



Merced County 4-H Camp Program Adult Registration Form – 2026



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

2026 Camp Program

4-H Summer Camp
June 21-June 25, 2026
Camp Sylvester, Pinecrest, California
Registration due **Thursday, April 30, 2026 by 4 p.m.**

Adult Director
Adult Chaperone
Adult Staff (Cooks, Nurse, Etc)

Personal Information:

Currently enrolled in 4-H ()YES ()NO

M: _____ F: _____ Club: _____

Email: _____

Name: _____ Birth date: _____ Age as of January 1, 2026 _____

Address: _____ City/Zip: _____

Phone Number: H(_____) _____ W(_____) _____

Cell Phone Number: _____

Ethnic Background (circle one): American Indian Asian or Pacific Islander Hispanic Black White

T-Shirt Size (Circle One) ADULT: S M L XL XXL

Emergency Information:

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

Name: _____

Phone: (_____) _____

Fees:

Adult Fee for 4-H Camp \$0.00

Fee for T-Shirt: \$15.00

If you would like to have your child in your cabin please write their name below:

LastName

First Name

County

M/F

No.

Cabin

Unit

Date

Paid

Receipt No.



Adult Volunteer Code of Conduct

(PAGE RETAINED BY THE 4-H ADULT VOLUNTEER)

We appreciate your volunteer service to the University of California Agriculture and Natural Resources (UC ANR) and the valuable link you provide to local communities. When in the course and scope of your duties, you are considered an agent of the University of California (UC) and have the following rights and responsibilities.

Your Responsibilities

1. Recognize, honor and uphold the responsibility and authority of the statewide and local program personnel in setting program priorities, standards and direction to meet the ever-evolving needs of today's adult and youth clientele.
2. Be committed to the UC and 4-H [missions](#), program trajectory, core values, educational goals, [UC ANR Principles of Community](#) and quality standards of the statewide program.
3. Follow all health and safety requirements and guidelines related to statewide program activities, gatherings, projects, etc.
4. Respect people (including oneself, fellow volunteers, program personnel, and community members) and property of program participants and community members. Do not spread rumors, speak negatively or tear others down, and instead, build others up.
5. Take personal responsibility for the resolution of any interpersonal conflict that may arise, whether with fellow volunteers, program participants, program staff and/or other UC personnel; thereby demonstrating positive conflict resolution skills to all involved.
6. Prohibit discrimination against or harassment of any person in any statewide program or statewide program activity or when you are affiliated with 4-H at a program, event or activity. Report instances of harassment, discrimination, or racism based on a protected class, such as age, ancestry, color, gender, gender expression, gender identity, genetic information, family/parental status, medical condition, mental disability, national origin, physical disability, race, religion, sex, sexual orientation, and veteran or military status to UC ANR personnel.
7. When driving on UC business, possess a valid California driver's license and carry proof of the minimum [automobile liability insurance](#) required by UC; and ensure that all passengers use seat belts.
8. Follow UC personnel guidance, directives and timelines for all financial matters, including banking, reporting and providing receipts for all income and expenses.
9. Volunteers may be held liable for property damage or personal injuries caused by their property and should carry insurance. This may include incidents involving tools, equipment, vehicles, animals, etc.
10. Adhere to and help enforce program policies and procedures referred to in the Policy Handbook (see [4-H Policy Handbook](#), [UC Master Food Preserver Policy Handbook](#), and [UC Master Gardener Policy Handbook](#)).
 - a. Report volunteer hours regularly if required by the statewide program.
 - b. Be recognized as an agent of UC when working in the course and scope of your volunteer duties by wearing a program name badge when acting as a volunteer.

Your Rights

1. To be respected by program personnel and program partners.
2. To have access to current program materials, training, and curriculum to support program delivery.
3. To be informed of any infraction of the Adult Volunteer Code of Conduct that may or does result in corrective action or dismissal from the program.

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4. To be in an environment free from harassment, discrimination, and racism based on a protected class, such as age, ancestry, color, gender, gender expression, gender identity, genetic information, family/parental status, medical condition, mental disability, national origin, physical disability, race, religion, sex, sexual orientation, and veteran or military status.
5. To make written complaints concerning statewide programs, policies or personnel as described in the Policy Handbook (see [4-H Policy Handbook](#), [UC Master Food Preserver Policy Handbook](#), and [UC Master Gardener Policy Handbook](#)).

