



The University of Arizona
Cooperative Extension



4-H News of La Paz County

College of Agriculture and Life Sciences University of Arizona
La Paz County Office P.O. Box 3485 Parker, AZ 85344 (928) 669-9843

May and June 2009

Calendar of Events

- | | | |
|----|--|--------------|
| 5 | Recordbook Workshop, Salome Library 7 pm | County Event |
| 12 | Recordbook Workshop, Parker Baptist Church 6 pm | County Event |
| | 4-H Council, Parker Baptist Church 7 pm | |
| 14 | 4-H Camp Planning Meeting, Kingman Fairgrounds, 6 pm | |

June

- | | | |
|-------|---|--------------|
| 1-4 | 4-H Film Camp, Parker Players' Youth Center, 9 am-Noon | County Event |
| 11 | Camp Counselor Try Outs, Kingman Fairgrounds, 10 am -4 pm | |
| 22-24 | Summer Day Camp, Quartzsite Scholars Academy, 9 am-Noon | County Event |
| 25-26 | Camp Counselor Training, Lake Havasu Aquatic Center, 10 am | |
| 30 | 4-H Council Camp Scholarship Review Meeting, 4-H Office, 6 pm | |

Brent Strickland
Extension Agent

Linda Masters
Extension Agent

Persons with a disability may request a reasonable accommodation by contacting the La Paz County Cooperative Extension office. Requests should be made as soon as possible to arrange the accommodation.

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Happenings

4-H Camp Information

It's time to start getting prepared for 4-H camp!!!! La Paz and Mohave counties have a great week of fun and learning planned for **July 12-16th** in the cool pines of Pinal County 4-H camp near Williams. Camp activities will include arts & crafts, archery, nature hikes, campfires, games, sing a longs, and MORE! Applications are in this letter. We also need camp counselors. If you want to be a counselor, contact the 4-H office and we will send you an application.

This is a great way to learn and expand your leadership skills while having fun. 4-H Volunteers are welcome to come enjoy the cool pines.

Camp Dates to Remember

Camp Planning Meeting	May 14th 6pm at the Kingman Fairgrounds
Camp Counselor Applications Due	June 5th
Camp Counselor Try-Out	June 11th 10am- 4:00 pm Kingman Fairgrounds
Counselor Training	June 25-26, Lake Havasu City
Camp Applications Due	July 3rd
Staff Reports to Camp	July 11th
MoPaz Camp	July 12-16th



Camp Scholarships are available. COME ENJOY THE FUN!!!!



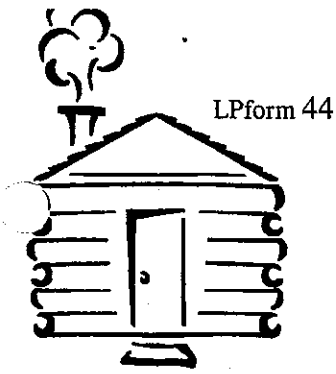
Be sure to check out the registration form for our first ever summer film camp in this newsletter!!! Only the first 20 youth who register are guaranteed to participate!!

Character Corner

PARABLE OF THE MULE

There once was a farmer who owned an old mule. One day the mule fell into a farmer's well and the farmer heard the mule braying. After carefully assessing the situation, the farmer felt bad for the mule, but decided that it wasn't worth saving either the mule or the well. As a result, he called his neighbors together, told them what happened, and asked them to help haul dirt to bury the old mule in the well and put him out of his misery.

At first the old mule was scared, but as the farmer and his neighbors continued shoveling the dirt on his back, he could shake it off and step up and so he did! Blow after blow, he repeated to himself, "shake it off and step up...shake it off and step up... Shake it off and step up!! No matter how painful the blows or how distressing the situation seemed, the old mule fought panic and just kept right on shaking it off and stepping up. It wasn't long before the old mule, battered and exhausted, stepped triumphantly over the wall of the well. What seemed to have buried him actually was his biggest help.



2009 4-H CAMP

July 12-16, 2009



Due: July 3rd, 2009

Office Use Only	
Date rec'd	
Cash _____	m.o. _____
Ck# _____	

I would like to make reservations for the La Paz/Mohave County 4-H Camp to be held at Pinal 4-H Camp near Williams, AZ. The camp will begin Sunday at 2:00 PM on **July 12th** and end the morning of **Thursday, July 16th**. Total cost will be **\$100.00** for the first member of the family, and **\$90.00** per camper for each additional camper in the same family (ages 9-19).

