

COMPLETE 1
PER ADULT

KEOLA 4-H CAMP
JUNE 19 - 23, 2018
REGISTRATION
ADULT COUNSELORS

Camp Fee_ _____
Date Received_ _____
Check Number _____
For Office Use Only

REQUIREMENTS:

1. Must be 25 years or older and a current card carrying 4-H leader.
2. Must be in attendance during the entire session of camp (or can split the week with another 4-H leader).
3. Must be willing to work with Junior Counselors.
4. Must be first aid certified or receive first aid training prior to camp.
5. Must attend a minimum of one camp meeting to be held in June to assist with program planning.
6. Family members (children) under 4-H age cannot accompany parents to camp.
7. Applications will be reviewed by Camp Committee.
8. **Each club is required to provide one 4-H leader for every five (5) youth.**

NAME _____ MAILING ADDRESS _____

CITY _____ ZIP _____ GENDER _____ PH# _____

CLUB _____ EMAIL ADDRESS _____

- **Camp Fee for adults is \$170.00.**
- **Completed registration and health forms are due to your community club leader with camp fees no later than May 15, 2018.**
- **Make checks payable to local club.**
- **Balance is non-refundable after June 9, 2018.**

For Camp T- Shirt

Check one size

Adult sizes:

___ S ___ M ___ L

___ XL ___ 2X ___ 3X

COUNSELOR FEE	\$170.00	\$ _____
CAMP PHOTO (OPTIONAL)	\$ 5.00	\$ _____
4-H CAMP T-SHIRT (OPTIONAL)	\$10.00	\$ _____
CANTEEN MONEY (OPTIONAL)		\$ _____
TOTAL CAMP REGISTRATRATION FEES DUE:		\$ _____



YOUR RESPONSIBILITIES AS AN ADULT COUNSELOR ARE:

- Participate with supervision of general camp activities in the daily routine of camp.
- Be responsible for the 4-H campers from your club.
- Take one or more committee assignments.
- With junior counselor, supervise the 4-Hers in your cabin.
- Work as an advisor to, and along with, the junior counselor on your committee.
- And, most importantly, have FUN!



CAMP RESPONSIBILITIES CHOICES

Choose in order of preference - #1 being first choice, #4 last choice - the areas that you'd like to work in at camp. Junior counselors will be in charge and work with adult counselors on these assignments:

- _____ Campfire, Reflections and Flag Ceremonies
- _____ Crafts and Educational Workshops
- _____ Evening Activities (recreational type activities)
- _____ Sports and Recreation (including waterfront activities, mealtime fun & fishing)

4-H CODE OF CONDUCT

The following guidelines are designed to make everyone's experience at 4-H events satisfying to all 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 all 4-H meetings, projects, programs, and events, the following apply:

1. Everyone is expected to attend all planned sessions, workshops, field trips, and meetings of the event, and be appropriately dressed. Chaperones and 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, tobacco products, and drugs (other than prescription medication) is prohibited.
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 will demonstrate respect for one another at all times.
7. Display of overly affectionate attention between participants is prohibited.

While attending overnight events, the following also apply:

8. All participants must be in their assigned area at curfew and will comply with the quiet hours and lights out.
9. No member or volunteer may leave the grounds unless permission is secured from the adult in charge. 4-H members must be accompanied by an adult.
10. Only 4-H participants may be in dormitory areas. No one will be in the sleeping areas of members of the opposite gender. Lounges may be used for working committees and social activities.
11. Youth must comply with other rules of the event.

PENALTIES FOR INFRACTIONS

Infractions of the 4-H Code of Conduct must be reported promptly by anyone observing them to the adult in charge of the delegation/project and to the person in charge of the event who will bear final responsibility for disciplinary action. The parent/guardian and the County 4-H Office will be notified of action taken. Penalties may include any or all of the following:

- Sending the participant home
- Barring the participant from future 4-H events
- Assessing the participant the cost of damages and repairs for damage or destruction of property
- Releasing the participant to the nearest law enforcement agency and/or the proper authorities
- Termination of 4-H membership

I 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.

SIGNATURE OF
VOLUNTEER _____

COUNTY STAFF _____

DATE _____

DATE _____



Adult Volunteer Treatment Authorization Form - Print all information clearly.

(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)

Form with input fields for First Name, Last Name, Club/Unit Name, and County and State. Includes a date range: From: July 1, 2017 to December 31, 2018

While I am attending or traveling to or from this 4-H function, I HEREBY AUTHORIZE THE ADULT 4-H 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 ME SHOULD I BE UNABLE TO MAKE A DECISION:

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 I complete my activities in this program unless sooner revoked in writing. I understand that 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:

Form for emergency contact information with fields for First & Last Name, Home/work/other Phone, Relationship, and Cell Phone.

Signature and Date fields for the emergency contact person.

NON-CONSENT

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

Signature and Date fields for the non-consent person.

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 Statewide 4-H Director 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 - Print all information clearly.

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER; SHRED AFTER THE PROGRAM YEAR)

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 you have 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

Please list all current medications:

Name of Medication	Dosage	Times Taken

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

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

If additional space is needed to answer any questions above, please use the space below to include information.