The following are prohibited when acting on behalf of a UC ANR statewide program:

1. Failure to act in a supportive and cooperative manner with program stakeholders, failure to adhere to the programmatic goals established by the program staff and/or failure to support [UC ANR's Principles of Community](#).
2. Violation of the UC ANR Volunteer Agreement or Adult Volunteer Code of Conduct.
3. Possession or use of alcohol, tobacco/tobacco products, e-cigarettes, marijuana/marijuana products, illegal drugs and/or other inappropriate materials (or to be under the influence thereof) when involved in a statewide program activity.
4. Use of abusive, obscene, discriminatory or racist language at any program activity, including intentionally or unintentionally derogatory comments, slights, questions, jokes, memes, and shame that target individuals or groups based on a protected class, such as age, ancestry, color, gender, gender expression, gender identity, genetic information, family/parental status, medical condition, mental disability, national origin, physical disability, race, religion, sex, sexual orientation, and veteran or military status.
5. Attack or harassment of another person; whether visual, verbal, physical and/or by the use of social media or any internet-based platform or service; includes actions or comments that target individuals or groups, including those who are members of a protected class. (see #4)
6. Private, one-on-one interactions with youth members at *any time*, both during program activities and personal activities (other than as approved by the youth member's parent/legal guardian. Exceptions: an emergency situation.
7. A romantic relationship with any youth member at *any time*.
8. Behavior that is illegal, unsafe, or contrary to the UC commitment to the [highest standard of ethics](#).
9. Firearms are prohibited at all 4-H activities and events, except for 4-H Shooting Sports activities.
10. Be the subject of a criminal investigation, prosecution or conviction of a UC [ANR Barrier Offense](#).
11. Volunteers may not sign contracts of any kind on behalf of UC, nor otherwise obligate the Regents of the University of California in any way. In this specific context, "contracts" is construed to mean all business agreements including, but not limited to, facilities use agreements; rental and lease agreements; employment contracts; grants; fundraising agreements; service; consulting and construction contracts; and so on.

Consequences

All UC ANR volunteers and trainees shall act in ways that promote and support statewide program goals and do not conflict with statewide program policies and procedures. Infractions of this Adult Volunteer Code of Conduct should be reported promptly by anyone observing them to program staff. The UCCE County Director (except in 4-H, the designated representative) may, if necessary and with guidance from the Statewide Volunteer Coordinator, immediately limit, suspend or terminate the services of any statewide program volunteer.

Further, the UCCE County Director (except in 4-H, the designated representative) may, if necessary in their sole judgment, waive the formal review process and immediately suspend or terminate a volunteer if in the best interest of the program (e.g., a potential threat to public safety, receipt of notice that the volunteer is the subject of a criminal investigation, contributing to a hostile environment for staff or volunteers, and/or other conditions that

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cannot be remedied with corrective action). In such instances, the decision of the UCCE County Director (except in 4-H, the designated representative) is final.

The [Volunteer Conflict Resolution Manual](#) is intended to serve as a process guide for working through infractions.

*When referring to regional (outside the authority of a single County) or state level infractions this authority extends to the specific Statewide Program Director.

I understand that my appointment as a UC ANR statewide program volunteer is contingent upon my agreement to this document. Failure to comply with these guidelines may result in termination as a volunteer.

**If you need to clarify any portion of this document before agreeing, contact your local UCCE office.*

***Adult Applicant First and Last Name (Print)**

***Adult Applicant Signature**

***Date**



Waiver, Release and Indemnity

Sixth Edition, Effective September 2017

Camp Sylvester

WAIVER, RELEASE AND INDEMNITY

I understand and agree that my participation in events, programs, races, or activities organized, operated, conducted and/or sanctioned by Camp Sylvester is conditional upon my execution of this document.

