

# Pacific & Grays Harbor 4-H Quilting & Clothing Advisors

APRIL 25-28, 2019

CAMP BETHEL

It is time for fun and for  
organizing another year of  
volunteering.

Join fellow volunteers to plan,  
sew, talk, learn, nap, laugh  
and eat with us!

Return registration information and fee by **April 9th** to:  
WSU Extension—Grays Harbor County

c/o Donna Musick

PO Box 3018

Elma, WA 98541

Phone: 360 482 2934, Email: [tracie.hanson@wsu.edu](mailto:tracie.hanson@wsu.edu)

For more information, contact:

Donna Musick, Phone: 360 581-1131

Email: [donnamusick@comcast.net](mailto:donnamusick@comcast.net)

*Washington State University Extension*

Spring Educational 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

### **Thursday:**

NOON Arrive

Meet and Greet by Committee Members

(Be prepared to turn in medical paperwork)

Set up personal sewing and sleeping area.

Dinner

### **Friday:**

Brunch

Dinner

### **Saturday:** (Another day to learn!)

Brunch

Dinner

A trip to town can happen whenever  
you need it or more than once.

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

### **Sunday:**

Brunch

Clean – Pick up

NOON Depart



#### **Spring Challenge:**

Bring ideas or examples of  
fun projects that kids  
can complete in an hour or less.

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

## **2019 Grays Harbor and Pacific Counties 4-H Quilting and Clothing Advisors Retreat**

### **What You Need to Know!**

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. Extension staff will be glad to meet with you and support you through the process.

It is also important to have a hard copy of your participant health form with you in case of emergencies. **These documents must be completed in order to participate, and will be kept confidentially sealed in an envelope during your time at the retreat.**

Extension staff will be glad to meet with you and support you through the process.

**When and Where:** We will be gathering for the retreat from Noon on Thursday, April 25<sup>th</sup>, through Noon on Sunday, April 28<sup>th</sup>. We will be at Camp Bethel, near Hoquiam (347 Kirkpatrick Road, Hoquiam, WA 98550).

**What to Bring:** In addition to your organizing tools and calendars, you can choose to 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, fun, and relaxing time for us. No clean-up or dishes to do at Camp Bethel.

Snacks to share with everyone between brunch and dinner time.

**Personal Items** (bedding and towels are furnished):

- Toiletries
- 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

**Show and Share Items:**

- You are welcome to bring any quilts that you have to share!
- Snack(s) to share are optional

**How to Get There** (from Hoquiam): Proceed Northbound on US Highway 101 for approximately 4 miles. Turn Left onto Ocean Beach Road and proceed approximately 10 miles. Turn Right onto Kirkpatrick Road and proceed approximately 2 miles.

**Unscheduled Trips:** Remember to sign out when you leave and sign in when you return. Everyone forgets something so an unscheduled trip to town is often a fun diversion from sewing – you may wish to bring an extra bag to pack it all home.

**Unexpected Events:** These can happen at any time throughout the retreat!

**Clearly identify your quilting tools:** Your name, initials, or individual tape will help ensure that your tools are easy to repack!

**Please feel free to call with any questions! We look forward to sewing with all of you!**

Donna Musick (360)581-1131

~ Donna

## 2019 Grays Harbor and Pacific Counties 4-H Quilting and Clothing Advisors – April Retreat

### What You Need to Know!

#### **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**

#### **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](http://www.pacific.wsu.edu).

> Grays Harbor County residents should contact Tracie at (360)482-2934 or visit [www.graysharbor.wsu.edu](http://www.graysharbor.wsu.edu) or <http://extension.wsu.edu/graysharbor/4-h/become-a-4-h-volunteer/>

**When and Where:** We will be gathering for the retreat from noon on Thursday, April 25<sup>th</sup>, through Noon on Sunday, April 28<sup>th</sup>. We will be at Camp Bethel, near Hoquiam (*see directions*).

**What to Bring:** We will be having an educational opportunity to learn from each other and work on 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:**

Toiletries  
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:** Camp Bethel is located near Hoquiam  
(347 Kirkpatrick Road, Hoquiam, WA 98550).

**From Hoquiam:**

Proceed Northbound on US Highway 101 for approximately 4 miles.  
Turn Left onto Ocean Beach Road and proceed approximately 10 miles.  
Turn Right onto Kirkpatrick Road and proceed approximately 2 miles.

**Unscheduled Trips:** Remember to sign out when you leave and sign in when you return. Everyone forgets something so an unscheduled trip to get supplies 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!**



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: \_\_\_\_\_



# GRAYS HARBOR & PACIFIC COUNTY 4-H QUILTING & CLOTHING ADVISORS – GUEST PARTICIPANT REGISTRATION

April 25, 2019 – April 28, 2019

**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** \_\_\_\_\_

# 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 Thursday evening, but please feel free to bring a snack if you will need something to eat between the Noon arrival and dinner time. Thank you and have a wonderful time!

~ the retreat committee

**Address:**  
347 Kirkpatrick Road  
Hoquiam, WA 98550

**Directions from Hoquiam:** Proceed Northbound on US Highway 101 for approximately 4 miles.  
Turn Left onto Ocean Beach Road and proceed approximately 10 miles.  
Turn Right onto Kirkpatrick Road and proceed approximately 2 miles.

Camp opens for our arrival at noon on Thursday. Plan to be packed up and out by Noon on Sunday.

Sleeping is dormitory style with shared bathrooms. Bring all the personal items you need to be comfortable, (while bedding and towels are supplied, you could always bring another quilt for your bed), sewing supplies, etc. 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.

While brunch and dinner will be served, no clean-up or dishes need to be done at Camp Bethel.

You are welcome to participate in classes, sew on your own, or just nap. Bring all of the sewing supplies, your machine and whatever else you may need. Get up when you please, sew what you want, nap on your terms, hand sew by the fire—we are there for fun and refreshment.

**Mail this form and fees to:** 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 4-H Quilting & Clothing Advisors

**REGISTRATION DEADLINE:** April 9th

**ENTIRE RETREAT FEE:** \$175

**ONE DAY ONLY FEE:** \$60 – circle day: Thursday Friday Saturday Sunday  
(This includes dinner & brunch)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

I have special needs to participate: \_\_\_\_\_  
(Contact Donna Musick with special food needs at (360)581-1131 or [donnamusick@comcast.net](mailto:donnamusick@comcast.net))