The total camp registration fee, completed medical release, and this application are **due no later than 5:00 PM by July 3rd**. Make checks payable to the **La Paz County 4-H Council** and mail to La Paz County Cooperative Extension, PO Box 3485, Parker, Arizona 85344, or bring to the office on Mutahar Rd

PLEASE COMPLETE THE FOLLOWING INFORMATION:

CAMPER'S NAME _____ AGE _____ PHONE _____

ADDRESS _____

CITY _____ ZIP _____ BIRTHDAY _____ M/F _____

Email _____ GRADE IN SCHOOL _____

PARENT/GUARDIAN _____ ADDRESS _____

EMERGENCY PHONE NUMBER _____ T-ShirtSize _____

I pledge my full cooperation as a participant in the 2009 4-H Camp,. My signature indicates that I understand that camp means having a positive attitude, "learning by doing" and fun, and I am to remain within the 4-H Camp boundaries at all times and participate in the planned program.

Unless this box is checked, I grant permission to the University of Arizona, it's certified volunteers to use images of my child (visual, audio, newspaper, and digital) in production and promotion of educational programming.

MEMBER'S SIGNATURE _____ AGE _____ DATE _____

PARENT'S RELEASE STATEMENT: I am willing for _____ to attend the La Paz/Mohave County 4-H Camp. I hereby release the University of Arizona, members of its staff and employees, the 4-H Council and 4-H volunteer leaders, from all liability for injuries, accidents and/or illness of any kind sustained during 4-H Camp, including time of transportation. It is understood that the University of Arizona Staff and Employees and 4-H volunteer leaders will supervise the activities of the 4-H youth during camp. I further understand that any damage to camp or facilities caused by the camper will be the financial responsibility of the parent to repair or replace. I also certify that he/she is physically able to attend camp and has permission to go.

SIGNED AND APPROVED BY _____ DATE _____

(Parent or Legal Guardian)

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(OVER)

INFORMATION ON APPLICATION MUST BE FILLED IN COMPLETELY

The following medical information about this 4-H'er is for the purpose of obtaining immediate medical attention necessary and instituting adequate precautions and/or programs to make 4-H Camp a safe and enjoyable experience.

Family Doctor _____ Phone _____

Regular medication required
(Insulin, Antihistamine, etc.)

Type of activities prohibited due to physical limitations

Allergies (Food, drug, insect, etc)

Immunization Dates **(required)**

Measles/Mumps _____

Tetanus _____

Other _____

This certifies that the above named 4-H member is physically able to participate in 4-H activities with the exception of the items listed. In the event of injury or illness to my child, I authorize the Camp Director or Nurse to arrange for necessary and appropriate medical treatment by any doctor licensed to practice medicine in the State of Arizona, and I agree to pay all doctor and hospital bills.

SIGNED AND APPROVED BY _____
(Parent or Legal Guardian)

GUN & ARCHERY SAFETY PROGRAM - The 4-H Camp program includes a gun and archery safety program. This certifies that the above-named 4-H member has my permission and consent to take part in group activities and to handle firearms (pellet gun) and archery equipment under the guidance of a certified adult instructor while the group receives supervised instructions and training at the 4-H Camp.

I understand that any live ammunition used in this course will be furnished by the instructor and that the camper will **NOT bring live ammunition or firearms to camp.**

Participation in the Gun Safety and Archery Program is optional. Please check if you wish your child to participate.

Archery _____ May Participate
Gun Safety _____ May Participate

_____ May Not Participate
_____ May Not Participate

Date Signature of Parent or Guardian

Persons with a disability may request a reasonable accommodation, such as a sign language interpreter, by contacting our office. Requests should be made as early as possible to allow time to arrange the accommodation.

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cals.arizona.edu/lapaz

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I hereby waive any right to inspect or approve the finished photographs or printed matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown.

I hereby agree to release, defend, and hold harmless the Arizona Board of Regents, on behalf of The University of Arizona and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any misuse, distortion, blurring, alteration, optical illusion, or in the printing, processing, reduction or production of the finished product, its publication or distribution.