1. I am aware that camping and related activities involve the possibility of **injury or death**.
2. I **accepts these risks**, and all others arising from these events and programs, even if arising from the negligence, gross negligence or negligent rescue by those associated in any way with the Camp Sylvester events and programs I may be involved in, the venues at which these events and programs takes place or by those organizing, officiating, or participating in these events and programs throughout the year, including their respective officers, directors, employees, agents, servants, volunteers and representatives (the "Releasees").
3. I understand that all applicable rules for participation must be followed and that **SOLE RESPONSIBILITY FOR MY PERSONAL SAFETY REMAINS WITH ME**, including my physical and emotional preparation and fitness to participate in all events and programs throughout the year.
4. I undertake and agree to remove myself from participation if I sense or observe any unusual hazard or unsafe condition.
5. I give, a **FULL RELEASE AND WAIVER OF LIABILITY AND ALL CLAIMS** that I have, or may have in the future, against Camp Sylvester, participating program organization, and all other Releasees from all liability for any loss damage, injury or expense that I may suffer as a as a result of my participation in any part or parts of the events or programs or my presence at any venue at which they may take place, due to any cause whatsoever including the forms of negligence set forth in paragraph (2) above or from any breach of contract or statutory duty or other duty of care including any duty of care owed by the Releasees.
6. I **AGREE NOT TO SUE** and I further agree **TO INDEMNIFY AND SAVE HARMLESS** the Releasees from all expenses, fees, liability or damage award or cost of any type whatsoever arising from my participation in these events or programs. I **HAVE READ AND UNDERSTOOD THIS WAIVER, RELEASE AND INDEMNITY**. I am aware that by signing this agreement I am waiving substantial legal rights (on my behalf and on behalf of the heirs, executors, administrators and next of kin), including the giving up of my rights to sue.

Camp Sylvester

GENERAL FACILITY USE AGREEMENT (CONTINUATION OF PREVIOUS (FRONT SIDE OF RESERVATION AGREEMENT):

7. Camper/Guest understands that **Camp Sylvester and/or its employees do not provide cleaning services**. It is **NOT the duty or responsibility of Camp Staff to clean facilities**, bathrooms or any other buildings. Camper/Guest upon departure is required to complete a comprehensive cleaning of all facilities used.
8. Camp Staff, will open and close Camp, instruct Camper/Guest on use of equipment and provide basic supplies including: electric service (for general use), running water (hot water limited), toilet paper, paper towels, light bulbs, hand soap, hair and body wash, appropriate surface and floor detergents and cleaner for sanitation management. Any equipment failures, or restock of supplies shall be reported to Camp Staff.
9. **All Campers/Guests to furnish bedding** (sheets, blankets, sleeping bag and/or pillow), hygiene products, bathing towel, food or any other item necessary.
10. Camper/Guest acknowledges and accepts that Camp facilities may be rented independently of other on-site facilities and services. Camper/Guest agrees to maintain the privacy of other guests/groups that may be staying on site and will not intrude or interrupt other guests and/or groups staying at Camp during the rental period. Rental of Camp does not include open use of other on site areas not defined on the contracted Reservation Agreement such as: other recreation and/or dining halls, guest house cabins, amphitheater, sport courts/fields and/or bathroom facilities.
11. Camper/Guest accepts and agrees to **be responsible for all damages or injury done** to persons or property while on the Camp property. Camper/Guest understands Camper/Guest may be individually charged for damages and agree to pay for repair and/or replacement of damaged property including labor and materials.
12. Camper/Guest understands all campfires must be within defined campfire rings. All open flame **campfires must be attended** at all time and should be extinguished by midnight.
13. Camper/Guest understands all buildings used during your stay must be **cleaned, swept and moped prior to departure**. Buildings not properly cleaned at departure will be assessed additional charges.
14. Camper/Guest agrees to only use **Scotch Blue Painters Tape** on surfaces for mounting of decoration and signage and agree not to graffiti walls and/or bunks.



