities or next year's camp, assessing the cost of damages and repairs in the event of destruction of property, releasing the individual to the nearest law enforcement agency, and/or termination of 4-H membership. Parents will be notified if any action is taken beyond Step 2.

Our signatures indicate that we have read and understood the Code of Conduct, and the consequences of any violations.

Signature of Parent or Guardian _____ Date _____
Camper Signature _____ Date _____



Health History Information

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER; SHRED AFTER THE PROGRAM YEAR)

First Name

Last Name

County

Date of Birth

Date of last Tetanus Vaccination: _____ Not sure _____ None _____

Height of youth: _____ ft. _____ in.

Weight of youth: _____ lbs.

Please identify if this participant has any health conditions that are important for program staff to know in order to maximize participation and ensure safety and well-being.

Or check box if no information needs to be shared:

Please identify allergies including allergies to food, medications, and drug reactions (or "NKA" if there are No Known Allergies):

Please include any additional remarks and special instructions to better assist emergency service personnel.

If additional space is needed to answer any questions above, please use the space below to include information.



Please list any additional assistance the youth will need in order to participate in this program or activity.

Note: in some cases, a doctor's note may be required to confirm the request.

Please list all current medications: (please list on next page if more space is needed)

Name of Medication	Dosage	Times Taken	
		Yes	No
Does the youth have any current emotional or behavioral difficulties that would be helpful for us to know about?			
Are there any ways of responding to the youth's negative moods or feelings that you found to be effective?			
Would you like to share any significant life or family events that will help us support the youth's current emotional state?			

Please explain any "Yes" answers on this page: _____



Youth Treatment Authorization Form

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER)

This Treatment Authorization Form is authorized for all 4-H Youth Development meetings and activities during the dates specified below. (Please Note: This information must be updated annually).

First Name Last Name

Club/Unit Name

, California

County and State

EMERGENCY CONTACT INFORMATION

First & Last Name: Home/work/other Phone:

Relationship: Cell Phone:

While my child is attending or traveling to or from this 4-H function, I HEREBY AUTHORIZE THE 4-H ADULT VOLUNTEER OR 4-H STAFF MEMBER, or in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR:

Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provision of the Medical Practices Act, California Business and Professions Code Section 2000 et seq.; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code Section 1600 et seq.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until my child completes his/her activities in this program unless sooner revoked in writing. I understand that as a parent/guardian, I will be responsible for the cost of any service or treatment provided not covered by the 4-H Accident/Sickness Insurance Program sponsored by UC Cooperative Extension.

AUTHORIZATION AND CONSENT AND RELEASE

I hereby certify that my child is in good health and can travel to and participate in all functions of the 4-H Youth Development Program as described above. I understand it is my responsibility to keep the information on this form updated (including Health History) by contacting the County 4-H Office.

Parent/Guardian (Print Name)

Phone #

Signature of Parent/Guardian

Date

NON-CONSENT

I do not desire to sign this authorization and understand that this will prohibit my child from receiving any non-life-threatening medical attention in the event of illness or accident.

Signature of Parent/Guardian

Date

University policy and the State of California Information Practices Act of 1977 require the following information be provided when collecting personal information from you. The information entered on this form is collected under authority of the Smith-Lever Act. Submission of the medical data is voluntary. However, a signature is required on one or the other of the two signature lines above. Failure to provide the medical information and authorization may result in our inability to provide necessary medical treatment. You have the right to review University records containing personal information about you, with certain exceptions as set forth in policy and statute. Copies of University policies pertaining to the collection, use, or release of personal data are available for your examination from the local UCCE County Director 4-H Youth Development Advisor, 4-H Program Representative or the Associate Director of 4-H Program & Policy at University of California, Division of Agriculture and Natural Resources, California State 4-H Office, 2001 Second Street, Davis, CA 95618-7774, (530) 750-1334, ca4h@ucanr.edu. Only your own records are open to your review.

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Camp Medical Instructions

All prescription and over the counter medications are kept locked in the health center and will be administered only as authorized by the parent and child's physician. Only asthma inhalers may be kept in the child's cabin. No medication will be administered unless it is received in its original container with the signed authorization form.

1. Determine if your child will need to bring prescription or non-prescription medicine to Camp McCumber 4-H Camp.

A. **Do not** send any of the following non-prescription medications because, with your signed permission, they are already available:

- | | |
|---|---|
| ▪ Benadryl (localized itch/insect bite) | • Pepto-Bismol (diarrhea) |
| ▪ Caladryl Lotion (poison oak) | • Dulcolax (constipation) |
| ▪ Mylanta (upset stomach) | • Neosporin Ointment (minor cuts/burns) |
| ▪ Cough Drops {cough} | • Robitussin (cough) |
| ▪ Cortisone 0.5% Cream (itch/rash) | • Tylenol (head/muscle aches) |

B. If you are giving permission for these over-the-counter medications, see the back of this page.

C. If you are sending other non-prescription medications, treat them as prescription drugs. Follow the procedure under #2 and list them on the Medical Treatment Form that is attached.

