



# Mariposa County 4-H Camp Program Individual Registration Form – 2024



Please complete all four forms and sign in three (3) places: *Registration Form, Code of Conduct, and Medical Treatment*

<p align="center"><b>2024 Camp Tweety Program</b>                  June 13-June 16, 2024 (for chaperones, teen counselors, &amp; nurse)                  June 14-16, 2024 for campers                  Camp Oakhurst, Coarsegold, California                  Early Bird Registration/fee by March 29, 2024 or                  Registration along with fee due by April 29, 2024</p>	<p align="center">circle one:</p> <p>Youth: Camper 4-8 grade    Teen Staff 9+ grade</p> <p>Adult: Chaperone            Nurse            Helper</p> <p>Other: _____</p>
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<p><b>Personal Information:</b>                  Currently enrolled in 4-H    <input type="checkbox"/> yes    <input type="checkbox"/> no                  M: _____ F: _____ Club: _____                  Email: _____                  Ethnic Background (circle one):                  Native American    Asian or Pacific Islander    Hispanic    Black    White                  Name: _____ Birth date: _____ Age as of Dec. 31, 2023: _____ Grade _____                  Address: _____ City/Zip: _____                  Phone Number: H(____) _____ Cell# (____) _____                  Camp T-shirt (if available) Circle one- Youth - L, Adult Size    S - M - L - XL - XXL</p>	<p><b>Note: Must be age 9 by December 31, 2023</b></p>
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<p><b>Emergency Information:</b>                  In case the parent/guardian is not available, please list an emergency contact person:                  Name: _____                  Phone: (____) _____                  Phone: (____) _____                  Cell #: (____) _____                  My child may be given "Tylenol" if needed                  Yes _____ No _____</p> <p><b>Activity Information:</b>                  My child has permission to participate in the following optional activities, <u>if available</u>. If an activity is not initialed my child will <u>not</u> be allowed to participate.                  Yes _____ No _____ Shooting Sport—Archery                  Yes _____ No _____ Shooting Sport—BB Gun                  Yes _____ No _____ Climbing Wall                  Yes _____ No _____ Giant Swing                  Yes _____ No _____ Pool &amp; Slip n Slide                  Yes _____ No _____ Night hike</p> <p>I agree to pick my child up from camp promptly upon request in case of sickness, injury or disciplinary action (see code of conduct).</p> <p>X _____                  Signature of Parent or Guardian</p>
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<p>Participants requiring special arrangements or food allergies: (please explain)- <u>Please note-IF POSSIBLE, CABIN ARRANGEMENTS WILL BE MET - SORRY NO CABIN CHANGES WILL TAKE PLACE AT CAMP.</u></p>
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Please let us know if vegan, vegetarian, lactose intolerance, etc.

<p><b>Fees: *ALL CAMPERS MUST ENROLL IN 4-H</b></p> <p>4-H early bird fee by March 29th :                    \$170.00                  Fees after March 29th for 4-Hers                    \$190.00                  4-H Enrollment fee for non-members            \$ 40.00  <b>Must be paid in full by April 29th</b></p> <p align="right">Total Fee: _____</p> <p><b>Make check payable to:</b> UC Regents or pay with cash to our office. Please return completed forms with payment to 5009 Fairgrounds Rd., Mariposa, CA 95338 Attention: Beth Broomfield, Camp Director.</p> <p><i>Note: Campers not currently enrolled as 4-H members must complete enrollment &amp; waiver forms and pay \$40 fee along with camp fee.</i></p>
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**A full refund may be made for medical reasons only.**  
**Note: Only those forms submitted with full payment will be accepted unless payment arrangements have been made. Payment must be paid in full by April 29th.**

Last Name | First Name | County | M/F | No. | Cabin | Unit | Date | Paid | Receipt No.



## 4-H Camp Code of Conduct

The Mariposa County 4-H Youth Development Program of the University of California is committed to an educational environment in which all participants are treated with respect and dignity. Each participant, youth and adult, has the right to learn in an environment that promotes equal educational opportunity, and is free from discriminatory practices.

The following guidelines are designed to make your experience at 4-H camp satisfying to you and others attending. This means that all participants -- members, leaders, and staff- shall respect the individual rights, safety, and property of others. While you are attending 4-H events, you are representing 4-H and the University.

1. Everyone is expected to attend all planned sessions, workshops and field trips of the event.
2. All participants are to be in their assigned area at curfew and to comply with quiet hours and lights out.
3. Campers must sleep in assigned cabins; no boys in girls cabins and no girls in boys cabins.
4. The possession and use of alcoholic beverages and/or drugs, other than prescribed medication is prohibited by both campers and adults. Medications must be kept in the nurses cabin.
5. No matches, lighters, chewing tobacco or smoking at camp by youth.
6. No member or leader may leave the grounds unless permission is secured from the adult in charge of the delegation. Private summer homes, campsites and local facilities are off limits at all times.
7. Setting off fire alarms or tampering with fire extinguishing equipment is prohibited.
8. Gambling and betting by adults and youth representing 4-H is prohibited.
9. Obscene and discriminatory language, roughhousing, running through camp, throwing rocks and/or sticks, and insubordination will not be tolerated at any time.
10. Youth members should demonstrate respect to older adults.
11. Display of overly affectionate attention between boys and girls is discouraged.
12. Sexual harassment is not tolerated in the 4-H program. (a copy of the University policy is available upon request)

### Penalties for Infractions:

Any or all of the following may be enforced for infractions; sending a member home; barring that member from future 4-H events; assessing the member the cost of damages and repairs in the event of damage/destruction of property; releasing the member to nearest law enforcement agency and/or proper authorities; and/or termination of 4-H membership (youth or adult).

Parents will be notified of action taken. If a member is sent home, fees will not be refunded, and transportation will be at the member's own expense.

I, \_\_\_\_\_ have read the Code of Conduct and agree to abide by its rules. I understand that infractions of this Code will result in any or all of the penalties listed above.

X

Participant's Signature

County

Date

X

Parent Signature

County

Date



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)

Form fields for First Name, Last Name, and Club/Unit Name

Form fields for County and State, and From: July 1, 2019 to December 31, 2020

PARENT(S)/GUARDIAN(S)

Form fields for Parent/Guardian First & Last Name, Home/Work/Other Phone, and Cell Phone

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

Form fields for Emergency Contact First & Last Name, Home/Work/Other Phone, and 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 and Date fields

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 and Date fields

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, 2601 Second Street, Davis, CA 95618-7774, (530) 750-1334, ca4h@ucanr.edu. Only your own records are open to your review.



# University of California

Agriculture and Natural Resources ■ 4-H Youth Development Program

## 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  Benedryl  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

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Please list all current medications:

Name of Medication	Dosage	Times Taken

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

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

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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.

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

Please explain any "Yes" answers on this page.

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