

COMPLETE 1  
PER JC

**4-H Camp at Camp Keola  
June 24-29, 2024  
JC REGISTRATION**

Camp Fee \_\_\_\_\_

Date Received \_\_\_\_\_

Check Number \_\_\_\_\_

For Office Use Only

**WHO MAY ATTEND:**

Selected Junior Counselors who are currently enrolled in Fresno County 4-H.

**TO ATTEND CAMP:**

Complete the registration form (includes the code of conduct response, the health form and CCL signature). Return these to your CCL with your entire camp fee made payable to your club, no later than May 25, 2024.

CLUB \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ Gender \_\_\_\_\_

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

MEMBER PH# \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ EMAIL Address: \_\_\_\_\_

CAMP Fee \$225.00 \_\_\_\_\_

T-SHIRT \$10.00 \_\_\_\_\_

Canteen \$ \_\_\_\_\_

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

(Fees non-refundable after June 1st, 2024)

**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  
\_\_\_ 2XL \_\_\_ 3XL

**Due to Club Leader by May 25, 2024**

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** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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

**COMMUNITY CLUB LEADER SIGNATURE:** \_\_\_\_\_ **DATE :** \_\_\_\_\_

**(Mandatory) MUST BE SIGNED  
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 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.





**Youth Health History & Treatment Authorization - Print all information clearly. (page 1)**

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

This Treatment Authorization is authorized for all 4-H Youth Development meetings and activities during the dates specified below. (Please Note: This information must be updated annually)

Dates Valid: **June 25, 2024 to June 29, 2024**

While my child is attending or traveling to or from this 4-H function, I HEREBY AUTHORIZE THE 4-H ADULT VOLUNTEER OR 4-H STAFF MEMBER, or in their absence or disability, any adult accompanying or assisting them, 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 California Family Code Section 6910. This authorization shall remain effective until my child completes their 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.

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. 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 Community Education Specialist 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](mailto:ca4h@ucanr.edu). Only your own records are open to your review.

**Member Information:**

\*Legal First Name \_\_\_\_\_ \*Legal Last Name \_\_\_\_\_  
\*Date of Birth \_\_\_\_\_ \*County \_\_\_\_\_

**PARENT(S)/GUARDIAN(S)**

\*First Name \_\_\_\_\_ \*Last Name \_\_\_\_\_  
\*Phone \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:** (Must be an adult other than Parent/Guardian)

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_  
\*Relationship: \_\_\_\_\_ \*Phone: \_\_\_\_\_

**Health History:**

**\*Allergies**

Does the participant have any allergies, including allergies to food, medications, and drug reactions?

Yes, details provided below  No

**\*Authorized Medications**

Please check over-the-counter medications that may be administered: (if available)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Pain/fever reliever (ex. Tylenol)          | <input type="checkbox"/> Allergy medication (ex. Benadryl) | <input type="checkbox"/> Motion sickness/nausea medication |
| <input type="checkbox"/> Antacid                                    | <input type="checkbox"/> Cough Suppressant                 | <input type="checkbox"/> Anti-itch Cream                   |
| <input type="checkbox"/> Antibiotic ointment                        | <input type="checkbox"/> Decongestant                      | <input type="checkbox"/> Ibuprofen (ex. Advil)             |
| <input type="checkbox"/> Other: (Provided by parent/guardian) _____ |  |  |

**Youth Health History & Treatment Authorization - Print all information clearly. (page 2)**

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<b>*Youth First and Last Name (Print)</b>	
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\*Does the participant take any medications currently?  Yes, details provided below  No

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?  Yes, details provided below  No

**\*Remarks**

Does the participant need any additional assistance in order to participate in this program or activity?

Note: in some cases, a Doctor's note may be required to confirm the request.

Yes, details provided below  No

Does the youth have any current emotional or behavioral difficulties that would be helpful for us to know about?

Yes (If Yes, explain)  No

Would you like to share any significant life or family events that will help us support the youth's current emotional state?

Yes (If Yes, explain)  No

Are there any ways of responding to the youth's negative moods or feelings that you found to be effective?

Yes (If Yes, explain)  No

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

Yes (If Yes, explain)  No

**Treatment Authorization:**

**\*Must select Consent or Non-Consent Option:**

**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 am the parent/guardian having legal custody of the youth member named above as stated under California Family Code Section 6550. I understand it is my responsibility to keep the information on this form updated (including Health History) by contacting the County 4-H Office.

**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.

<b>*Parent/Guardian Full Name (Print)</b>	
<b>*Signature of Parent/Guardian (If youth is 18 years old, may sign for self)</b>	<b>*Date</b>