

OUTDOOR ADVENTURE DAY

**CANOEING, ARCHERY, FISHING, WOOD
CRAFTS, LEATHER CRAFT & MORE!**

Join us for an unforgettable experience at our Outdoor
Adventure Day! Open to youth in grades 6-13.

See attached registration forms for more information.

SEPTEMBER 7, 2024

8:30 AM - 2:15 PM

**BLACK ASH GUN CLUB
E5108 W. WILSON RD, ALGOMA**

Cost: \$10 per person

Register by: August 25

For more information

Kayla: 920-737-2031 / Debbie: 920-360-0702

fyi.extension.wisc.edu/kewaunee4h



UW-MADISON EXTENSION
KEWAUNEE COUNTY



AN EEO/AA EMPLOYER, UNIVERSITY OF WISCONSIN-MADISON DIVISION OF EXTENSION PROVIDES EQUAL OPPORTUNITIES IN EMPLOYMENT AND PROGRAMMING, INCLUDING TITLE VI, TITLE IX, THE AMERICANS WITH DISABILITIES ACT (ADA) AND SECTION 504 OF THE REHABILITATION ACT REQUIREMENTS.



Workshop Choices

Sessions: You will choose your top 6 choices. Spaces are limited and filled on a first come, first filled basis. Please note: Canoeing and Going Fishing will take two session times.

Double Length Session (110 minutes long)

- **Canoeing Part 1 and 2 - (must take both parts 1 and 2, both in the morning or both in the afternoon)** - Learn canoeing basics. You will port-in near Algoma and make your way down Silver Creek. All participants will be required to wear a life jacket during canoeing. If you sign-up for this session and have your own life jacket, we encourage you to bring it.
- **Going Fishing Part 1 and 2 (must take both parts 1 and 2, both in the morning or both in the afternoon)**- Go out fishing by the river and see if we can catch some fish!

Regular Length Sessions (50 minutes long)

- **Air Rifle:** Learn how to safely & properly use an air rifle, find your dominant eye, & do 3 position shooting. Equipment will be provided.
- **Archery:** Learn how to safely & properly use a bow & arrow, find your dominant eye & learn to use point of aim shooting method. Equipment will be provided.
- **Building Bird Houses:** Wood working. Make your own bird house. Will also learn about different types of birds.
- **Leathercraft** - Learn the basics of leather craft and make a project to take home as well.
- **All About Fishing** - Learn about fishing from the experts. This sessions teaches you about different equipment and techniques to use for all types of fishing. Please note: session will be at the gun club.
- **Spoil Your Pup:** Learn more about dog breeds and care. Leave with a sweet treat that you make for your pup.
- **Woodburning** - Learn how to wood burn and make your own project to take home with you.
- **Hawk Throwing, Log Rolling, Log Toss, Axe Match Lighting:** Learn new skills from the lumberjack trade. Check out your accuracy, agility, and balance.
- **Fire Building:** Learn to start fires from scratch. Also learn about different structures for fire building, and test different items to see what burns best.
- **Paracord 101:** Learn how to craft with paracord and make your own bracelet.

THANK YOU!

- **Black Ash Gun Club for the use of the facility and support from members**
 - **Wildlife WHEP WI 4-H - especially Norb and Barb Yogerst**
 - **Kewaunee County 4-H Leaders Association**
 - **All the adult and youth volunteers that make this day possible**

Event Notes

- **Pre-registration:** You must be pre-registered and payment must be received to attend Outdoor Adventure Day. See below for more information on how to register.
- **Registration Deadline:** Register by August 25th, sessions are first come, first fill.
- **Event location:** This takes place at Black Ash Gun Club, E5108 W Wilson Rd., Algoma, WI 54201 that has indoor work spaces and bathrooms. Some of the activities will take place on uneven terrain or spots with mud/water. Participants may go into fields or wooded areas. Please wear appropriate footwear.
- **Cost:** \$10.00 for the entire day (including materials, lunch and snacks)
- **Parents are not required to stay** but we ask that you provide current emergency contact information and fill out the health form completely.
- **Check In/Check Out:** Check-in and instructions, 8:30-8:45 am. Check out will begin at 2:15 pm.
- **Program Accommodations Available:** Requests for reasonable accommodations for disabilities or limitations should be made prior to the date of the program or activity for which it is needed. Please do so as early as possible prior to the program or activity so that proper arrangements can be made. In certain situations, information related to requests may be shared with staff or units necessary to help coordinate an appropriate accommodation.