2. Verify that all medications are properly labeled and authorizations have been given. Verify that:

A. All medications are in original containers.

B. All medications are properly labeled, (use masking tape if necessary), including:

- Camper's name (prescription must be for the camper only; no other name will be accepted).
- Medication name
- Precise dosage instructions, quantity and frequency (prescription only)
- Physician's name (if prescription)
- Spanish labels must be translated to English on the medical treatment form

C. The prescription medications are not expired.

3. All medications are listed on the signed Medical Treatment Form with proper instructions for administration.

4. Place all medications (both prescription and non-prescription in original containers) in a zip-lock bag and send the bag with a responsible adult to give to the Camp McCumber 4-H Camp Nurse.

A. Label the baggie with your child's name (use masking tape).

B. DO NOT send any medication to camp in your child's suitcase.

C. Vitamins should not be sent to the site unless ordered by a doctor.

D. Turn in all medications to the Nurse at Camp.

If you have any questions regarding your child's medication, or these instructions, please contact the 4-H Office (530-552-5812). Thank you for your cooperation and help. We appreciate you taking the time to complete this form. It is important information which will help make your child's experience safe and enjoyable!

(CONTINUED ON BACK)



Non-Prescription Medication at Camp McCumber 4-H Camp:

Occasionally it is necessary to provide campers with non-prescription medications when they are at the camp. The medications listed below are kept in stock at camp for this purpose. Please do not send any of these items to the camp. Please check below to indicate whether you give permission for the listed medication to be administered by the Camp Nurse. We will not administer any medication without authorization.

Yes	No		Yes	No	
_____	_____	Benadryl (capsule/liquid) (localized itch/insect bite) (<i>diphenhydramine HCl</i>)	_____	_____	Pepto-Bismol (diarrhea) (<i>bismuth subsalicylate</i>)
_____	_____	Benadryl (cream) (localized itch/insect bite) (<i>diphenhydramine HCl</i>)	_____	_____	Ibuprofen (muscle aches/sprains) (<i>ibuprophen</i>)
_____	_____	Caladryl Lotion (poison oak) (<i>calamine</i>)	_____	_____	Neosporin Ointment (minor cuts/burns) (<i>neomycin/polymyxin B/bacitracin</i>)
_____	_____	Cough Drops (cough)	_____	_____	Robitussin (cough) (<i>guaifenesin</i>)
_____	_____	Cortisone 0.5% Cream (itch/rash) (<i>hydrocortisone</i>)	_____	_____	Tylenol (head/muscle aches) (<i>acetaminophen</i>)
_____	_____	Dramamine (anti-nausea) (<i>dimenhydrinate</i>)	_____	_____	Pepcid (antacid) (<i>famotidine</i>)
_____	_____	Mylanta (upset stomach) (<i>aluminum hydroxide, magnesium hydroxide, and simethicone suspension</i>)	_____	_____	Sudafed (hay fever - allergies/cold symptoms) (<i>pseudoephedrine</i>)
_____	_____	Swimmers Ear Drops (drying water-clogged ears) (<i>isopropyl alcohol/anhydrous glycerin</i>)			

I am authorizing the 4-H Camp Nurse to administer the listed non-prescription medications.

(Parent Guardian Signature)

(Date)



Save

Turn In This Form With Medication Upon Arrival at Camp

Medication Form

Please Complete Fully and Carefully

Teen's Name: _____
(Last) (First) Date of Birth

Teen's Height: _____
' "

Teen's Weight: _____
lbs.

Allergies: _____

Precautions, special instructions, possible adverse effect(s), or comments:

Medication: _____
Purpose of Medication: _____
Dosage Prescribed: _____
Time Schedule: _____
Dose Form (tablet, liquid): _____

Medication: _____
Purpose of Medication: _____
Dosage Prescribed: _____
Time Schedule: _____
Dose Form (tablet, liquid): _____

Medication: _____
Purpose of Medication: _____
Dosage Prescribed: _____
Time Schedule: _____
Dose Form (tablet, liquid): _____

Medication: _____
Purpose of Medication: _____
Dosage Prescribed: _____
Time Schedule: _____
Dose Form (tablet, liquid): _____

The above-named youth is under the care of:

Physician's Name (print): _____ Fax Number: _____
Office Name and Address: _____ Phone Number: _____

I hereby authorize the Camp Nurse to administer the above listed medications in accordance with the instructions noted:

Parent's Signature: _____ Date: _____

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