



Merced County 4-H Camp Programs Individual Registration Form – 2017



Please complete all four forms and sign in **three (3)** places: **Registration Form, Code of Conduct, and Medical**

2017 Camp Program

4-H Adventure Camp
June 25-June 29, 2017
Camp Sylvester, Pinecrest, California
Registration due **May 1, 2017**

circle one:
Youth: Camper 4-8 grade
Apprentice (9th grade)
Staff (10th grade +)
Adult: Chaperone Nurse Cook
Other: _____

Personal Information:

Currently enrolled in 4-H ()YES ()NO
M: ___ F: ___ Club: _____
Email: _____

Due by May 1, 2017
Please turn into your club leader before May 1, 2017. Clubs must have 1 chaperone per 10 campers before registrations will be accepted.

How many years have you been to 4-H camp?
Name: _____ Birth date: _____ Grade as of Jan 1, 2017: _____
Address: _____ City/Zip: _____
Phone Number: H(____) _____ W(____) _____
T-Shirt Size (Circle One) YOUTH: S M L XL ADULT: S M L XL XXL
Ethnic Background (circle one): American Indian Asian or Pacific Islander Hispanic Black White

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 (initial)?
Yes ___ No ___

Participants requiring special arrangements:
(please explain)

For Special assistance regarding our programs, please contact us.

Activity Information:

My child has permission to participate in the following optional activities, if available. **If an activity is not initialed my child will not be allowed to participate.**

Yes ___ No ___ ROPES— Low Elements
Yes ___ No ___ Catholic Church Services
Yes ___ No ___ Non-Denominational Church Services
Yes ___ No ___ Shooting Sport—Archery

Fees:

Camper Fee for 4-H Camp: \$ **150.00**
Staff Fee for 4-H Camp: 50.00
Apprentice Fee For Camp 75.00
Insurance /Registration NEW Member 38.00
Late Fee After June 1, 2017 5.00

Total Fees: _____

Payable to: Merced County 4-H
(Please return completed forms with payment to 2145 Wardrobe Ave, Merced, CA 95341-6445)
Refunds may be requested until June 15, 2017 and are subject to a \$20 penalty fee. A full refund *may* be made for any medical reasons.

I agree to pick my child up from camp promptly upon request in case of sickness, injury or disciplinary action

X _____
Signature of Parent or Guardian

Note: Only those forms submitted with full payment will be accepted. Those who are not currently enrolled in 4-H will also need to fill out enrollment and waiver forms.

Last Name
First Name
County
M/F
No.
Cabin
Unit
Date
Paid
Receipt No.

4-H Camp Code of Conduct

The Merced 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 attend all planned sessions, workshops and field trips of the event.
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 cabins; no boys in girls cabins and no girls in boys cabins.
4. The possession and/or use of alcoholic beverages and/or drugs, other than prescribed medication is prohibited by both campers and adults. Medications must be kept in the nurses cabin.
5. No matches, lighters, chewing tobacco or smoking at camp by youth.
6. No member or leader may leave the grounds unless permission is secured from the adult in charge of the delegation. Private summer 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 adults.
11. Display of overly affectionate attention between boys and girls is not allowed.
12. Sexual harassment is not tolerated in the 4-H program. *(a copy of the University policy is available upon request)*

Penalties for Infractions:

Any or all of the following may be imposed 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, _____, 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 **Merced County 4-H Camp**
located near **Pinecrest, Tuolumne County, California**
between the dates of **June 25, 2017** and **June 29, 2017**

While my child is attending or traveling to or from this 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 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/legal guardian, I will be responsible for the cost of any service or treatment provided not covered by the 4-H Youth Accident Insurance Program sponsored by the University of California Cooperative Extension.

**AUTHORIZATION AND CONSENT
AND RELEASE**

_____ date _____ signature

Should there be any changes in the status of parent/legal guardian, it will be my responsibility to keep the County 4-H Office informed.

ADULT

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

Name _____
name of adult

Event: **Merced County 4-H Camp**
Located near **Pinecrest, Tuolumne County, California**

between the dates of **June 25, 2017** and **June 29, 2017**
I hereby certify that I am in good health and can travel to and participate in this 4-H function.

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.

AUTHORIZATION AND CONSENT

_____ date _____ signature

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 requires 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 needed 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 at the Division of Agriculture and Natural Resources, 4-H, DANR, One Shields Avenue, University of California, Davis, California 95616-8565. Only your own/your child's records are open to your review. Any known or foreseeable intergovernmental transfer which may be made of the information is as

HEALTH HISTORY INFORMATION

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

Name of Participant: _____			Date of Birth: _____		
Is participant subject to:	Yes	No	Does participant have or ever had:	Yes	No
Colds			Heart trouble		
Sore throat			Asthma		
Fainting spells			Lung trouble		
Bronchitis			Sinus trouble		
Convulsions			Hernia (rupture)		
Cramps			Appendicitis		
Allergies			Has participant's appendix been removed?		
Physical Disability (of any kind)			Does participant sleep walk?		
			Is participant now under medical care?		
Is there any history of behavior disorders or emotional disturbances, such as difficulties in relationships with authority figures or peers, or abnormally severe moodiness?					
Has participant been under psychiatric treatments within the last three years?					

If participant is a minor, please identify over-the-counter medications that we may administer to your child. For example: Antacid, "Tylenol".

Date of last Tetanus Vaccination: ____/____/____ Up-to-date: Y / N

Please identify participant's allergies, including **allergies to food, medications, or drug reactions** you know about:

Please list any disabilities or disorders that may affect participant's participation at this 4-H function, such as eyesight, hearing, speech, paralysis, diabetes, ulcer, etc.

Please list all medications that are presently being taken by participant:

Name of Medication

Dosage

Times Taken

Remarks and any special instructions: _____

The University of California prohibits discrimination against or harassment of any person on the basis of race, color, national origin, religion, sex, physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or status as a covered veteran (special disabled veteran, Vietnam-era veteran or any other veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized). University Policy is intended to be consistent with the provisions of applicable State and Federal laws. Inquiries regarding the University's nondiscrimination policies may be directed to the Affirmative Action/Staff Personnel Services Director, University of California, Agriculture and Natural Resources, 1111 Franklin, 6th Floor, Oakland, CA 94607-5200 (510) 987-0096.

Issued in furtherance of Cooperative Extension work, Acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture. Daniel M. Dooley, Director of Cooperative Extension, University of California.