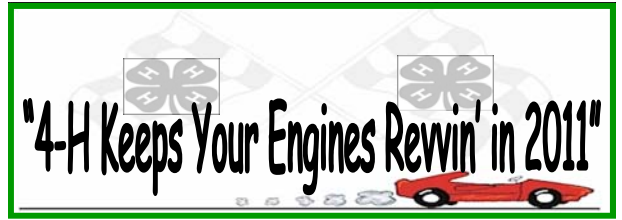




CONFERENCE 2011 REGISTRATION
September 23-25, 2011
CAMP MASONITE NAVARRO IN MENDOCINO



Name of Youth or Adult Participant: _____

Mailing Address: _____
 Street Address or P.O Box City/ Town Zip Code

Phone Numbers: Day () _____ Evening () _____

Email: _____ County: _____

Gender: Male Female
 Participant's Status :(check all that apply)
 Adult 4-H Staff All Star Junior (Gr. 6-8) Senior (Gr. 9-12)
 Ambassador Presenter

Any dietary/ meal special needs (include allergies): _____

Who will be attending as your chaperone? _____

List two preferences for cabin mates: _____
 (We will do our best to accommodate any requests)

T-Shirt Optional – add \$10
 (adult sizes) Small Medium Lg XL XXL

What time can we expect your arrival? _____

An individual will be considered registered when the conference registrar has received the following completed:

- Registration Form
- Medical Form
- Code of Conduct Form
- Registration Fee- **\$65 Early Registration by August 1st or \$75 Registration after August 1st until September 3rd (Postmarks okay, no faxes)**

Make check payable to: Mendocino County 4-H Council
Send Registration Packet to: WHY Conference 2011
 890 N. Bush St.
 Ukiah, CA 95482

QUESTIONS: CALL LINDA EDGINGTON
AT 707-463-4495

Signature of Youth or Adult Participant _____ (Date) _____

Signature of Parent/Guardian _____ (Date) _____

Other than the above Signature of Parent/Guardian, please provide the names and phone numbers of two adults we can contact in an emergency and who you authorize to pick up your child in the case you are not able. All adults picking up campers must present a valid driver's license.

Alternate 1: _____ (Please Print) _____ Cell Phone _____

Alternate 2: _____ (Please Print) _____ Cell Phone _____

CONFERENCE CODE OF CONDUCT

The following guidelines are designed to make the 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. Chaperones and volunteers are responsible for ensuring that members, as well as themselves, participate in all aspects of conference activities.
2. No youth or adult may leave the grounds unless permission is secured from the conference director. Youth must be accompanied by an adult.
3. Overly affectionate behavior between participants is prohibited at all times. Person displays of affection include, but are not limited to: sitting in laps, extended hugs, holding hands, and kissing.
4. Only 4-H participants may be in dormitory area. No one will be in the building of the opposite gender, excepting the conference headquarters.
5. All participants must be in their assigned area at curfew and will comply with the quiet hours and lights out.
6. The possession and use of alcoholic beverages, tobacco products, and drugs (other than prescriptions) is prohibited.
7. Setting off fire alarms or tampering with fire extinguishing equipment or other emergency equipment is prohibited.
8. Gambling and betting by adults and youth representing 4-H is prohibited.
9. Abusive, obscene and discriminatory language and behavior, roughhousing, and insubordination will not be tolerated.
10. Youth members must demonstrate respect for volunteers at all times, and volunteers must also show respect for youth and staff. Behavior that is illegal, unsafe, or contrary to the highest standards of ethics is prohibited.
11. During all social events, campers must follow the formal dress code, demonstrate good character and maintain high community standards. The manner of dancing will be appropriate for a 4-H function. Sexually explicit dancing such as freaking, grinding, or any other type of dancing which could be construed as vulgar or provocative is prohibited.
12. Everyone must comply with other rules of the event, including the dress code and formal dance dress code.
13. Searches of personal property may take place with reasonable suspicion of violations of law or University policy, in accordance with 4-H Policy, Chapter 11, Section VII.

Be concerned for the safety of campers and staff.

