

COMPLETE 1
PER JC

**KEOLA 4-H CAMP
JUNE 20 - 24, 2017
JUNIOR COUNSELOR REGISTRATION**

Camp Fee _____
Date Received _____
Check Number _____
For Office Use Only

TO ATTEND CAMP:

Complete the registration form (includes the code of conduct response, and community club leader signature for member in good standing) and the health form. Return these to community club leader with camp fee no later than **FRIDAY, MAY 12, 2017** for Junior Counselors.

JC CAMP FEE: \$ 175.00

CLUB _____

NAME _____ AGE _____ GENDER _____ AGE _____
As of Dec 30, 2016

MAILING ADDRESS _____ CITY _____ ZIP _____

PHONE _____ BIRTH DATE _____

JC EMAIL ADDRESS _____ FAMILY EMAIL ADDRESS _____

Please Note:

- **Camp Fee for Junior Counselors is \$175.00**
- **Completed registration and health forms are due to your community club leader**
- **Make checks payable to local club.**
- **Balance is non-refundable after June 9, 2017.**

For Camp T- Shirt

T-shirt size:
(Check one, youth or adult size)

Youth sizes:

___ S ___ M ___ L ___ XL

Adult sizes:

___ S ___ M ___ L ___ XL
___ 2X ___ 3X

COUNSELOR FEE \$175.00 \$ _____

CAMP PHOTO (OPTIONAL) \$ 5.00 \$ _____

4-H CAMP T-SHIRT (OPTIONAL) \$10.00 \$ _____

CANTEEN MONEY (OPTIONAL) \$ _____

TOTAL CAMP REGISTRATION FEES DUE: \$ _____

I have read the Code of Conduct and agree to abide by its rules. I understand that infraction of the Code will result in any of all of the penalties listed therein.

SIGNATURE OF MEMBER _____ **Club** _____

SIGNATURE OF PARENT/GUARDIAN _____ **DATE:** _____

COMMUNITY CLUB LEADER: _____

Member is in good standing as a member of the _____ 4-H Club.

Member Code of Conduct

(PAGE RETAINED BY THE COUNTY 4-H OFFICE)

The 4-H Policy Handbook tells me my rights as a 4-H member, and the rules I have to follow. 4-H calls the most important rules for members the "Code of Conduct". When members follow the Code of Conduct, it helps keep 4-H safe and fun for everyone.

I will follow the 4-H Code of Conduct (rules) and I will:

1. Be nice, kind, helpful, and respectful to other 4-H members; and to adult volunteers, youth leaders, 4-H staff, and other adults in charge.
2. Be honest, honor my commitments, and accept responsibility for my choices.
3. Use language that is respectful and kind. Not use curse words.
4. Not have or use alcohol, tobacco (like cigarettes, e-cigarettes, or chew) or other drugs (unless my doctor gives them to me).
5. Not bother or attack others, not carry or use a weapon; and not do anything else illegal or unsafe.
6. Know that adults can search my things (like my backpack) if they think I might have broken the 4-H rules.
7. Not touch anyone in a way that is too affectionate, and not engage in sexual behavior.
8. Follow the 4-H *Guidelines for Social Media* - <http://4h.ucanr.edu/files/133821.docx>.
9. Not do things outside of 4-H that are harmful to anyone in 4-H or the 4-H program.
10. Follow the *California 4-H Dress Guidelines* - <http://4h.ucanr.edu/files/210170.pdf>

While attending 4-H overnight events I will:

1. Be in my room when I'm supposed to be there.
2. Not leave the grounds unless an adult in charge gives me permission, and only if there are two adults with me.
3. Only enter my own assigned sleeping area and will not invite any kids who aren't 4-H members into the sleeping areas.
4. Be responsible for any damage caused by my actions.
5. Follow all the rules for that event.

Consequences

Anyone who sees someone break the Member Code of Conduct should tell the adult in charge right away. That adult will tell that member's parent or guardian. Consequences for breaking the 4-H rules may include:

1. Sending the member home.
2. Having the member meet with 4-H adults, talk about how the member can learn from what they've done, and decide what the member should do to make up for any harm done.
3. Charging the member (or their parents/guardians) for the cost of repairs to property that the member damaged.
4. Giving the member a warning, barring them from future events, suspending their membership, or terminating their membership.
5. Taking the member to the nearest law enforcement agency or other proper authority.

Photograph and Information Release

I give to The Regents of the University of California, National 4-H Council, National 4-H Headquarters (USDA), Cooperative Extension and units, its nominees, agents, and assigns, unlimited permission to copyright and use, publish, and republish for purposes of advertising, public relations, trade, or any other lawful use, information about me and reproduction of my likeness (photographic or otherwise) and my voice, whether or not related to any affiliation with 4-H, with or without my name. I hereby waive any right that I (and minor) may have to inspect or approve the copy and/or finished product or products that may be used in connection therewith or the use to which it may be applied.

County: _____ Member Name: _____

Signature of Member: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

KEOLA 4-H CAMP DRESS CODE

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 midribs, bare chests, undergarments, or that are transparent (see-through) are prohibited. Tank tops with straps wider than one inch are permitted. Please be advised that spaghetti straps, shirts which expose a bare back, halter tops, and tube tops are prohibited.





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)

First Name Last Name

Club/Unit Name

County and State

From: July 1, 2016 to December 31, 2017

EMERGENCY CONTACT INFORMATION:

First & Last Name: Home/Work/Other Phone:

Relationship: Cell Phone:

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 California Family Code Section 6910. 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.

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 am the parent/guardian having legal custody of the youth member named above as stated under California Family Code Section 6550. I understand it is my responsibility to keep the information on this form updated (including Health History) by contacting the County 4-H Office.

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.

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; SHRED AFTER THE PROGRAM YEAR)
(please attach extra page if more space is needed)

First Name Last Name

County

Date of Birth

Date of last Tetanus Vaccination: [] Not Sure [] None

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

[] Tylenol [] Ibuprofen [] Cough Syrup [] Decongestant [] Dramamine [] Antacid [] Polysporin

[] Hydrocortisone [] Benadryl [] Other:

Please identify if this participant has any health conditions that are important for program staff to know in order to maximize participation and ensure safety and well-being?:

[] Or check this box if no information needs to be shared

Blank lines for health conditions

Please list all current medications:

Table with 3 columns: Name of Medication, Dosage, Times Taken

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

Blank line for allergies

Please include any additional remarks and special instructions to better assist emergency service personnel.

Blank lines for additional remarks

Please list any additional assistance the youth will need in order to participate in this program or activity.

Note: in some cases, a Doctor's note may be required to confirm the request.

Blank line for additional assistance

Table with 3 columns: Question, Yes, No. Questions about emotional/behavioral difficulties and life events.

Please explain any "Yes" answers on this page.

Blank lines for explaining "Yes" answers