



# MARIPOSA COUNTY 4-H SUMMER PRIMARY DAY CAMP

Sponsored by the 4-H Youth Development Program

Friday, June 16, 2017  
10:00 a.m. - 3:00 p.m.

Mariposa County Fairgrounds Picnic Area  
Grades- Kindergarten through Third  
Limit- 25 youth

**Transportation** - Camper's family to supply their own transportation.

**Food** - Lunch & Snacks will be provided.

### Camper's Application

Please print clearly

Camper's Name \_\_\_\_\_ Male \_\_\_ or Female \_\_\_ (Check one)

Parent Name (print) \_\_\_\_\_ Parent Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Allergies- \_\_\_\_\_

Grade just completed \_\_\_\_\_

Age as of 6/9/17 \_\_\_\_\_

School or 4-H Club \_\_\_\_\_ Email: \_\_\_\_\_

Phone numbers (include area code): Home # \_\_\_\_\_

Parent's Day # \_\_\_\_\_

Parent Cell # \_\_\_\_\_

Person(s) authorized to pick up camper: Please supply note with person's name that is picking child up.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_

Registration Due Date: June 9, 2017- send to:  
Mariposa County 4-H Youth Development Program  
5009 Fairgrounds Rd.  
Mariposa, CA 95338  
Phone (209) 966-2417 FAX (209) 966-5321 Email- [dswice@ucanr.edu](mailto:dswice@ucanr.edu)

Attach completed and signed:  
Medical Release Form  
Waiver



It is the policy of the University of California (UC) and the UC Division of Agriculture & Natural Resources not to engage in discrimination against or harassment of any person in any of its programs or activities (Complete nondiscrimination policy statement can be found at <http://ucanr.edu/sites/anrstaff/files/215244.pdf> )

Inquiries regarding ANR's nondiscrimination policies may be directed to University of California Cooperative Extension (UCCE) Mariposa County office at 5009 Fairgrounds Rd., Mariposa CA 95338, 209-966-2417 phone, or 209-966-5321 fax.

**California 4-H Youth Development Program  
Youth Medical Release Form  
University of California Cooperative Extension**

This Medical Release Form is authorized for 4-H functions and activities for the Club/Unit and dates specified below:

_____	_____	<u>Mariposa County 4-H Primary Day Camp</u>
First Name	Last Name	Club/Unit Name
<u>Mariposa County, California</u>		<u>June 16, 2017 to June 16, 2017</u>
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.

### 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 County 4-H Office.

_____	_____
Signature of Parent/Guardian	Date
(_____) _____	(_____) _____
Emergency Day Phone (with area code)	Emergency Night Phone (with area code)
_____	_____
Mailing Address	City State Zip

### 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 an accident or illness.

_____	_____
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.

**CONTINUE ON BACK/SECOND PAGE**

**California 4-H Youth Development Program**  
**Health History Information**  
 University of California Cooperative Extension

First Name _____	Last Name _____	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?					
Currently under any type of medical care?					
Is there history of behavior disorders, emotional disturbances, or severe moodiness?					
Been under psychiatric treatment within the past five years?					

Date of last Tetanus Vaccination: \_\_\_\_\_

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

- |                                  |                                     |                                         |                                       |                                    |
|----------------------------------|-------------------------------------|-----------------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Tylenol | <input type="checkbox"/> Ibuprofen  | <input type="checkbox"/> Cough Syrup    | <input type="checkbox"/> Decongestant | <input type="checkbox"/> Dramamine |
| <input type="checkbox"/> Antacid | <input type="checkbox"/> Polysporin | <input type="checkbox"/> Hydrocortisone | <input type="checkbox"/> Other:       |                                    |

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any disabilities or disorders that may affect participation at 4-H events such as:  
 eyesight, hearing, speech, paralysis, diabetes, ulcer, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list all current medications:

Name of Medication	Dosage	Times Taken

Remarks and special instructions. Please explain "yes" answers on this page.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Participant's Name \_\_\_\_\_  
Please Print

Mariposa County 4-H Primary Day Camp  
June 16, 2017

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

WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

**Waiver:** In consideration of being permitted to participate in any way in *California 4-H Youth Development Activities and Projects*, I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in *California 4-H Youth Development Activities and Projects*.

**Assumption of Risks:** Participation in *California 4-H Youth Development Activities and Projects* carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains; 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions; and 3) catastrophic injuries including paralysis and death.

**I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in *California 4-H Youth Development Activities and Projects*. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

**Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in *California 4-H Youth Development Activities and Projects*, and to reimburse them for any such expenses incurred.

**Severability:** The undersigned further expressly agrees that the foregoing Waiver and Assumption of Risk Agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgment of Understanding:** I have read this Waiver of Liability, Assumption of Risk, and Indemnity Agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue**. I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

CODE OF CONDUCT: Camper agrees to abide by the rules and core values of the University of California 4-H Youth Development Program and understand that infraction of this Code will result in penalties.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Age of Member