- All meals and snacks are provided; do not bring extra food. Food in the cabins will attract bears, insects, squirrels and other wildlife. Any food found will be confiscated.
- No running in camp unless during an organized activity
- You must wear closed-toe shoes for camp activities. Sandals are not safe on uneven terrain. It is OK to wear sandals to and from showers or swimming area; no bare feet at any time.
- Sleeping areas shall be kept neat and free of litter.
- Throwing objects will not be allowed unless during a planned activity such as sports.
- No jumping or swinging on or from beds.
- Campers, senior staff and adult staff can not leave the camp grounds. Camp boundaries will be posted and exceptions will be a case by case examination of the need.
- Campers and teen counselors must be in their cabins by 10 PM unless permission is given by the Camp Directors and/or cabin adult. During rest time and "lights out", campers are to be quiet and supervised by a teen counselor or an adult at all times.
- 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.
- All prescription and over the counter drugs must be given to the Camp Medical Staff upon arrival at camp.
- Fishing poles, tackle boxes, fishing knives, bait, hooks and archery equipment can not be kept in the cabins. For safekeeping, a storage area will be available.

Respect the rights and property of others.

- Do not touch other campers' belongings; this means no cabin raiding or trashing of the cabins.
- Boys are not allowed in the girls' cabins; the girls are not to visit boys in their cabins.
- All campers must be invited before visiting other cabins.
- Disrespectful, abusive language will not be a part of camp (no profanity, racial slurs, or putdowns)
- Do not damage or deface camp facilities or property. No food in cabins. No writing or carving of the cabins, tables, benches, or trees.
- Do not bring hair dryers & curling irons, radios or other electronic equipment. Electrical power outlets are limited and circuits are easily overloaded.
- Label all personal items with name; 4-H is not responsible for lost items.
- Rudeness, lack of courtesy, cheating and disrespect for authority will not be tolerated.

- Fighting and threatening physical abuse will not be acceptable behaviors.

4-H Camp is a fun experience and everyone is to participate in the planned activities.

- If you hear the bell, report immediately to the flagpole.
- Be on time and ready to participate. All campers and teen counselors must attend all camp activities and meals unless permission given by the Camp Directors.
- If ill, report to the Camp Medical Staff.
- Be a positive team member of your group and cabin.
- “Lights out” means quiet and in bed.
- Access to a telephone is with permission of Camp Director only and is reserved for emergency use only.

DISCIPLINARY REVIEW PROCESS

A review committee may be called by the Conference Director when an infraction has occurred. A review committee will consist of at least two Conference Staff, the chaperone of the delegate, and the offending delegate. To ensure correct and factual information, it may be necessary to hold a review meeting immediately following an infraction. The decision of the review committee is final for the duration of the event. Documentation will be sent to the delegate’s parent/guardian and the UCCE County 4-H Office of the delegate after 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. Parent/Guardians as well as the County and State 4-H Offices will be notified of the action taken. Penalties may include any or all of the following:

- Restrictions placed on participation during the conference or sending the participant home;
- Barring the participant from future 4-H events;
- Assessing the cost of damages and repairs in the event of damage/destruction of property;
- Releasing the participant to the nearest law enforcement agency and/or the proper authorities; and
- Termination of the 4-H membership (youth and adult).

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.

COUNTY: _____ NAME: _____

SIGNATURE: _____ DATE: _____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

WHY Conference Dress Code

During your stay at WHY Conference, we want you to have the best experience possible. The conference staff have developed the following dress code to prevent participants from becoming offended or uncomfortable during his or her stay. If you choose to dress inappropriately, you will be asked to change, or be required to wear a conference-issued shirt. By planning ahead and packing appropriately, you will save yourself the inconvenience of changing your attire to ensure that you contribute to a pleasant conference atmosphere.

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.
- Articles of clothing which display profanity, products, or slogans which promote tobacco, alcohol, drugs, sex or are in any other way distracting, are prohibited.
- Excessively baggy or tight clothing, and clothing which advertises gang symbols or affiliation is prohibited.
- Skirts and dresses must be worn at or below the knee at all times. Shorts must be worn at the middle of the thigh or below.
- 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.

2. **For recreation involving water:** Swimsuits may be worn when delegates are participating in activities involving water.

Once a delegate is no longer participating, they must dress according to the casual dress code (t-shirt, shorts, pants, etc.). Swimsuits for men: swim trunks only (no shorts, cut-off pants, or Speedos). Swimsuits for women: One-piece suits recommended, however, two-piece suits are allowed as long as they are modestly cut. No string, thong or crochet suits will be allowed.