Questions?

Please contact Kayla Bosman at (920) 737-2031/kaylabosman121@gmail.com or Debbie Olson at (920) 360-0702/daomjb@gmail.com.

Black Ash Gun Club—E5108 W Wilson Rd., Algoma, WI 54201

How to register for Outdoor Adventure Day:

Registration: Fill out and return a paper copy registration form, \$10 non refundable check, and health form to Kayla Bosman, N5885 Walhain Rd., Luxemburg, WI 54217. You will receive an email confirmation once registration is received and confirmed.

Payment: Cash or check accepted. Please make checks payable to Kewaunee Co. 4-H Leaders Association. Registration will be complete once payment is received.

In the operation of the Outdoor Adventure Day program, discrimination on the basis of age, race, color, creed or religion, national origin, ancestry, gender, sexual orientation, marital or parental status, pregnancy, veterans' status, arrest or non-job or program related conviction record or qualified disability is prohibited.

Outdoor Adventure Day 2024 Registration

Child's Name _____

Age _____

Parent/Guardian Name _____

Parent/Guardian Phone Number _____

Parent/Guardian Email Address _____

Class Selections (place in order of top choice down, with #1 being your top pick)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

If Going Fishing, do you have your own fishing pole you will bring? **YES NO**

If Going Fishing or Canoeing, do you have your own life jacket you will bring? **YES NO**

Note: Some classes are for two sessions so you will not get as many classes. We will try to put you in your top choices for classes, but they fill on a first come/first serve basis.

Any extra notes or concerns:

Allergies: _____

Accommodations needed: _____



UW-MADISON EXTENSION

2023-2024 Youth Event Health Form

Event Name: _____

Dates: _____

Youth Name: _____ Birth date ____/____/____ Age on 1st day of event _____ Sex: Male Female

Custodial Parent/Guardian (or spouse) _____ E-mail address: _____

Phone Numbers: Home (____) _____ - _____ Work (____) _____ - _____ Cell phone (____) _____ - _____

Home address: _____
Street City State Zip

Second parent/guardian and/or emergency contact: _____ Phone: Home (____) _____ - _____
Work (____) _____ - _____

Address: _____
Street City State Zip

Yes	No	Health Conditions (check)	Yes	No	Allergies (check)	List specifics	
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Insect stings		
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Foods		
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Medications		
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>	Other		
<input type="checkbox"/>	<input type="checkbox"/>	Cognitive/Developmental	<input type="checkbox"/>	<input type="checkbox"/>	Do any allergies require an EPIPEN injection?		
<input type="checkbox"/>	<input type="checkbox"/>	Any dizziness, light-headedness or fainting associated with exercise within the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Is insulin required and carried by youth?		
<input type="checkbox"/>	<input type="checkbox"/>	Any unexplained, rapid or irregular heart beat within the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Is an inhaler required and carried by youth?		
<input type="checkbox"/>	<input type="checkbox"/>	A physician has sometime denied or restricted participation in sports due to a heart problem.					Date of last Tetanus booster: (mm/dd/yy)

Name of Insurance Co.: _____ Policy #: _____

Medications camper will be taking during event/camp:

Medication #1	Reason	Dosage (mg)	Times of day given	Prescribing Physician & Phone Number
Describe side effects (mood/behavior changes, upset stomach, diarrhea):				
List any special instructions or additional information regarding the medication that would be helpful to the health care staff:				

**UW – Madison Extension
Youth Event Health Form (Continued)**

Participant Name: _____

Parent/Guardian Signature: _____

Medication #2	Reason	Dosage (mg)	Times of day given	Prescribing Physician & Phone Number

Describe side effects (mood/behavior changes, upset stomach, diarrhea):

List any special instructions or additional information regarding the medication that would be helpful to the health care staff:

Medication #3	Reason	Dosage (mg)	Times of day given	Prescribing Physician & Phone Number

Describe side effects (mood/behavior changes, upset stomach, diarrhea):

List any special instructions or additional information regarding the medication that would be helpful to the health care staff:

Programs may have limited over-the-counter medications available. Select medications that can be administered, if available.

