Nevada County 4-H Summer Camp Adult Registration

July 7 – July 11, 2014: Woodchuck Flat

Due Date to County 4-H Office: June 10, 2014

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Work Phone: _____ Email: _____

Cell Phone: _____ _____

Gender: Male ☐ Female ☐

4-H Club (if applicable): _____

Years in 4-H: _____ Years in 4-H Camp: _____

EMERGENCY CONTACT: Name: _____

Relationship: _____

Phone: _____ Cell Phone: _____

Have you been a chaperone for youth before? Yes No

If so, where and how long? _____

What areas are you interested in helping with?

- ☐ Kitchen
- ☐ Camp set up
- ☐ Camp clean up day
- ☐ Crafts
- ☐ Archery
- ☐ Supervision
- ☐ Assist youth counselors
- ☐ Camp clean up after
- ☐ Photographer
- ☐ Video
- ☐ Adult tent chaperone/chaperone in campers tent
- ☐ Other_____

Important: **What day will you arrive at camp?**_____

Chaperone Benefits include camp fees waived, three meals a day, snacks, use of camp facilities, and five days and four nights of pure fun and great memories!

Would you like to purchase a 2014 camp t-shirt? **Yes** **No** (please circle one)

If yes, ***please include a check for $10 per t-shirt***, payable to Nevada County 4-H.

Circle Adult Size: Small Medium Large XLge 1X 2X

For 4-H Office Use Only:

Forms Completed:

- ☐ Camp Registration
- ☐ Medical Release Form/Health History Information
- ☐ Acknowledgement of Camp Rules and Code of Conduct
- ☐ Check, cash or money order (made payable to Nevada County 4-H)

For new 4-H volunteers:

- ☐ Application form ☐ Orientation ☐ Fingerprint Clearance
- ☐ $12.00 enrollment fee

Payment Received:

Date: _____ By: _____

Cash ☐ Amount: $ _____

Check ☐ Ck # _____ Amount: $ _____

Receipt #: _____

Was a t-shirt requested and paid for?
Yes _____

Notes:

_____

_____

_____

_____

_____

Nevada County 4-H Summer Camp

Acknowledgement of 4-H Camp Rules and Code of Conduct

All youth, adults, and parents:

1. Read the "Nevada County 4-H Camp Rules and Code of Conduct."
2. Read the "California 4-H Code of Conduct/Responsibilities and Rights."
3. Retain both forms for reference.
4. Sign below.
5. Return this form with the camp registration packet.

By signing below, I acknowledge that I have read and understand the Nevada County 4-H Camp Rules and Code of Conduct. I also understand that the regular 4-H Code of Conduct/Responsibilities and Rights must be followed as well.

_____

Participant's printed name

_____ _____

Participant's signature *Date*

_____ _____

Parent or Legal Guardian Signature (if participant is under 18 years old) *Date*

NEVADA COUNTY 4-H CAMP RULES AND CODE OF CONDUCT

These rules have been established to create a positive educational experience for all campers, teen counselors and adult staff. In order to provide the best educational camp program possible, it is necessary that all participants are aware of and agree to abide by the rules and the consequences for not abiding by these rules. Rules are as follows:

BE CONCERNED FOR THE SAFETY OF CAMPERS AND STAFF.

1. All youth and adults attending camp must be enrolled in the 4-H program unless their visit is limited to two or less hours.
2. Any youth under the age of 9 attending camp must be accompanied by a parent, legal guardian, or responsible adult.
3. All meals and snacks are provided. Do not bring extra food. This includes candy and chewing gum. Food in the tents attracts bears (they love candy), insects, squirrels and other wildlife. Any food found will be confiscated.
4. No running in camp unless during an organized activity.
5. You must wear closed-toe shoes for camp activities. Sandals can be worn at other times. No bare feet at any time.
6. Sleeping areas shall be kept free of litter.
7. Throwing objects will not be allowed unless during a planned activity such as sports.
8. Campers and counselors cannot leave the campgrounds, unless accompanied by a chaperone. The Camp Director may grant exceptions.
9. All participants are to be in their assigned tent at curfew and comply with quiet time, lights out, and other rules of camp.
10. Swimming and boating will be permitted only at scheduled times with a lifeguard on duty. Swimmers must have a buddy. Boaters must wear life jackets.
11. All prescription and over the counter drugs must be given to the Camp Nurse upon arrival at camp.
12. All participants will sleep inside tents.
13. The possession and/or use of alcohol, fireworks, weapons, firearms, tobacco and/or drugs, other than prescription medication, is prohibited and grounds for immediate dismissal.
14. No campers or counselors will be allowed in the cook area, walk-in, or kitchen unless asked by the staff or are performing kitchen duties.
15. No camper will leave their tent after the final bed check (roll call) without the permission of a counselor or chaperone.
16. Smoking will not be allowed at camp. This includes adults.
17. Roll call will be taken at meals and at bed check. All campers must be on time.
18. All campers must be signed out at the end of camp by parent or responsible adult.
19. No camper will be allowed in the meadow or surrounding forest after dark.
20. No camper or counselor may leave camp wearing only a swimming suit. Cover-ups must be worn over suit.
21. No pets allowed at camp unless permission is granted by the camp director.
22. Carry a flashlight during the evening hours.
23. Counselors will return to tents right after the counselor staff meeting.