I am 18 years of age and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledge acceptance of the terms of this release.

Location of Photo

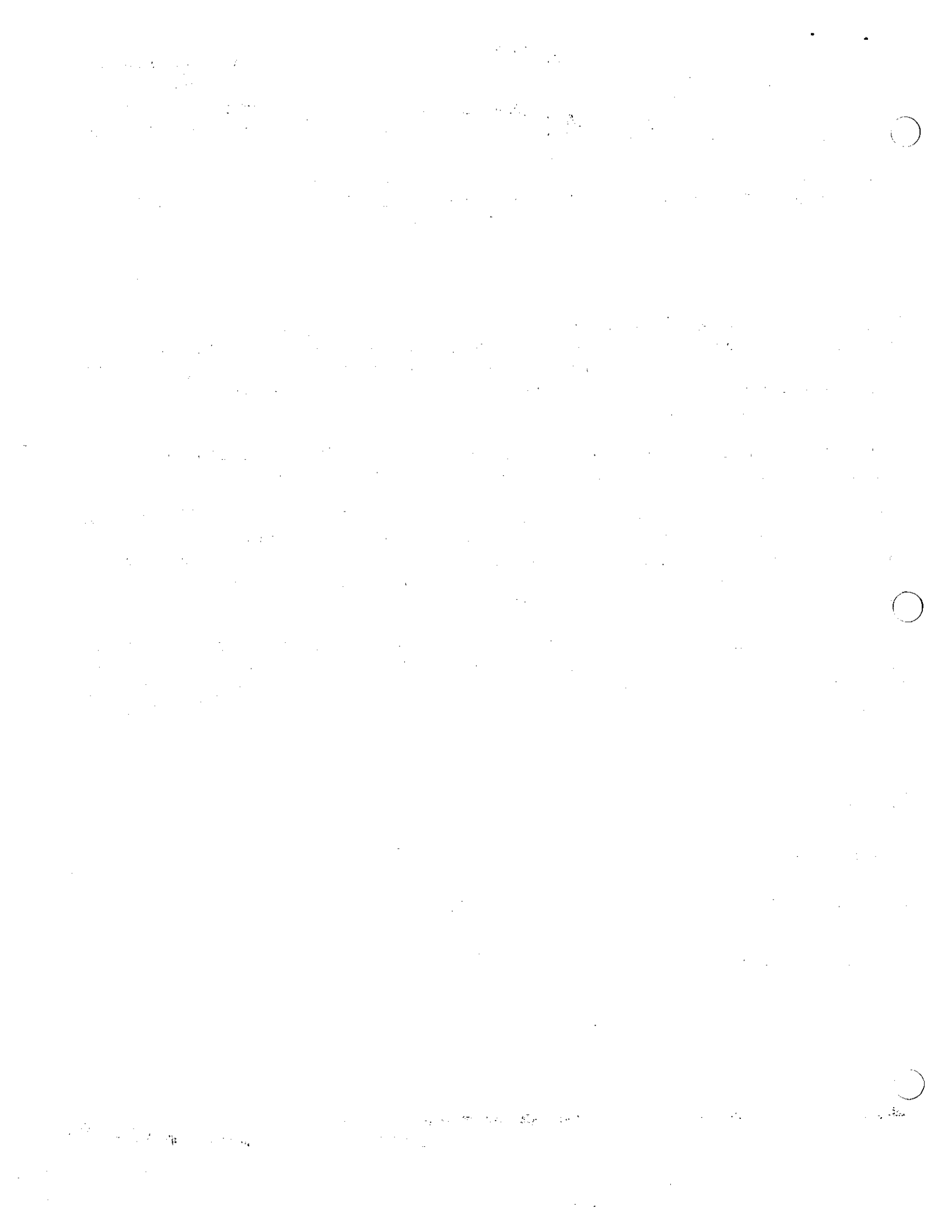
Name (please print)

Signature

Date

Signature of guardian if under 18 years of age







Nutrition News May & June

MUSCLE CRAMPS

"I cramp when I exercise in the heat. Could something be wrong with my diet?"

"I cramp in my calf muscles and toes during sleep. What to do?"

