Pacific & Grays Harbor 4-H Quilting & Clothing Advisors

January 22-26, 2018
Panhandle 4-H Camp

4-H Mission:

4-H empowers youth to reach their full potential, working and learning in partnership with caring adults.

* Currently Enrolled 4-H Quilting & Clothing Advisors: join fellow volunteers to learn, sew, talk, laugh and eat!

* Potential 4-H Quilting & Clothing Advisors: connect with current volunteers and learn how you can help youth reach their full potential while having fun with fabric!

The Elma Variety Store is offering us
20% off our purchases
OR
use your existing punch card during the retreat (not both).

Remember to identify yourself as a WSU 4-H Quilting & Clothing Advisor!

Return registration information, fee, and all required health forms by Wednesday, **January 10th** to:
WSU Extension—Grays Harbor County
c/o Donna Musick
PO Box 3018
Elma, WA 98541
Phone: 360 482 2934

For more information, contact:
Donna Musick, Phone: 360 581 1131

Washington State University Extension

January Retreat



Extension programs are available to all without discrimination. Evidence of noncompliance may be reported through your local Extension office. Persons with disabilities who require alternative means for communication or program information or reasonable accommodations need to contact (360)482-2934 at least two weeks prior to the event.

Pacific & Grays Harbor 4-H Quilting & Clothing Advisors

Schedule

Monday:

Arrive after 3 PM

(Please sign up on the chore list and kitchen duty upon arrival)

Meet and Greet by Committee Members

(Hard copy Participant Health Forms will be collected unless you have already submitted them to Tracie)

Set up personal sewing and sleeping area.

Dinner

Tuesday:

Breakfast

10 AM Donna Musick will be teaching a class focused on an Irish Chain Quilt and will share information about Depression Lace (bring an embroidery hoop to give the lace a try)

Lunch

Dinner

Once registration is received, a supply list will be sent to the email address you provide on your registration forms.

Wednesday:

Breakfast

Lunch

5 PM Swap Meet Open

Dinner

Thursday: (Another day to sew … Yippee!)

Breakfast

Lunch

Dinner

Watch for Tip of the Day!

Remember:

- **Snacks** to share
- Any old pattern or ½ UFO (half started project) or whole UFO you will never finish or some sewing tool you will never use to **swap.**

Friday:

Breakfast

Distribute leftover food

(Bring paper to jot down recipes)

Clean – While you will need to be responsible for cleaning your chores and personal area, 4-H Factory will be assisting with the remainder of the camp clean-up.

NOON Ready to go

**** A trip to Shelton or Elma can happen whenever you need it or more than once.

(Remember to sign out when you leave and sign in when you return)

>> Fill out the medical forms and bring them to retreat in an envelope unless you have already submitted them to Tracie.

>> We may also have a brief lesson in reporting volunteer hours

>> Questions? Contact Donna at: (360)581-1131 She is in the know!

2018 Grays Harbor and Pacific Counties
4-H Quilting and Clothing Advisors – January Retreat

What You Need to Know!

Potential 4-H Quilting & Clothing Advisors (guests):
Welcome and thank you for completing the event registration materials, including the participant health forms. **These documents must be completed in order to participate, and will be kept confidentially sealed in an envelope during your time at the retreat.**

Grays Harbor and Pacific County residents who are interested in becoming a 4-H Quilting & Clothing Advisor will need to connect with their local WSU Extension staff to learn more about the process. Extension staff will be glad to meet with you and support you.
> Pacific County residents should contact Toni or Sue at (360)875-9331 or visit www.pacific.wsu.edu.
> Grays Harbor County residents should contact Tracie at (360)482-2934 or visit www.graysharbor.wsu.edu or http://extension.wsu.edu/graysharbor/4-h/become-a-4-h-volunteer/

Currently Enrolled 4-H Quilting & Clothing Advisors:
The 4-H enrollment and re-enrollment process will be completed online this year. **This process must be completed in order to participate.** For more information about the 4-H enrollment process in Grays Harbor County, please contact Tracie. In Pacific County, please contact Toni or Sue at (360)875-9331. Extension staff will be glad to support you through the process.

