

Participant Registration Worksheet
 Making eXtreme Counselors (MXC) 2024
 Statewide Ohio 4-H Camp Counselor Workshop

Please return to your County Extension Office with payment by _____ (your county's deadline) with a payment of \$_____ (the fee your county asks campers to pay – state cost is \$65/youth & \$45/adult). All registrations must be submitted through Qualtrics (via the county office) to the State 4-H Office by **January 31, 2024 at noon**. Counties must make the final payment arrangements (by check or worktag information).

Please make checks payable to your county office. Counties may establish refund policies with their participants, but note that no refunds will be given by the State 4-H Office once counties submit their payment.

First Name _____	T-Shirt Size (adult unisex sizes)
Last Name _____	<input type="checkbox"/> Small
County _____	<input type="checkbox"/> Medium
Age (1/1/24) _____	<input type="checkbox"/> Large
Gender _____	<input type="checkbox"/> XLarge
Ethnicity	<input type="checkbox"/> XXL Large
<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> XXX Large
<input type="checkbox"/> Hispanic	Race (check all that apply)
<input type="checkbox"/> Prefer Not to State	<input type="checkbox"/> White
	<input type="checkbox"/> Black
	<input type="checkbox"/> American Indian/Alaskan Native
	<input type="checkbox"/> Hawaiian/Pacific Islander
	<input type="checkbox"/> Asian
	<input type="checkbox"/> Prefer Not to State

Number of Years as an Ohio 4-H Camp Counselor (including 2024) _____

Number of MXC workshops you have attended before 2024 _____

I am (check all that apply):

☐ Current Counselor ☐ Adult Volunteer ☐ Extension Professional

Street Address _____

City, State, ZIP _____

Phone _____

☐ Check here if this is a cell phone number that can receive text messages

Email (list the email address that forms and other important information can be sent to) _____

Parent/Guardian Name(s) _____

Parent/Guardian Phone Number(s) _____

☐ Check here to use Parent/Guardian phone number as emergency contact number

Additional Emergency Contact Name and Number(s) _____

Do you have any dietary needs or special accommodations? If yes, please specify. _____



Camp Counselor Registrants: Each participant will select sessions throughout the workshop. One 90-minute session (Camp Planning) will be pre-determined before the workshop. In order to give you a preference of what you would enjoy planning the most, please rank the following camp program planning options that you would like to learn about and also implement during the workshop. Please note: we will do our best to accommodate your preferences to the extent we are able. Preferences are not guaranteed.

(1 is most preferred, 7 is least preferred)

- ___ **Camp Songs** (learning camp songs, sharing ideas, and leading songs at meals and other times at the workshop)
- ___ **Campfire** (learning different styles / activities to conduct at campfire, sharing ideas, and leading campfire at the workshop)
- ___ **Daily Inspirations** (*this may also be called signatures, inspiration, or vespers in your county*; learning different techniques / tips to conduct at camp, sharing ideas, and leading the daily inspiration at the workshop)
- ___ **End of Camp Closings** (learning different techniques / activities to conduct at camp, sharing ideas, and leading the event closing)
- ___ **Evening Recreation** (learning different styles / activities to conduct for large group activities, sharing ideas, and leading the evening recreation activity at the workshop)
- ___ **Flags** (learning different styles / activities to conduct at flags, sharing ideas, and leading flag lowering and raising at the workshop)
- ___ **Mixer Dance** (learning different styles / types of dances to conduct at camp, sharing ideas, and leading the dance at the workshop)

Bring Ideas for Games/Activities/Themes to share and wear a camp shirt the day you arrive!

Full time participation is expected. Final Camp Letter & Medical Forms will be available on the Ohio 4-H event Web page (<http://go.osu.edu/mxc>) or through your local county Extension office. This information will be available 7-10 days prior to the training.

If you are experiencing any symptoms of COVID or other ill health, we ask that you not attend MXC. If you are in ill health or can no longer attend the training, please contact us and let us know.

YOU MUST BRING A CURRENT MEDICAL FORM WITH YOU TO THE 4-H CENTER!!!