Acetaminophen (Tylenol): Yes No

Hydrocortisone (anti-itch) cream: Yes No

Benadryl: Yes No

Ibuprofen: Yes No

Accommodations
Does the youth require an accommodation to participate in this event? Please describe:
Please describe any limitations or restrictions regarding the youth's participation:
Is there any other information you want to share?

CONSENT FOR MEDICATION ADMINISTRATION AND MEDICAL TREATMENT

TO THE PARENT(S) OR LEGAL GUARDIAN:

If your son, daughter, or ward will be under the age of 18 while participating in a University of Wisconsin – Madison Division of Extension event/camp/program, it is event/camp/program policy to secure your consent for medication distribution and for the use of medical devices. The medication or medical device must be administered by designated event/camp/program health staff with the exception that a limited amount of medication for life-threatening conditions may be carried and administered by my son/daughter/ward (i.e. bee sting kit, inhaler, insulin syringe).

It is event/camp policy to secure your consent for medication distribution and for the use of medical devices by signing below.

Please check all that apply:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Medication(s) has been brought to event/camp.
<input type="checkbox"/>	<input type="checkbox"/>	Prescription medication(s) has been brought to event/camp. All prescription medication must be in the original medicine bottle and labeled with the youth participant's name, doctor's name, medication name, dosage, prescription number, date prescribed, and instructions. Also, information about any prescription medications must be provided in writing to event/camp health staff with the information requested in the later section of this form.
<input type="checkbox"/>	<input type="checkbox"/>	Over-the-counter medications have been brought to event/camp and may be administered by event/camp health staff as needed. All over-the-counter medications must be labeled with the youth participant's name, medication name, dosage and instruction.



If your son, daughter, or ward will be under the age of 18 years while at the event/camp, it is our policy to secure your consent for **all of the following**. By signing below,

- I am giving my consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
- I am stating that I am aware of and accept the risk inherent in the program activity.
- I attest that all information on this form is correct and up-to-date, and that I will provide any and all significant material, and important changes to any information in this form to event/camp staff no later than check-in.
- I agree to hold harmless and indemnify the Board of Regents of the University of Wisconsin System, and the University of Wisconsin – Madison Division of Extension, their officers, agents, and employees from any and all liability, loss, damages, costs, or expenses which are sustained, incurred or required arising out of the actions of my son, daughter or ward in the course of the event/camp.

Participant Name (Please Print)

SIGNATURE OF PARENT OR LEGAL GUARDIAN

Date

This is the approved health form for 4-H events and camps.



Extension

UNIVERSITY OF WISCONSIN-MADISON

Video, Image, Testimonial Consent Form

Adult participants:

I recognize and acknowledge that the University of Wisconsin may record my participation and appearance on any recorded medium including, but not limited to video, audio, photos (collectively, "recordings") for use in any form (including, but not limited to print, websites, blogs, internet, and social media). I authorize such recording and release the University of Wisconsin to use my name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or in part without restrictions or limitations for any educational or promotional purpose. I further authorize the University to distribute such recording to third parties (e.g., newspapers) and release such third parties to use my name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or in part without restrictions or limitations for any educational, promotional, editorial, or news reporting purpose.

Name

Signature

Date

Minor participants:

I recognize and acknowledge that the University of Wisconsin may record my child's participation and appearance on any recorded medium including, but not limited to video, audio, photos (collectively, "recordings") for use in any form (including, but not limited to print, websites, blogs, internet, and social media). I authorize such recording and release the University of Wisconsin to use my child's name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or in part without restrictions or limitations for any educational or promotional purpose. I further authorize the University to distribute such recording to third parties (e.g., newspapers) and release such third parties to use my child's name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or in part without restrictions or limitations for any educational, promotional, editorial, or news reporting purpose.

Name of minor

Name of guardian or parent

Signature

Date