3. **Dance:** Female delegates may opt to wear formal (prom-style) dresses. The dress code for the dance is as follows: The lines across garments indicate limits for skirt length, cleavage, skirt slit height, and back exposure. No cutouts are allowed. This includes bare midriffs and regions covered by any non-opaque fabric such as mesh. No excessively tight clothing. If it makes a dent in the skin or tends to ride up or down, it is unacceptable. Areas of the body between the cleavage/back exposure line and above the skirt/slit line **MUST** be covered by solid fabric. No undergarments may be visible at anytime. Delegates choosing not to wear formal attire must follow the normal dress code.

Dress Code Violations



**University of California Division of Agriculture and Natural Resources
4-H Youth Development Program
Youth Medical Release Form**

This Medical Release Form is authorized for all 4-H Youth Development meetings and activities during the dates specified below:

First Name Last Name Club/Unit Name

County and State Dates (from/To) to

While my child is attending or traveling to or from this 4-H function, I HEREBY AUTHORIZE THE ADULT 4-H VOLUNTEER LEADER 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 Section 25.8 of the Civil Code of California. 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.

EMERGENCY CONTACT INFORMATION

Name Relationship to Youth 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 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 understand it is my responsibility to keep the information on this form updated (including Health History and parent/guardian status) by contacting the State 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/your child, 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 State 4-H Director at the California 4-H Youth Development Program, University of California, DANR Building, One Hopkins Road, Davis, CA 95616-8575, (530) 754-8518. Only your own/your child's records are open to your review.

Any known or foreseeable intergovernmental transfer that may be made of the information is as Follows: None.

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

Tylenol Ibuprofen Cough Syrup Decongestant Dramamine
 Antacid Polysporin Hydrocortisone Other: _____

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.

The University of California prohibits discrimination or harassment of any person on the basis of race, color, national origin, religion, sex, gender identity, pregnancy (including childbirth, and medical conditions related to pregnancy or childbirth), physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services (as defined by the Uniformed Services Employment and Reemployment Rights Act of 1994: service in the uniformed services includes membership, application for membership, performance of service, application for service, or obligation for service in the uniformed services) in any of its programs or activities. University policy also prohibits reprisal or retaliation against any person in any of its programs or activities for making a complaint of discrimination or sexual harassment or for using or participating in the investigation or resolution process of any such complaint. University policy is intended to be consistent with the provisions of applicable State and Federal laws. Inquiries regarding the University's nondiscrimination policies may be directed to the Affirmative Action/Equal Opportunity Director, University of California, Agriculture and Natural Resources, 1111 Franklin Street, 6th Floor, Oakland, CA 94607, (510) 987-0096.

**University of California Division of Agriculture and Natural Resources
4-H Youth Development Program
Adult Medical Release Form**

This Medical Release Form is authorized for all 4-H Youth Development meetings and activities during the dates specified below:

First Name

Last Name

Club/Unit Name

to

County and State

Dates (from/To)

While my child is attending or traveling to or from this 4-H function, I HEREBY AUTHORIZE THE ADULT 4-H VOLUNTEER LEADER 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 Section 25.8 of the Civil Code of California. 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.

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 it is my responsibility to keep the information on this form updated (including Health History) by contacting the State 4-H Office.

Signature of Parent/Guardian

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/your child, 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 State 4-H Director at the California 4-H Youth Development Program, University of California, DANR Building, One Hopkins Road, Davis, CA 95616-8575, (530) 754-8518. Only your own/your child's records are open to your review.

Any known or foreseeable intergovernmental transfer that may be made of the information is as Follows: None.

**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
------------	-----------	--------	---------------

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.

The University of California prohibits discrimination or harassment of any person on the basis of race, color, national origin, religion, sex, gender identity, pregnancy (including childbirth, and medical conditions related to pregnancy or childbirth), physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services (as defined by the Uniformed Services Employment and Reemployment Rights Act of 1994: service in the uniformed services includes membership, application for membership, performance of service, application for service, or obligation for service in the uniformed services) in any of its programs or activities. University policy also prohibits reprisal or retaliation against any person in any of its programs or activities for making a complaint of discrimination or sexual harassment or for using or participating in the investigation or resolution process of any such complaint. University policy is intended to be consistent with the provisions of applicable State and Federal laws. Inquiries regarding the University's nondiscrimination policies may be directed to the Affirmative Action/Equal Opportunity Director, University of California, Agriculture and Natural Resources, 1111 Franklin Street, 6th Floor, Oakland, CA 94607, (510) 987-0096.

