

MISSION: LEADERSHIP LCORT 2015

Friday, January 23 - Sunday January 25, 2015
Wonder Valley Ranch & Conference Center -- Sanger, California

- WHAT:** Leadership Conference of Regional Teens (LCORT)
- WHEN:** Check-in: Friday, January 23, 2015, 6-8:00 p.m.
Adjournment: Sunday, January 25, 2015, at noon
- WHERE:** **Wonder Valley Ranch** **PLEASE NOTE:** The Wonder Valley website at www.wondervalley.com is the only reliable source of directions.
6450 Elwood Road
Sanger, CA 93657
- WHO:** *7th-9th Grade 4-H members in South Central Section counties
*County Leadership Teams (10th Grade & Above)
*Adult Volunteer Leader and 4-H staff Chaperones
* By invitation: State Ambassadors, Technology Leadership Team members, and conference staff
- COST:** \$150.00 – includes 2 nights' lodging, 4 meals (Saturday breakfast through Sunday breakfast), snacks, all registration materials, and an LCORT T-shirt.
- WHY:** To define and develop your leadership abilities.
To have an opportunity to meet and share ideas with other 4-H youth and adults.
To expand your perspective on the world around you and to have an enjoyable time.

EVERY DELEGATE IS EXPECTED TO:

- *Attend and participate in all sessions and activities.
- *Act in accordance with the 4-H Code of Conduct and Dress Code.
- *Be responsible for his/her behavior and belongings.
- *Follow all facility rules.

BE SURE TO BRING WITH YOU...

- *Toiletries, personal items, towels, etc.
- *Suitable changes of clothing for 2 days, including a jacket.
- *Note: Delegates sit on the floor during assemblies so please wear clothing that covers you when sitting
- *A sleeping bag or sheets, blankets and a pillow.

PLEASE DO NOT BRING...

- *Food—Don't worry, you'll be well fed!
- *Clothing that will not meet the dress code standards.
- *Electronics or other valuables that you will not absolutely need.

PLEASE NOTE:

- *All personal belongings are brought at the owner's risk.***
- *Use of personal electronics including, iPods and other MP3 players, cell phones, video games, etc. is NOT ALLOWED DURING WORKSHOP SESSIONS.
- *Neither the South Central Section 4-H Council nor Wonder Valley will be responsible for lost or stolen clothing, electronics, or other personal articles.***

ACCOMODATIONS:

Dorm-type rooms with 6 to 10 people per room. Rooms have a bathroom and shower OR access to dorm-style, single-sex bathrooms and shower rooms.
Workshop sessions will be held in meeting rooms and multipurpose rooms.

YOUTH REGISTRATION FORM

Name _____ County _____ Club _____

Address _____ City _____ Zip _____

E-mail: _____

Telephone: (____) _____ Gender: Male ___ Female ___

4-H Enrollment Type: Youth X Adult ___

YOUTH: Grade ___ Age on 12/31/2014 ___

DELEGATE STATUS (Choose one): Youth Delegate ___ Leadership Team Member (Workshop Presenter) ___
State Ambassador ___ TLT Member ___ LCORT Youth Staff ___

T-Shirt Size*: Adult XS ___ Adult S ___ Adult M ___ Adult L ___ Adult XL ___ Adult XXL ___ Adult XXXL ___
**T-shirts are included in your registration fee.*

Roommate preference*: _____

*We will do our best to accommodate your request; however, we do not guarantee your choice of roommate, especially if that person does not also request you. Room changes will not be made at LCORT. **PLEASE NOTE: If necessary, Leadership Team (i.e., workshop presenters) members may be assigned to fill supervisory roles in rooms with only one adult chaperone.**

9th-Graders Only

_____ Check here if you would like to receive a link to the Peer Mentor application.

PLEASE NOTE: Peer Mentor applicants must be in 9th grade, must have attended LCORT at least once before, and have leadership experience within or outside of 4-H.

Registration Fee is **NON-REFUNDABLE** due to the program and facilities. If a delegate cancels, county staff may request substitution of a delegate of the same sex, but substitutions are at the discretion of LCORT staff.

PERMISSION SLIP

I give permission for my son/daughter, _____, to attend LCORT at Wonder Valley Ranch in Sanger, CA, on January 23 - 25, 2015. He/She will be riding with: _____, and returning with _____.

