



## How Do I Register My Child?

Registration materials can be picked up at the 4-H Center, 291 Morton Avenue in Rosenhayn, Monday-Friday, 8:30 AM - 4:30 PM or can be printed from our website at: [www.cumberlandnj4h.com](http://www.cumberlandnj4h.com)

**Return forms to the 4-H center by**

**Monday, July 24, 2023**

**Space is limited**

*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.

**Space is limited...  
register early**

Ag-Venture features...

- Hands-on Science Activities
- Food Preparation & Tasting
- Games & Recreation
- Arts & Crafts
- Fun, Friends & More!



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

**RUTGERS**  
New Jersey Agricultural  
Experiment Station



**Cumberland County  
4-H Program Presents...**

**Agriculture  
Ag-Ventures**



**4-H Summer Enrichment  
Program  
August 7th - August 11th, 2023  
9:00 AM - 2 PM  
Cumberland County Fairgrounds  
Carmel Road, Millville, NJ**

**When & Where** The 4-H Summer Enrichment Program is a 5-day program held Mon., Aug. 7th to Fri., Aug. 11th, 9 AM—2 PM at the Cumberland County Fairgrounds on Carmel Road in Millville.

**Who Can Attend?** This program is open to boys and girls who have **COMPLETED** K-5th grades. Both 4-H members and non 4-H members are welcome to attend.

- Discover where your seafood comes from and visit a farm.
- Engage with livestock and small animals-learn about animal care

**What is the Cost?** Cost is \$75 per child which covers program materials, activity supplies, field trip, daily snacks and lunch on Friday.



**What Happens?** Activities are based on the theme “Exploring Agriculture.”

- Children will learn about agriculture; farm animals, planting and growing vegetables;
- View demonstrations by professionals who care for animals;
- Take part in hands-on science activities; arts and crafts, food preparation and nutrition activities.
- There will be daily snacks and recreation time.

**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 and teen 4-H members will conduct program activities.

**What About Lunch?** Children need to bring their lunch Monday-Thursday. **Lunch will be provided on Friday.** Each day there will be cold water, a snack and an opportunity to prepare a food related to the animal or vegetable we are studying.

Please send your child to Ag-Venture wearing closed toe shoes. A water bottle is also suggested.

**Space is limited** registrations will be accepted on a first-come basis.



Forms can be located on our website at [cumberlandnj4h.com](http://cumberlandnj4h.com). Completed registration form, permission/behavior agreement and payment are due at the 4-H Center by **Monday, July 24.** Checks should be made payable to:

**4-H Advisory Committee**

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

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

**Or pay by Credit Card at the  
4-H Center**





# New Jersey 4-H Event Permission Form for Youth



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 event coordinator(s) (paid 4-H staff and/or registered 4-H volunteer) responsible for the youth participants. The form should be submitted prior to 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) code of conduct 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: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

4-H county: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of activity/event: \_\_\_\_\_

Name of 4-H group sponsoring or participating in this event: \_\_\_\_\_

Location of event: \_\_\_\_\_

Date and time of participation of individual named above: \_\_\_\_\_

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## 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 event coordinator(s) 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.

**Sign Here**

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

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## Medical Emergency Authorization and Health Information

I authorize the event coordinator(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 event coordinator(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 event coordinator(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# \_\_\_\_\_

**Sign Here**

Signature of parent or guardian \_\_\_\_\_



## New Jersey 4-H Code of Conduct



The primary purpose of the New Jersey 4-H Code of Conduct is to ensure the safety and well-being of all participants at 4-H sponsored events and activities. It applies to all participants, with participants defined as 4-H members, their parents, and volunteers.

As a participant in the 4-H program, I will:

- **Conduct myself in a courteous manner and treat members, parents, 4-H volunteers, Extension staff, judges and others with respect. Appropriate language and behavior are expected at all times.**
- **Respect and adhere to the rules and guidelines of the 4-H program including all those specific to a 4-H event or activity.**
- **Uphold an individual's right to dignity by supporting an environment of inclusion which welcomes involvement of participants from all backgrounds.**
- **Accept supervision and support from county and state 4-H staff while participating in the 4-H program. This includes acceptance of supervision and support from appointed 4-H volunteers coordinating 4-H events and activities.**
- **Obey local, state and federal laws.**

Participants who fail to adhere to the New Jersey 4-H Code of Conduct are subject to a range of disciplinary actions. Such actions will be taken in compliance with the New Jersey 4-H Discipline Policy and Procedure. When appropriate, immediate corrective action will be taken at the 4-H event to ensure the safety and welfare of all participants.

I understand if I fail to adhere to the above Code of Conduct, I will be subject to disciplinary action and potentially prohibited from attending and participating in the New Jersey 4-H Youth Development program.

	_____	_____
	Signature of participant in event	Date
	_____	_____
	Signature of parent or guardian	Date

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## New Jersey 4-H Media Policy and Release

The 4-H program routinely promotes activities through various media. This includes, but is not limited to newsletters, newspapers, brochures, and displays. In doing so, the names and photos of members may be included to help tell the 4-H story. However, New Jersey 4-H policy is that on web sites, youth in photos will not be identified by name(s).

- No, do not use my individual picture for any purpose.** I will make an effort to avoid opportunities to be in group photos.
- No, do not use my name for any purpose.**

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Revised: January 2013