Camp Medical Instructions

All prescription and over the counter medications are kept locked in the health center and will be administered only as authorized by the parent and child's physician. Only asthma inhalers may be kept in the child's cabin. No medication will be administered unless it is received in its original container with the signed authorization form.

1. Determine if your child will need to bring prescription or non-prescription medicine to WHY Conference
 - A. **Do not** send any of the following non-prescription medications because, with your signed permission, they are already available:

Benadryl (localized itch/insect bite)	Pepto Bismol (diarrhea)
Caladryl Lotion (poison oak)	Dulcolax (constipation)
Mylanta (upset stomach)	Neosporin Ointment (minor cuts/burns)
Cough Drops (cough)	Robitussin (cough)
Cortisone .5% Cream (itch/rash)	Tylenol (head/muscle aches)
 - B. If you are giving permission for these over the counter medications see the back of this page.
 - C. If you are sending other non-prescription medications treat them as prescription drugs. Follow the procedure under #2 and list them on the Medical Treatment Form that is attached.
2. Verify that all medications are properly labeled and authorizations have been given. Verify that:
 - A. All medications are in original containers.
 - B. All medications are properly labeled, (use masking tape if necessary), including:
 - *) camper's name (prescription must be for the camper only, no other name will be accepted).
 - *) medication name
 - *) precise dosage instructions, quantity and frequency (prescription only)
 - *) physician's name (if prescription)
 - *) Spanish labels must be translated to English on the medical treatment
 - C. The prescription medications are not expired.
3. All medications are listed on the signed Medical Treatment Form with proper instructions for administration.
4. Place all medications (both prescription and non-prescription in original containers) in a zip lock bag and send the bag with a responsible adult to Bucks Lake 4-H Camp Nurse.
 - A. Label the baggie with your child's name (use masking tape).
 - B. **DO NOT** send any medication to camp in your child's suitcase.
 - C. Vitamins should not be sent to the site unless ordered by a doctor.
 - D. Turn in all medications to the Nurse at Camp.

If you have any questions regarding your child's medication or these instructions, please contact the 4-H Office (538-7201.) Thank you for your cooperation and help. We appreciate you taking the time to complete this form. It is important information which will help make your child's experience safe and enjoyable!

Non-Prescription Medication at WHY Conference:

Occasionally it is necessary to provide campers with non-prescription medications when they are at the camp. The medications listed below are kept in stock at camp for this purpose. **Please do not send any of these items to the camp. Please check below to indicate whether you give permission** for the listed medication to be administered by the Camp Nurse. **We will not administer any medication without authorization.**

Yes	No		Yes	No	
_____	_____	Benadryl (localized itch/insect bite)	_____	_____	Pepto Bismol (diarrhea)
_____	_____	Caladryl Lotion (poison oak)	_____	_____	Ibuprofen (muscle aches/sprains)
_____	_____	Mylanta (upset stomach)	_____	_____	Neosporin Ointment (minor cuts/burns)
_____	_____	Cough Drops (cough)	_____	_____	Robitussin (cough)
_____	_____	Cortisone .5% Cream (itch/rash)	_____	_____	Tylenol (head/muscle aches)
			_____	_____	Sudafed (hay fever – allergies/cold symptoms)

I am authorizing the 4-H Camp Nurse to administer the listed non-prescription medications.

Parent/Guardian Signature

Date

→ **Save** ←

Turn In With Medication Upon Arrival at WHY Conference

Medication Form

Please Complete Fully and Carefully

Child's Name: _____
(Last) (First)

Medication: _____ Medication: _____

Precautions, special instructions, possible adverse effect(s), or comments:

Medication: _____
Purpose of Medication: _____
Dosage Prescribed: _____
Time Schedule: _____
Dose Form (tablet, liquid); _____

Medication: _____
Purpose of Medication: _____
Dosage Prescribed: _____
Time Schedule: _____
Dose Form (tablet, liquid); _____

Medication: _____
Purpose of Medication: _____
Dosage Prescribed: _____
Time Schedule: _____
Dose Form (tablet, liquid); _____

Medication: _____
Purpose of Medication: _____
Dosage Prescribed: _____
Time Schedule: _____
Dose Form (tablet, liquid); _____

The above named child is under the care of:
Physician's Name (print): Dr. _____ Fax Number: _____

Office Name and Address: _____

Phone Number: _____

I hereby authorize the school to administer the above listed medications in accordance with the instructions noted:
Date: _____

Parent/Guardian Signature: _____

Health Technician's Use Only: _____