Signature of Parent or Legal Guardian: _____

[] Please check if 4-H member will have special needs during LCORT (medical, dietary, etc.) and explain need(s):

Enclose with Registration Form:

- Registration fee. Confirm the amount you owe with your club/county.
 - Signed copy of 4-H Code of Conduct (requires Parent/Guardian & Member's Signatures)
 - Signed Medical Treatment Form (requires Parent/Guardian Signatures).
- ***TIP: Make a copy, have it signed again, and carry it with you, since only "original" signatures are valid.**

****REQUIRED-- This member is in good standing with our Club and County 4-H Program**

Community Club Leader: _____ Date: _____

4-H Staff: _____ Date: _____

LCORT 4-H CODE OF CONDUCT

The following guidelines are designed to make your experience at 4-H events satisfying to you and to all others attending. This means that all participants — members, volunteers, and 4-H YDP staff — shall adhere to the core values of the University of California 4-H Youth Development Program, respect the individual rights, safety, and property of others.

While attending LCORT, you are representing all of 4-H:

1. Everyone is expected to attend all planned sessions, workshops, field trips, and meetings of the event, and to be in appropriate dress. Delegation chaperones and/or project volunteers are responsible for ensuring that members participate in all aspects of the planned program activities.
2. The possession and use of alcoholic beverages and/or drugs, or other than prescription medication is prohibited; participants are not to smoke in group meetings, or in sleeping areas.
3. Setting off fire alarms or tampering with fire extinguishing equipment or other emergency equipment is prohibited.
4. Gambling and betting by adults and youth representing 4-H is prohibited.
5. Obscene and discriminatory language, roughhousing, and insubordination will not be tolerated at any time.
6. Youth members and volunteers should demonstrate respect for one another.
7. Display of overly affectionate attention between participants is discouraged.
8. All participants are to be in their assigned area at curfew and to comply with the quiet hours, lights out, and other rules of the event.
9. No member or volunteer may leave the grounds unless permission is secured from the conference director or adult in charge. 4-H members must be accompanied by an adult. Adults must notify another adult in the delegation before leaving grounds.
10. At overnight events, only Conference participants may be in dormitory areas. No one will be in the sleeping areas of members of the opposite sex. Lounges may be used only for working committees and social activities.
11. Room service such as phone calls, food, laundry, or others will not be permitted.

ADDITIONAL LCORT RULES

12. Nametags must be worn (around the neck) at all times.
13. No electronic devices (i.e. MP3 players and other portable stereos, games, etc.) may be used during sessions.
14. Do not purposely damage the facility.
15. Dorm areas are off limits during sessions, and delegates may not be in rooms without a chaperone present.
16. Be prepared! Take all materials with you (i.e. binders, pencil, and paper) to the sessions.
17. Follow the LCORT Dress Code (see Page 4 of registration packet).

PENALTIES FOR INFRACTIONS

Infractions of this Code of Conduct must be reported promptly by anyone observing them to the adult in charge of the delegation and to the adult conference coordinator who will bear final responsibility for disciplinary action. Penalties may include any or all of the following:

Sending a participant home; barring that participant from future 4-H events; assessing the participant the cost of damages and repairs in the event of damage/destruction of property; releasing the participant to the nearest law enforcement agency and/or the proper authorities; and termination of 4-H membership (youth and adult).

Parents and the county 4-H office will be notified of action taken. If a participant is sent home, fees will not be refunded, and will be at the participant's own expense.

I, (Print Name) _____ have read the Code of Conduct and agree to abide by its rules.

I understand that infraction of this Code will result in any or all of the penalties listed above.

MEMBER/VOLUNTEER _____ COUNTY _____

PARENT/GUARDIAN _____ DATE: _____

LCORT Dress Code for Youth and Adults

Please be advised that the following dress code will be enforced for all individuals attending the conference, including chaperones.

