

COMPLETE 1
PER ADULT

KEOLA 4-H CAMP
JUNE 24 - 28, 2025
REGISTRATION
ADULT CHAPERONE

Camp Fee_
Date Received_
Check Number_____
For Office Use Only

REQUIREMENTS:

1. Must be 25 years or older and a current enrolled 4-H leader with active status.
2. Must be in attendance during the entire session of camp (or can split the week with another 4-H leader).
3. Must be willing to work with Junior Counselors.
4. Must complete free online first aid course prior to camp
5. Must attend orientation zoom meeting to be held in June. Date TBA
6. Family members (children) under 4-H age cannot accompany parents to camp.
7. Applications to be reviewed and adults selected on "as needed" basis by Camp Planning Committee.
8. **Each club is required to provide one 4-H adult leader for every five (5) youth campers.**

NAME _____ MAILING ADDRESS _____

CITY _____ ZIP _____ GENDER _____ PH# _____

CLUB _____ EMAIL ADDRESS _____

Do you wish to be assigned in same cabin as your own child? Yes No Doesn't Matter (please circle)
(If you choose the same cabin you will be assigned a different family group as your child)

- **Camp Fee for adults is \$225**
- **Completed registration and health forms are due to your community club leader with camp fees no later than May 23, 2025.**
- **Make checks payable to local club.**
- **Balance is non-refundable after June 1, 2025.**

For Camp T- Shirt

Check one size

Adult sizes:

CHAPERONE FEE \$225.00 _____

CAMP PHOTO (OPTIONAL) \$ 5.00 _____

T- SHIRT \$10.00 \$ _____

CANTEEN MONEY (OPTIONAL) \$ _____

TOTAL CAMP REGISTRATRATION FEES DUE: \$ _____

___ S ___ M ___ L

___ XL ___ 2X ___ 3X



YOUR RESPONSIBILITIES AS AN ADULT CHAPERONE ARE:

- **Go to www.firstaidweb.com and take the combined Adult/Pediatric CPR, AED and Standard First Aid Course. Take the Exam. Print out your results (no charge) and attach to your camp registration.**
- Participate with supervision of general camp activities in the daily routine of camp.
- Be responsible for the 4-H campers from your club.
- Take one or more camp assignments each day. (See choices below)
- With junior counselor, supervise the 4-H'ers in your cabin.
- Work as an advisor to, and along with, the junior counselor in your Family Group
- And, most importantly, have FUN!



CAMP RESPONSIBILITIES CHOICES

Choose in order of preference - #1 being first choice, #3 last choice - the areas that you'd like to work in at camp. Junior counselors will be in charge and work with adult chaperones on most assignments:

- _____ Snack Bar
_____ Crafts Cabin
_____ Waterfront Activities (hill to climb) _____ Put me where you need me
_____ Sports and Recreation
_____ Hiking
_____ Archery (hill to climb)
_____ Morning Fishing
_____ Camping under the stars

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

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.

SIGNATURE OF VOLUNTEER _____ COUNTY STAFF _____

DATE _____

DATE _____



Adult Volunteer Health History Information - Print all information clearly.

(PAGE SUBMITTED TO AND RETAINED BY THE COUNTY 4-H OFFICE, COPY SHARED WITH 4-H CLUB/UNIT LEADER; SHRED AFTER THE PROGRAM YEAR)

Questions without an asterisk on this page are OPTIONAL for adult volunteer applicants to answer. This decision to provide responses to any or all questions will not affect the review of the adult volunteer enrollment application.

*Legal Last Name

*Legal First Name

*County

*Date of Birth

Allergies

Does the participant have any allergies, including allergies to food, medications, and drug reactions? Yes No
(If Yes, provide details below):

Authorized Medications

Would you like to share any medications you are currently taking? Yes No

Provide details below and list all medications with the name, dosage, and times taken. This is optional and will not affect the approval process if no information is provided.

Name of Medication	Dosage	Times Taken

Conditions

Does this participant have any health conditions that are important for program staff to know in order to maximize participation and ensure safety and well-being? No Yes (If yes, provide details below)

Vaccinations

Notice: California 4-H YDP encourages healthy living, including preventive health care such as immunizations from diseases as recommended by the CA Department of Public Health, <https://www.cdph.ca.gov/>, and/or the Centers for Disease Control and Prevention. CA 4-H YDP does not ask for or collect information about youth member's or adult volunteers' vaccination history or status. As such, there is a potential that unvaccinated youth or adults may participate in 4-H programs. If you are concerned about the potential exposure to diseases, such as but not limited to: measles, polio, chicken pox, or COVID-19, please consult with your physician.

For more information on childhood vaccinations, see <https://www.shotsforschool.org/k-12/>

Remarks

Are there any additional remarks and special instructions to better assist emergency service personnel?

Yes No (If Yes, Please provide details below):

If additional space is needed to answer any questions above, please use the space below to include information.



Adult Volunteer Treatment Authorization/Medical Release Form - Print all information clearly.
(COPY IS SUBMITTED TO THE 4-H CLUB/UNIT LEADER AND PAGE RETAINED BY THE COUNTY 4-H OFFICE,
SHRED AFTER THE PROGRAM YEAR)

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. You have the right to review University records containing personal information about you, with the 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 Advisory, 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 Only your own records are open to your review.

I've read, understand and agree to this statement.

***Adult Name (Print)**

Date

***Signature of Adult**

Date