While the retreat registration packet does not include a 4-H enrollment form *(complete this online at https://wa.4honline.com)*, you will find a participant health form. **These documents must be completed in order to participate, and will be kept confidentially sealed in an envelope during your time at the retreat**

When and Where: We will be gathering for the retreat from 3 PM on Monday, January 22nd, through Noon on Friday, January 26th. We will be at Panhandle Lake 4-H Camp, near Shelton *(see directions)*.

What to Bring: We will be having an educational opportunity to learn more about an Irish Chain Quilt and Depression Lace *(Once registration is received, a supply list will be sent to the email address you provide on your forms)*. You can choose to participate in this educational opportunity or simply bring UFO projects from home. Bring what ever you want or need to work on and all you

need to complete it. Perhaps you have a new quilt you want to cut out; we have a wonderful cutting table! Our retreat is a laid back and educational time for us.

Personal Items:

Sleeping bag or bedding
Pillow
A fitted single sheet to cover the plastic-covered mattress
Warm blanket
Toiletries
Towel(s)
Flashlight for power outages or night visits
Clothing to layer, the lodge is hot, cold or drafty
(be prepared to put on or take off layers)
Walking shoes, if you wish

Sewing Needs:

Any spare fabric, books, patterns or tools for the swap meet
Materials described in the supply list
Clearly identified quilting tools *(Your name, initials, or individual tape will help ensure that your tools are easy to repack!)*

Show and Share Items:

You are welcome to bring any quilts or projects that you have to share.
Now is the time to show off what you have done!
Snack(s) to share are optional

How to Get There: Panhandle Camp is located 18 miles from Elma. From the Grays Harbor Fairgrounds on Elma-McCleary Road, turn left at the first road past the fairgrounds and cross the railroad tracks, *(this is Cloquallum Road)*. Continue past Star Lake and shortly after Bucks Prairie Store you will make a left turn on Highland Drive. Go 4 miles until you see the signs for Panhandle 4-H Camp.

Unscheduled Trips: Remember to sign out when you leave and sign in when you return. Everyone forgets something so an unscheduled trip to Elma Variety or Annie's Quilt Shop is often a fun diversion from sewing – you may wish to bring an extra bag to pack it all home.

Please feel free to call us with any questions!
Donna Musick (360)581-1131
We look forward to sewing with all of you!

Retreat Information



Welcome! The retreat committee is looking forward to having you at this fun retreat, where you will be able to relax and enjoy yourself! If you have any questions, please feel free to contact Donna at: (360)581-1131. Dinner will be available Monday evening, but please feel free to bring a snack if you will need something to eat between the 3 pm arrival and dinner time on Monday. Thank you and have a wonderful time!

~ the retreat committee

Address:
370 West Panhandle Lake Road
Shelton, WA 98584-8923

Directions From Shelton: Take Railroad Avenue through Shelton to Shelton-Matlock Road and proceed as above.

Directions From Elma: Panhandle Camp is located 18 miles from Elma. Turn left at the first road past the fairgrounds (Cloquallum Road) and cross the railroad tracks. Continue past Star Lake and shortly after Bucks Prairie (store) you will make a left turn on Highland Drive. Go 4 miles until you see the signs for camp.

Camp opens for our arrival at 3 PM on Monday. Plan to be packed up and out by Noon on Friday.

Panhandle is a 4-H youth camp. Sleeping is dormitory style with shared bathrooms. Bring all the personal items you need to be comfortable, bedding (bring a quilt for your bed), sewing supplies and towels. Sometimes the building is warm, sometimes the building is cold. Some participants don't get out of their pajamas! Retreat activity takes place in one building, but the camp is available to explore with lots of walking trails. Dress for the weather.

