



Stanislaus County 4-H Camp Programs Individual Registration Form – 2019 (Primary)



Please complete all five forms and sign in **four** (4) places: *Registration Form, Code of Conduct, and Medical Treatment Form, Waiver*

4-H PRIMARY Camp May 18-19, 2019

Due on or before May 1, 2019 from Club Leader

Fill one form out for each member, parent, staff, etc and sign Stanislaus County Parks Waiver (Page 5)

circle one:

Youth: Camper Counselor Staff
Other

Adult: Parent Leader

Personal Information:

Club: _____

Male: ____ Female: ____

Birth date: _____

Name: _____ Age at time of Camp: ____ Grade: ____

Address: _____ City/Zip: _____

Home Phone: (____) _____ Work Phone (____) _____

Cell Phone (____) _____ Email Address _____

Emergency Information:

In case the parent/guardian is not available, please list an emergency contact person:

Name: _____ Phone: (____) _____

Phone: (____) _____

My child may be given "Tylenol" if needed? Yes ____ No ____

I agree to pick my child up from camp promptly upon request in case of sickness, injury or disciplinary action (see code of conduct). _____ X _____

Parent Name (please print)

Signature of Parent or Guardian

Note: Only those forms submitted with full payment will be accepted.

Fees:

Primary Camper (5-9 yrs): \$10.00

Counselor Fee Camp: \$10.00

Parent and other Family Members: \$10.00

Staff \$10.00

Club checks only payable to:

Stanislaus County 4-H Summer Camp

Participants requiring special arrangements: (please explain)

For Special assistance regarding our programs. please contact us.

4-H Camp Code of Conduct

The Stanislaus County 4-H Youth Development Program of the University of California is committed to an educational environment in which all participants are treated with respect and dignity. Each participant, youth and adult, has the right to learn in an environment that promotes equal educational opportunity, and is free from discriminatory practices.

The following guidelines are designed to make your experience at 4-H camp satisfying to you and others attending. This means that all participants -- members, leaders, and staff- shall respect the individual rights, safety, and property of others. While you are attending 4-H events, you are representing 4-H and the University.

1. Everyone is expected to participate in all planned activities as defined by the camp schedule and to be in appropriate dress (see camp brochure). Counselors are responsible for ensuring that campers participate in all sessions of the planned program activities, unless excused by the camp the director.
2. All participants are to be in their assigned area at curfew and to comply with quiet hours and lights out.
3. Campers must sleep in assigned tents; no boys in girls tents and no girls in boys tents.
4. The possession and use of alcoholic beverages and/or drugs, other than prescribed medication is prohibited by both campers and adults. Medications must be kept by the adult in charge.
5. Know that adults can search my things (like my suitcase) if they think I might have broken the 4-H rules.
6. No matches, lighters, chewing tobacco or smoking at camp by youth or adults. Knives, toy guns, squirt guns, & air soft guns are not allowed at camp.
7. No member or leader may leave the grounds unless permission is secured from the adult in charge of the delegation. Private homes, campsites and local facilities are off limits at all times.
7. Setting off fire alarms or tampering with fire extinguishing equipment is prohibited.
8. Gambling and betting by adults and youth representing 4-H is prohibited.
9. Obscene and discriminatory language, roughhousing, running through camp, throwing rocks and/or sticks, and insubordination will not be tolerated at any time.
10. Youth members should demonstrate respect to older adults.
11. No intimate contact or touching anyone in a way that is too affectionate or that makes anyone feel uncomfortable, and not engage in sexual behavior.
12. Sexual harassment is not tolerated in the 4-H program. (a copy of the University policy is available upon request)
13. Abide by the dress code (a picture copy is to be giving to you by your leader)

Penalties for Infractions:

Any or all of the following may be enforced for infractions; sending a member home; barring that member from future 4-H events; assessing the member the cost of damages and repairs in the event of damage/destruction of property; releasing the member to nearest law enforcement agency and/or proper authorities; and/or termination of 4-H membership (youth or adult).

Parents will be notified of action taken. If a member is sent home, fees will not be refunded, and transportation will be at the member's own expense.

I, _____ (participant) have read the Code of Conduct and agree to abide by its rules. I understand that infractions of this Code will result in any or all of the penalties listed above.

X _____
Participant's Signature County Date

X _____
Parent Signature County Date

MEDICAL TREATMENT FORM

University of California 4-H Youth Program

YOUTH

I hereby certify that my child is in good health and can travel to and participate in this 4-H function.

