

COMPLETE 1  
PER JC

**KEOLA 4-H CAMP  
June 23-27, 2015  
JUNIOR COUNSELOR  
REGISTRATION**

Camp Fee \_\_\_\_\_  
Date Received \_\_\_\_\_  
Check Number \_\_\_\_\_  
For Office Use Only

**TO ATTEND CAMP:**

Complete the registration form (includes the code of conduct response, and community club leader signature for member in good standing) and the health form. Return these to community club leader with your entire camp fee no later than **Friday, JUNE 5, 2015 for Junior Counselors.**

**JC FEES: Camper Fee \$ 170.00**

CLUB \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GENDER \_\_\_\_\_ GRADE \_\_\_\_\_  
As of May 1, 2014

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

JC EMAIL ADDRESS \_\_\_\_\_ FAMILY EMAIL ADDRESS \_\_\_\_\_

**Please Note:**

- **Camp Fee for Junior Counselors is \$170.00**
- **Completed registration and health forms are due to your community club leader with camp fees no later than Friday, June 5, 2015 .**
- **Make checks payable to local club.**
- **Balance is non-refundable after June 12, 2015.**

**For Camp T- Shirt**

T-shirt size:  
(Check one, youth or adult size)

**Youth sizes:**

\_\_\_S \_\_\_M \_\_\_L \_\_\_XL

**Adult sizes:**

\_\_\_S \_\_\_M \_\_\_L \_\_\_XL  
\_\_\_2X \_\_\_3X

COUNSELOR FEE \$170.00 \$ \_\_\_\_\_

CAMP PHOTO (OPTIONAL) \$ 5.00 \$ \_\_\_\_\_

4-H CAMP T-SHIRT (OPTIONAL) \$10.00 \$ \_\_\_\_\_

CANTEEN MONEY (OPTIONAL) \$ \_\_\_\_\_

**TOTAL CAMP REGISTRATRATION FEES DUE: \$ \_\_\_\_\_**

I have read the Code of Conduct and agree to abide by its rules. I understand that infraction of the Code will result in any of all of the penalties listed therein.

**SIGNATURE OF MEMBER** \_\_\_\_\_ **Club** \_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**COMMUNITY CLUB LEADER:** \_\_\_\_\_ **(Member's name) is in good**

**standing as a member of the** \_\_\_\_\_ **4-H Club.**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**(Mandatory) MUST BE SIGNED AND APPROVED  
BY A CURRENT COMMUNITY CLUB LEADER**

## 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

## KEOLA 4-H CAMP DRESS CODE

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.
2. Articles of clothing which display profanity, products, or slogans which promote tobacco, alcohol, drugs, sex or are in any other way distracting, are prohibited.
3. Excessively baggy or tight clothing, and clothing which advertises gang symbols or affiliation is prohibited.
4. Items of clothing which expose bare midribs, 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.

### 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
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**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
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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 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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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