Limited Financial Assistance is available, contact Tracie for the application form at tracie.hanson@wsu.edu

> Mail this registration, participant health form and fees to:

Space is limited to 25 registrations

WSU Extension, Grays Harbor County, c/o Donna Musick
PO Box 3018, Elma, WA 98541

> Checks should be made out to: **Grays Harbor & Pacific County Master Quilters**

> REGISTRATION DEADLINE: **January 10th**

Please circle which registration fee you qualify for

Enrolled 4-H Quilting & Clothing Advisors:
Entire Retreat Fee, $110 or $30/day – circle day: Monday, Tuesday, Wednesday, Thursday

Guests:
Entire Retreat Fee, $125 or $35/day – circle day: Monday, Tuesday, Wednesday, Thursday

Name: _____

Address: _____

Phone: _____ E-mail address: _____

Phone Number for Emergency Contact: _____

I have special needs to participate: _____

GRAYS HARBOR & PACIFIC COUNTY 4-H QUILTING & CLOTHING ADVISORS EVENT - PARTICIPANT REGISTRATION
January 22, 2018 – January 26, 2018

Participant Name: _____ _____
(first) (last)

Primary Phone: ( )_____ **Primary Email**: _____

Mailing Address:_____

City: _____ **State**: _____ **Zip**: _____ **Gender:** ❑ **Male** ❑ **Female**

Health Considerations:
❑ Has health considerations. Please list:_____

Please provide us with this optional data so that we may report to our Federal partners
Ethnicity: (Check one**):** ❑ Yes – Hispanic or Latino Ethnicity **OR** ❑ No – Not Hispanic or Latino Ethnicity
Racial Groups: (Check all that apply**):** ❑ Asian ❑ White ❑ Black ❑ American Indian ❑ Hawaiian/Pacific Is. ❑ Other

Publicity/Media Release. I understand that, unless noted below, photos, video, or audio recordings made of me or my child/ward at 4-H events may be used by WSU Extension and Washington State 4-H, without compensation, to promote the 4-H Youth Development Program. I understand that my name may be revealed in descriptive text or commentary. (Select one):
❑Yes, we agree OR ❑No, we do not agree to use of digital images or voice recordings as set forth above.

Assumption of Risk. I understand that there are risks in participating in 4-H educational activities at Grays Harbor & Pacific County 4-H activities at Washington State University (WSU**).** In consideration for and as a condition of being allowed to participate in this voluntary activity, I agree to take full responsibility for any and all risks that exist, including the risk of death or injury to my child or self or loss or damage to my property. I understand that there may be risks that WSU cannot predict or foresee, and I also assume full responsibility for those risks. Risks in participating in the Grays Harbor & Pacific County 4-H activities include, but are not limited to: temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, orthopedic damage, head, neck or spinal injuries, loss or use of arms and/or legs, eye damage, disfigurement, burns, drowning or death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of traveling to or from the Grays Harbor & Pacific County 4-H activities that cannot be specifically listed. Further, I recognize that the actions of other participants in the activity may cause harm or loss to my child or property.

Release of Liability. I, my heirs and assigns, hereby release, the state of Washington, the Regents of WSU, WSU, any subdivision or unit of WSU, its officers, employees, and agents, from any and all liability, claims, costs, expenses, injuries and/or losses to person or property, which I may sustain and/or sustain as a result of death or injury as a result of or connected with participation in this program and/or event. If any part or portion of this Release of Liability is determined to be invalid or unenforceable, the remaining parts or portions shall be enforceable. This release and all matters related to my activities involving Washington State University shall be governed by and interpreted in accordance with Washington law. I have carefully read this document, understand its contents and am fully informed about this program and circumstances. I am aware that this document is a contract with WSU and the program sponsors. I enter this contract freely and voluntarily.

Emergency Medical Release. In an emergency requiring medical attention or a situation reasonably believed to be an emergency by Washington State University (WSU) authorized agents including enrolled 4-H volunteers or event staff, I authorize WSU and its authorized agents to obtain emergency medical care for me or my child. I will be responsible for any expenses incurred in so doing including, but not limited to, care by health care professionals, hospital care, and ambulance or other services. In addition, the health care provider has permission to obtain a copy of mine or my child's health record from providers who provide treatment and these providers may talk with the program's staff about my child's health status or mine. I hold harmless and agree to indemnify Washington State University, its authorized agents, and employees from decision to seek emergency treatment.