(continued)

NEVADA COUNTY 4-H CAMP RULES AND CODE OF CONDUCT

RESPECT THE RIGHTS AND PROPERTY OF OTHERS.

1. Do not touch other campers' belongings. This means no tent raiding or trashing of the tents.
2. Boys are not allowed in the girls' area or tents. Girls are not allowed in the boys' area or tents.
3. All campers must be invited before visiting other tents.
4. Disrespectful, abusive language will not be a part of camp. Profanity, racial slurs, or putdowns will not be tolerated.
5. Do not damage or deface camp facilities or property. No food in tents. No writing on or carving of the tents, tables, or trees.
6. Roughhousing (including pillow fights) will not be allowed.
7. Cooperation and respect shall be shown to counselors and chaperones at all times.

EVERYONE IS TO PARTICIPATE IN THE PLANNED ACTIVITIES.

1. If you hear the bell, report immediately to the flagpole.
2. Be on time to sessions and ready to participate.
3. All campers and teen counselors must attend all camp activities and meals unless permission is given not to, by camp nurse or director. This includes the nightly campfire.
4. Every camper must participate in kitchen duties with their group according to posted assignments.
5. "Lights out" means quiet and in bed.
6. No electronic devices allowed at camp. This includes but not limited to CELL PHONES, portable music players and video games.
7. Display of overly affectionate attention between participants is prohibited. Remember, Boys are blue; Girls are red. NO PURPLE!!
8. Adult chaperones will have tent duty each evening after campfire during the counselor staff meeting.

Infractions of these rules must be reported by anyone observing them to a counselor, chaperone, or Camp Director. Camp staff has the right to search belongings for suspected illegal items. These rules apply to all youth and adults attending camp. Penalties may include any or all of the following:

- Sending a participant home, barring that member from future 4-H events.
- Charging the member with the cost of damages to property in the event of property destruction.
- Release of the member to the Nevada County Sheriff's Department or proper authorities.
- Termination of 4-H membership.

Parents and the County 4-H office will be notified of action taken. If a member is going to be sent home, the parent will be called and must come and pick up their child. Camp fees will not be refunded and transportation home will be at the camper's expense.

All youth and adults who attend the Nevada County 4-H Summer Camp program must agree to the camp and 4-H program Code of Conduct and sign the acknowledgement form agreeing to those rules.

University of California Division of Agriculture and Natural Resources
4-H Youth Development Program
Adult Volunteer Treatment Authorization Form

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: 2014 Summer Camp

County and State: Nevada | Dates (From / To): July 1, 2014 to July 30, 2014

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 Section 25.8 of the Civil Code of California. 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

Name | Relationship to Adult Identified Above

( ) Emergency Day Phone (with area code) | ( ) Emergency Night Phone (with area code)

Mailing Address | City | State | Zip

AUTHORIZATION AND CONSENT AND RELEASE

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

_____ Signature | Date

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 | 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 of the California 4-H Youth Development Program, University of California, DANR Building, One Shields Ave., Davis, CA 95616-8575, (530) 754-8518. Only your own records are open to your review.
Any known or foreseeable intergovernmental transfer that may be made of the information is as follows: None.

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University of California Division of Agriculture and Natural Resources
4-H Youth Development Program

Health History Information

First Name	Last Name	County	Date of Birth
		Nevada	/ /

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 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.

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