My Child _____
name of child

has my permission to attend the **Stanislaus Co Primary 4-H Camp**

Located at the **Kiwanis Camp, LaGrange, California**

between the dates of **May 17-19, 2019 (Campers May 18-19)**

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 California Family Code 6910. 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

Date Signature

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

ADULT

(This information is confidential and will be used only in case of emergency.)

Name _____
name of adult

Event: **Stanislaus County Primary 4-H Camp**

At the **Kiwanis Camp, LaGrange, California**

between the dates of **May 17-19, 2019**

While I am attending or traveling to or from this 4-H function, **I HEREBY AUTHORIZE THE ADULT 4-H LEADER OR STAFF MEMBER**, or in his/her absence or disability, any adult accompanying or assisting him/her, **TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR ME SHOULD I BE UNABLE TO MAKE A DECISION:**

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 6910. This authorization shall remain effective until I complete my activities in this program unless sooner revoked in writing. I understand that 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

Date Signature

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 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 medical attention in the event of illness or accident.

Date Signature

NON-CONSENT

I do not desire to sign this authorization and understand that this will prohibit my receiving any medical attention in the event of illness or accident.

Date Signature

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, 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 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. Based on 7-2014 Revision

HEALTH HISTORY INFORMATION

(This information is confidential and will be used only in case of emergency.)

Name of Participant: _____ Date of Birth: ____/____/____

Date of last Tetanus Vaccination: ____/____/____ Not Sure None

If participant is a minor, **please identify over-the-counter medications** that we may administer to your child. Check box for YES.

- | | |
|--|---|
| <input type="checkbox"/> Tylenol, Alive, or Ibuprofen for pain, headaches or cramp | <input type="checkbox"/> Antacids (Tums Mylanta, Prilosec Pepto-Bismol for stomach pain or nausea |
| <input type="checkbox"/> Cough drops for sore throat | <input type="checkbox"/> Kaopectate, Imodium, anti-diarrhea meds |
| <input type="checkbox"/> Benadryl, Zyrtec, Alavert, Loratadine for allergies | <input type="checkbox"/> Constipation medications - such as mineral oil, stool softeners, Exlax |
| <input type="checkbox"/> Anti-Itch - Hydrocortone, Benadryl ointment or tablets | <input type="checkbox"/> Cough & Cold medications - such as Robitussin, Dimetapp |
| <input type="checkbox"/> Antifungal - Lamisal or Mycelex | |
| <input type="checkbox"/> Other: _____ Other that participant cannot take: _____ | |

Please identify if this participant has any health conditions that are important for program staff to know in order to maximize participation and ensure safety and well-being:

Or check this box if no information needs to be shared

Please identify participant's allergies, including type of drug reactions you know about:

Medication Allergies/Reactions _____

Food Allergies: _____ Other (i.e. Bee Stings) _____

Please list all medications that are presently being taken by participant. Remember: Please bring all prescription drugs in a labeled bottle with correct dose patient is receiving. If the person only takes 1 tablet and it is worded 2 tablets, we must give what is prescribed.

If using inhaler: Ok to check in with Nurse Must carry at all times

Please list all current medications:

Name of Medication	Dosage	Times Taken

Youth only	Yes	No
Does the youth have any current emotional or behavioral difficulties that would be helpful for us to know about?		
Are there any ways of responding to the youth's negative moods or feelings that you found to be effective?		
Would you like to share any significant life or family events that will help us support the youth's current emotional state?		

Please include any additional remarks and any special instructions to better assist emergency service personnel. Any additional assistance the youth will need in order to participate in this program or activity. Note: in some cases, a Doctor's note may be required to confirm the request



PARKS & RECREATION DEPARTMENT

3800 CORNUCOPIA WAY, SUITE C, MODESTO, CALIFORNIA 95358 (209) 525-6750 FAX (209) 525-6773

FOR EVENT: 4-H Primary Camp

HOLD HARMLESS AGREEMENT

In consideration of the granting of permission by the County of Stanislaus to use the County facilities and to participate in the activities, I hereby assume all risk of personal injury to person or property received by me or arising out of the use of the County facilities and adjacent area.

Dated: _____

Signature of Participant: _____
(Parent/Guardian Signature if participant is a minor)

Print Name: _____
(Print Parent/Guardian name if participant is a minor)

Child's Name: _____
(Print above only if the Minor is the Participant)

Address: _____

City/State: _____

Contact Phone: _____

Parksite: Kiwanis Camp, LaGrange, California

Date of Use: May 18-20, 2018 (Campers May 19-20)

Other: _____

Please return original to: **Stanislaus County Parks & Recreation
3800 Cornucopia Way, Suite C
Modesto, CA 95358**