Possible Causes:

Muscle cramps often occur among athletes who work their muscles to the point of exhaustion (overuse) in warm-weather (dehydration). The following conditions may result in muscle cramps:

- **Inadequate blood supply.** Narrowing of the arteries that deliver blood to your legs can produce cramp-like pain in your legs while you're exercising. These cramps go away within a minute or two after you stop exercising and stand still.
- **Nerve compression.** Compression of nerves in your spine also can produce cramp-like pain in your legs. The pain usually worsens the longer you walk.
- **Mineral depletion.** Too little potassium, calcium or magnesium in your diet can contribute to leg cramps. Some diuretic medications prescribed for high blood pressure cause loss of potassium.

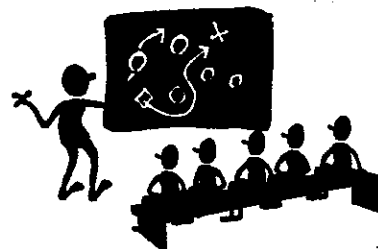
Note: Muscle cramps are also part of certain conditions such as diabetes, hypoglycemia and anemia.

Treatment Options:

You can usually treat muscle cramps by **stretching and massaging**. Stretch the cramped muscle and gently rub it to help it relax. For a calf cramp, put your weight on your cramped leg and bend your knee slightly.

You may want to use a **cold pack** to relax tense muscles. Use a warm towel or **heating pad** later if you have pain or tenderness.

Note: For recurrent cramps that disturb your sleep, your doctor may prescribe a medication to relax your muscles.



Prevent Cramps:

- **Avoid dehydration.** Drink plenty of liquids every day, generally at least six glasses of water or other beverages daily. The exact amount depends on what you eat, your sex, your level of activity, the weather, your health, your age and any medications you may be taking. Fluids help your muscles contract and relax and keep muscle cells hydrated and less irritable. Drink fluids before, during, and after any exercise activity. During the extended activity, replenish fluids at regular intervals (~ 8oz every 15-20 min.).
- **Stretch your muscles.** Stretch before and after you use any muscles for an extended period. If you tend to have leg cramps at night, stretch before bedtime.
- **Adding low-fat dairy products (calcium) and extra fruits and vegetables (potassium) in your diet.** This is not a proven solution for preventing cramps, but this good nutritional practice certainly will not hurt, and may possibly help.
- **Lack of pickle juice?** Some football players and athletic trainers suggest 2 oz. of pickle juice taken 10 min. before exercise to prevent cramps. The reasons are unknown and untested. But there is no harm in trying!



Source: http://www.medicinenet.com/muscle_cramps/article.htm

For More nutrition Information Please Contact:

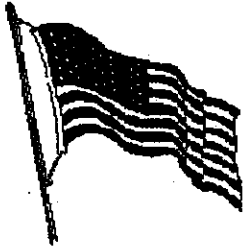
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Every Effort has been made by the author to include only information and recipes that has not been previously copyrighted. Should any such published recipe appear in this Newsletter it is without her knowledge and is unintentional.

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La Paz 4-H Citizenship Nomination Form

Due to the 4-H Office by the second Friday in August

The intention of this award is to recognize outstanding displays of citizenship among our 4-H members. All enrolled 4-H members are eligible for the award. Nominations can be made by any member of the La Paz County community. The county recordbook judging committee will determine the award winners.

Basic criteria that will be used for evaluation

- 1. Outstanding demonstration of service to the 4-H program and principles.
(includes project, club, county, state programs)**
- 2. Outstanding service to the community in which they live.**

Nomination Form

Name of Nominee _____ **Club** _____

Why should this person be considered for this award?

What specific examples do you have of the nominee's commitment to the 4-H program and the community?

(Feel free to include any other information to this form.)

Name of person making the nomination _____

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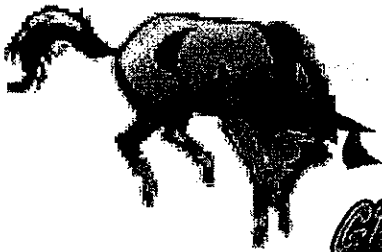
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LA PAZ COUNTY COOPERATIVE EXTENSION

THE UNIVERSITY OF ARIZONA

4-H Newsletter May & June 2009



Summer Film Camp