Waiver, Release and Indemnity

Sixth Edition, Effective September 2017

15. Camper/Guest agrees not to parking in fire lanes or emergency access routes, parking permitted in defined areas only (do not park vehicles near cabins).
16. Camper/Guest agrees not to remove beds or furnishings from assigned cabins, buildings and/or designated areas.
17. Camper/Guest understands that area **heating units are for use during cool season months (October-May)** and will not be available for use during the summer season unless determined necessary by Camp Staff.
18. Camper/Guest understands that additional rules and regulations are posted on site and will do their part to review and understands these additional rules and regulations apply during their Event/Group stay at Camp.
19. Camper/Guest understands that **no pets are allowed** at Camp expected those certified for medical need (example: seeing eye dogs).
20. Camper/Guest understands tampering with emergency and safety equipment is a **punishable felony** and may result in **fines up to \$500.00 per occurrence/incident**.
21. Camper/Guest understands that **cleaning charges of \$150.00** per occurrence and **fines of \$50.00** per occurrence will be charged to the Applicant(s) for discharging fire extinguishers in a non-emergency.
22. Camper/Guest understands that National Forest Service Law defines that the **hours between 10:00 PM – 7:00 AM are 'Quiet Hours'** and Camper/Guest will respect Camp's neighbors and reduce excess noise during 'Quiet Hours'. If excess noise continues into 'Quite Hours', the Camper/Guest will be given warning to quite down. Camper/Guest and/or camper guests who continue to generate excess noise as determined by Camp Staff will be removed from the property without refund.
23. Camper/Guest understands that National Forest Service Law does **NOT permit** the use of **equipment that generate amplified sound** such as stereos, loudspeakers, DJ equipment or excessively loud / amplified instruments (example: drums, electric guitar).
24. Camper/Guest understands that **smoking is not permitted** anywhere on or adjacent to the Camp site.
25. Camper/Guest understands that available vehicle **parking is limited** at Camp and Applicant(s) will do their part to organize available carpools for guest campers.
26. Camper/Guest understands hot water for showers is limited and agrees to inform guests/campers to take short showers when necessary during large group visits.
27. Camper/Guest understands that Camp is located in a natural environment setting and is subject to Sierra weather conditions including snow and heavy rains. Camper/Guest acknowledges that it is their responsibility to **understand weather reports** and be prepared for unexpected weather conditions and its affect such as ground flooding and power outages.
28. Camper/Guest staying at Camp shall not arrive on site before designated check-in time and all guests and/or groups shall be completely checked-out and off site by designated check-out time.

Name: _____

Signature: _____

Date: _____

PARENTAL CONSENT FOR MINOR PARTICIPANT and INDEMNITY AGREEMENT

I have read and understood the above waiver, release and indemnity, and have discussed the same with the minor person signing above. I am satisfied the said minor understands the waiver and release and his/her obligations are set out. In consideration of the participation of my minor child/ward I too agree to waive, release and indemnify the Releasees, including Camp Sylvester and any related individual employee or agent thereof, in the terms set out above. I am aware that by signing this agreement I am waiving substantial legal rights, which my minor child/ward and I, our respective heirs, executors, administrators and next of kin may have against the Releasees.

Name: _____

Signature: _____

Date: _____



4-H Adult Volunteer Camp Health History Form

Purpose: This form is authorized for use at all 4-H camps from: **July 1, 2025 to December 31, 2026.**
This information must be updated annually. All information must be printed clearly or typed.

4-H ADULT VOLUNTEER CONTACT INFORMATION:

Legal First and Last Name: _____ Birth Date: _____
 County: _____ Phone: _____
 4-H Camp Name: _____
 4-H Camp Dates: _____

EMERGENCY CONTACT INFORMATION:

First & Last Name: _____ Home/work/other Phone: _____
 Relationship: _____ Cell Phone: _____

Please list all immunizations received:

Immunization	Date Received

Tetanus Vaccination	Date Received
<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Pain/fever reliever (ex. Tylenol) | <input type="checkbox"/> Ibuprofen (ex. Advil) | <input type="checkbox"/> Cough Suppressant |
| <input type="checkbox"/> Motion sickness/nausea medication | <input type="checkbox"/> Allergy medication (ex. Benadryl) | <input type="checkbox"/> Decongestant |
| <input type="checkbox"/> Antacid | <input type="checkbox"/> Antibiotic ointment | <input type="checkbox"/> Anti-Itch Cream |

Please identify if you 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

Please list all current medications:

Name of Medication	Dosage	Times Taken

4-H Adult Volunteer Camp Health History Form – page 2.

4-H ADULT VOLUNTEER:

Legal First and Last Name: _____

Please identify if you have any allergies, including allergies to food, medications, and drug reactions:

Please include any additional remarks and special instructions to better assist emergency service personnel.

Note: If additional space is needed to answer any questions above, please use the space below and attach additional pages if needed.

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. A signature is required on the signature line. 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 (CES), 4-H CES Supervisor 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.

Signature: _____ Date: _____