1. Clothing: All clothing shall be neat, clean, acceptable in repair and appearance, and shall be worn within the bounds of decency and good taste as appropriate for 4-H events.
2. Articles of clothing which display profanity, products, or slogans which promote tobacco, alcohol, drugs, sex or are in any other way distracting, are prohibited.
3. Excessively baggy or tight clothing, and clothing which advertises gang symbols or affiliation is prohibited.
4. Items of clothing which expose bare midriffs, bare chests, undergarments, or that are transparent (see-through) are prohibited. Tank tops with straps at least one inch wide are permitted. Please be advised that spaghetti straps, shirts which expose a bare back, halter tops, and tube tops are prohibited.
5. Delegates sit on the floor during LCORT assemblies. Clothing worn during assemblies must cover undergarments and the entire backside while sitting.

Dress Code Violations



Drawn by Cynthia Sperry 2003

Youth Treatment Authorization Form

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER)

This Treatment Authorization Form is authorized for all 4-H Youth Development meetings and activities during the dates specified below. (Please Note: This information must be updated annually)

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Last Name	Club/Unit Name
<input type="text"/>		From: July 1, 2014 to December 31, 2015
County and State		

While my child is attending or traveling to or from this 4-H function, I HEREBY AUTHORIZE THE 4-H ADULT VOLUNTEER OR 4-H STAFF MEMBER, or in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR:

Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code Section 2000 et seq.; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code Section 1600 et seq.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until my child completes his/her activities in this program unless sooner revoked in writing. I understand that as a parent/guardian, I will be responsible for the cost of any service or treatment provided not covered by the 4-H Accident/Sickness Insurance Program sponsored by UC Cooperative Extension.

EMERGENCY CONTACT INFORMATION

<input type="text"/>	<input type="text"/>		
Name	Relationship to Youth Identified Above		
(<input type="text"/>) <input type="text"/>	(<input type="text"/>) <input type="text"/>		
Emergency Day Phone (with area code)	Emergency Night Phone (with area code)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address	City	State	Zip

AUTHORIZATION AND CONSENT AND RELEASE

I hereby certify that my child is in good health and can travel to and participate in all functions of the 4-H Youth Development Program as described above. I understand it is my responsibility to keep the information on this form updated (including Health History) by contacting the County 4-H Office.

<input type="text"/>	<input type="text"/>
Signature of Parent/Guardian	Date

NON-CONSENT

I do not desire to sign this authorization and understand that this will prohibit my child from receiving any non-life threatening medical attention in the event of illness or accident.

<input type="text"/>	<input type="text"/>
Signature of Parent/Guardian	Date

University policy and the State of California Information Practices Act of 1977 require the following information be provided when collecting personal information from you: The information entered on this form is collected under authority of the Smith-Lever Act. Submission of the medical data is voluntary. However, a signature is required on one or the other of the two signature lines above. Failure to provide the medical information and authorization may result in our inability to provide necessary medical treatment. You have the right to review University records containing personal information about you, with certain exceptions as set forth in policy and statute. Copies of University policies pertaining to the collection, use, or release of personal data are available for your examination from the local UCCE County Director, 4-H Youth Development Advisor, 4-H Program Representative or the Associate Director of 4-H Program & Policy at University of California, Division of Agriculture and Natural Resources, California State 4-H Office, 2801 Second Street, Davis, CA 95618-7774, (530) 750-1334, ca4h@ucanr.edu. Only your own records are open to your review.

Health History Information

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER)

First Name

Last Name

County

 / /

Date of Birth

Subject to:	YES	No	Now Have or Have Had	Yes	No
Colds			Heart Trouble		
Sore Throat			Asthma		
Fainting Spells			Lung Trouble		
Bronchitis			Sinus Trouble		
Convulsions			Hernia (rupture)		
Cramps			Appendicitis		
Allergies			Has appendix been removed?		
Wear corrective lenses?			Do you walk in your sleep?		
Is hearing good?					

Date of last Tetanus Vaccination:

Please check over-the-counter medications that may be administered:

- Tylenol
 Ibuprofen
 Cough Syrup
 Decongestant
 Dramamine
 Antacid
 Polysporin
 Hydrocortisone
 Other:

Please identify allergies including allergies to food, medications, and drug reactions:

Please list any disability accommodations you will need in order to participate in this program or activity.

Please list all current medications:

Name of Medication	Dosage	Times Taken

Please include any additional remarks and special instructions to better assist emergency service personnel.
 Please explain "yes" answers on this page.
