

COMPLETE 1  
PER CAMPER

**CAMP KEOLA 4-H CAMP**  
**June 19 - 23, 2018**  
**CAMPER REGISTRATION**

Camp Fee \_\_\_\_\_  
Date Received \_\_\_\_\_  
Check Number \_\_\_\_\_  
For Office Use Only

**WHO MAY ATTEND:**

Fresno County 4-H members who are 9 years old or in the 4th grade by June 30, 2018 up to 2018 8<sup>th</sup> grade graduates.

**TO ATTEND CAMP:**

Complete the registration form (includes the code of conduct response, and community club leader signature) and the health form. Return these to your community club leader **with your entire camp fee no later than Monday, May 21, 2018**. Reservations for camp will be made upon receipt of complete club application packets and fees on a "first come" basis.

COUNTY \_\_\_\_\_ CLUB \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GENDER \_\_\_\_\_ GRADE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

\*CAMPER EMAIL ADDRESS \_\_\_\_\_ FAMILY EMAIL ADDRESS \_\_\_\_\_

CAMPER FEE \$270.00 \$ \_\_\_\_\_

CAMP PHOTO (OPTIONAL) \$ 5.00 \$ \_\_\_\_\_

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

CANTEEN MONEY (OPTIONAL) \$ \_\_\_\_\_

**TOTAL CAMP REGISTRATRATION FEES** \_\_\_\_\_

**DUE: \$ (Fees non-refundable after June 9, 2018)**

**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

Checks payable to your local club-Clubs submit 1 check to Fresno County 4-H by June 1st  
Please be aware that pre-camp communication will be sent email, so please list an email address used regularly.

**SIGNATURE OF PARENT/**

**GUARDIAN** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**COMMUNITY CLUB LEADER SIGNATURE:** \_\_\_\_\_

## 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

## 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 midriffs, 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.



**Member Code of Conduct**

(PAGE RETAINED BY THE MEMBER)

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) of pages 2 and 3 and I will:**

1. Not bother or attack others, not carry or use a weapon; and not do anything else illegal or unsafe.
2. Know that adults can search my things (like my backpack) if they think I might have broken the 4-H rules.
3. Follow the 4-H *Guidelines for Social Media* - <http://www.ucanr.edu/files/133821.docx>.
4. Not do things outside of 4-H that are harmful to anyone in 4-H or the 4-H program.

**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: \_\_\_\_\_

Signature of Member: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

*Form Revised 7/1/2014*



**Health History Information - Print all information clearly.**

(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

---

---

---

Please list all current medications:

Name of Medication	Dosage	Times Taken

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

---

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

---

---

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.

---

	Yes	No
Does the youth have any current emotional or behavioral difficulties that would be helpful for us to know about?		
Are there any ways of responding to the youth's negative moods or feelings that you found to be effective?		
Would you like to share any significant life or family events that will help us support the youth's current emotional state?		

Please explain any "Yes" answers on this page.

---

---



# University of California

Agriculture and Natural Resources ■ 4-H Youth Development Program

## Youth 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)

First Name

Last Name

Club/Unit Name

County and State

From: **July 1, 2017** to **December 31, 2018**

### PARENT(S)/GUARDIAN(S)

First & Last Name

Home/Work/Other Phone:

Cell Phone:

### EMERGENCY CONTACT INFORMATION: (Must be an adult other than Parent/Guardian)

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 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](mailto:ca4h@ucanr.edu). Only your own records are open to your review.