❑ I have read, understand and consent to the foregoing statements. I am the parent or guardian of the child (minor under the age of eighteen, or other person legally incompetent to contract), whose name is set forth on this form OR I am an enrolled member or volunteer over the age of eighteen.

Participant Signature_____ **Date**_____

Participant Name, Print_____

Extension programs and employment are available to all without discrimination. Evidence of noncompliance may be reported through your local Extension office. Reasonable accommodations will be made for persons with disabilities and special needs who contact Tracie Hanson at least two weeks prior to program start at PO Box 3018 Elma, WA 98541, tracie.hanson@wsu.edu, 360-482-2934.

WASHINGTON STATE UNIVERSITY EXTENSION
4-H Youth Development Program

Washington State 4-H Adult Authorizations/Health Form

Effective 4-H Year October 1, 2017 - September 30, 2018

Adult's Name: First _____ Mid. Init. ____ Last _____

Health Information Form

Please be as accurate, yet concise. In the event of an emergency, this may be the only immediate source of information.
*Indicates required fields.

General Health

*Does this participant have any health diagnosis that is important for program staff to know in order to maximize participation and ensure safety and well-being? (Select one):

- ❑ None
- ❑ Yes, a physical disability, a learning disability, behavioral disorder, and/or mental diagnosis.

Health diagnosis details/explanations & suggested accommodations:

Dietary Needs

*Does this participant have any specific dietary needs? (Select one):

- ❑ None
- ❑ Yes, food allergies or restrictions (e.g., peanuts, gluten-free) or food preferences (e.g., vegetarian).

Dietary needs details/explanation:

Allergies/Reactions

*Does this participant have any allergies or reactions to drugs or things in nature? (Select one):

- ❑ None
- ❑ Yes, allergies or reactions to drugs or things in nature.

Describe any allergies and/or reactions:

Medications

*Does this participant have any conditions requiring medication? (Select one):

- ❑ None
- ❑ Yes, and assistance is needed with medications.
- ❑ Yes, and this participant is capable of self-administering medications.

Medication details/explanation:

Additional Information

Please provide, in the space below, any additional information about the participant that may affect his/her ability to fully participate in the 4-H program:

Additional information:

Health-Care Providers/Insurance

Health-Care Provider(s)

*****Primary Doctor: _____ *****Phone: (_ _ _) _ _ _ - _ _ _ _

Additional Doctor: _____ Phone: (_ _ _) _ _ _ - _ _ _ _

Medical Alerts: _____

Medical Insurance Information (Select one):
*****I am covered by family medical and/or hospital insurance:

- ❑ Yes
- ❑ No

Primary Insurance Company: _____ Policy Number: _____

Subscriber: _____ Insurance Co. Phone#: (_ _ _) _ _ _ - _ _ _ _

Emergency Contact Information

*Contact Name: _____ *****Primary Phone: (_ _ _) _ _ _ - _ _ _ _

Alternate Phone: (_ _ _) _ _ _ - _ _ _ _ *****Relationship to Participant: _____

Emergency Medical Release

In an emergency requiring medical attention or a situation reasonably believed to be an emergency by Washington State University (WSU) authorized agents including enrolled 4-H volunteers or event staff, I authorize WSU and its authorized agents to obtain emergency medical care for me. I will be responsible for any expenses incurred in so doing including, but not limited to, care by health care professionals, hospital care, and ambulance or other services. In addition, the health care provider has permission to obtain a copy of my record from providers who treat me and these providers may talk with the program's staff about my health status.

I hold harmless and agree to indemnify Washington State University, its authorized agents, and employees from decision to seek emergency treatment.

*****Adult Volunteer Signature _____ Date: _____