



NYS 4-H Forestry Weekend

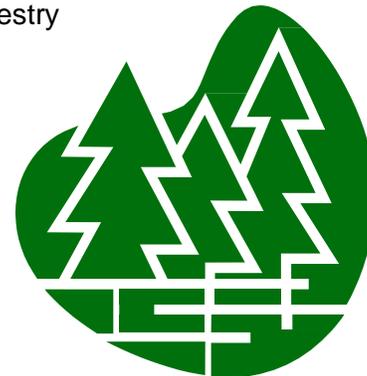
May 03-05, 2019 at 4-H Camp Shankitunk, Delaware County

Registration Form

Join youth from across the state for a weekend of forestry activities, games, and fun. This three-day event is for youth aged 10 and up (as well as staff and volunteers) interested in learning more about forests, and to select the NYS team that will go to the 2019 National 4-H Forestry Invitational (must be 14-19 for the national event).

Forestry weekend activities include:

- Tree identification
- Tree measurements
- Compass usage
- Map reading
- Insects and diseases
- Geocaching
- Nature games
- Night hikes and more



Cost \$43 per person: includes food, materials, and cabin lodging. (A \$95 value!). Space is limited, so register now!

Chaperone Cost: \$30 per chaperone for the first two chaperones per county.

For questions go to: <http://ccecolumbiagreene.org/nys4-hforestryweekend> or contact Andrew Randazzo at 518-318-1180 or adr73@cornell.edu

For more information about the National Invitational July 28 – Aug. 1, 2019 in West Virginia go to: <http://www.4hforestryinvitational.org/>.

Funding Support provided by the New York State Forest Owners Association-Southern Finger Lakes Chapter and the Watershed Agricultural Council. If you or your organization would like to help sponsor the event, please contact Andrew Randazzo.

For more information about the 4-H Camp Shankitunk go to <http://campshankitunk.org/>

Registration Form - *One Per Participant, Educator, Parent or Volunteer*

Name: _____ Gender: _____

Address: _____

Phone: _____ E-mail: _____

Age: _____

Chaperone: _____

County: _____

Club: _____

Historically Forestry Weekend cabins have been co-ed to accommodate the number of families who want to share a cabin. Chaperones of both genders are located in each cabin. If you or your youth prefer a single gender cabin check here:

Select a track, you must participant in the advanced track to qualify for nationals? Beginner / Advanced

Parent/Guardian Signature: _____

County Educator Signature: _____ Educator PRINT Name: _____

*Return this form as well as the Cornell Cooperative Extension Permission Slip and Medical Release Form to Andrew Randazzo at Cornell Cooperative Extension of Columbia & Greene Counties - 479 Route 66, Hudson, NY 12534 **with your check before April 24, 2019.** Please make checks to CCE of Columbia & Greene Counties.*

NYS 4-H Forestry Weekend Agenda

May 03-05, 2019 at 4-H Camp Shankitunk, Delaware County

Friday

5:30 pm or later: Arrive, cabin assignments

6:30 pm - 7:30 pm: Dinner- Bring your own

8:00 pm: Meet and Greet Activities

9:30 pm: All Quiet

Saturday

7:30 am- 8:30 am Breakfast

8:30 am: Morning Activities:

- Ice Breakers
- Introduction to Forestry
- Tree ID
- Forest Measurements

12:00 pm: Lunch

12:45 pm: Afternoon Activities

- Insects
- Pest Hike
- Introduction to Map and Compass
Or, Advanced Orienteering

5:30 pm- 7:00 pm: Dinner

7:30 pm: Evening Program or Free Time

9:30 pm: All Quiet

Sunday

7:30 am- 8:30 am: Breakfast

8:30 am- Forestry Challenge

- Overview
- Orienteering
- Measurements
- Tree ID
- Maps

12:00 pm- Wrap up

12:30 Depart



Schedule Subject to Change

Cabin assignments will be made by the organizers. We will try to put youth that register together by county in the same cabin.

Cabins do not have heat. Please bring sleeping bags/bedding, pillow, flashlight, clothes appropriate for weather including a rain coat, warm clothing, and proper footwear for hiking/mud. We will be outside no matter the weather and in the evening it can be cool. There is (hot) running water in the bathhouse - please bring a towel and all toiletries.

Please let us know approximately what time you will be arriving on Friday

NOTE: bring your own Friday dinner- plates and kitchen facilities are available.

All youth must have a designated chaperone: a parent, club leader, county staff or volunteer.

Food issues or allergies must be reported in advance. We will make our best effort toward accommodation of gluten or vegetarian where necessary. In extreme cases, we may ask you to bring and prepare items for substitution diets. All food must be stored in the dining hall, not within the cabins.

For questions contact: Andrew Randazzo at 518-318-1180 or adr73@cornell.edu

For more information about the National Invitational July 28 – Aug. 1, 2019 in West Virginia go to:

<http://www.4hforestryinvitational.org/>.

For more information about Camp Shankitunk go to: <http://campshankitunk.org/> Camp Shankitunk is located at 2420 Arbor Hill Road, Delhi, NY 13753.

Cornell Cooperative Extension
Permission Slip and Medical Release Form (REQUIRED FOR ALL PARTICIPANTS)

Please print:

Child's/Chaperone's Name _____ Date of Birth _____

Address _____

Parent/Guardian _____ Phone _____

In case of emergency, contact _____ Phone _____

Activity _____ Date(s) _____ Location(s) _____

Activity Director _____

Medical History

Check any and all that apply to your child:

Date of Last Tetanus Booster _____

Illnesses

Allergies

Ear Infections _____

Hay Fever _____

Rheumatic Fever _____

Insect Stings _____

Convulsions _____

Ivy Poisonings _____

Diabetes _____

Penicillin _____

Other (specify) _____ Other (specify) _____

Current prescribed medication (specify) _____

Dietary Concerns or limitations: _____

On the back of this form, specify any other health concerns, physical activity restrictions, or other information you want the chaperons or director of this activity to be aware of on behalf of your child's welfare. Also indicate if your child requires any special dietary needs.

Family Medical and Hospitalization Coverage

Name of Insurance Company or Government Program _____

Identification/Policy # _____

Family Physician's Name and Phone Number _____

I hereby give my child permission to fully participate (subject to the restrictions noted) in the Cornell Cooperative Extension activity on the date(s) and at the location(s) indicated above. I permit the use of any photos, slides, films, or sketches of him/her taken during the activity for publicity, advertising, and promotion.

I further grant permission to the director of the activity (or authorized designee) to dispense to my child any prescribed medication he/she is currently taking.

I understand that I will be notified in case of serious injury or illness. However, in the event that I cannot be reached, I hereby give permission for my child named above to be medically treated by a physician or medical facility as appropriate.

Signature _____ Date _____

Parent or Guardian