



Mariposa County 4-H Camp Program Individual Registration Form – 2012



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

<p style="text-align: center;">2012 Camp Tweety Program</p> <p>June 15– June 18 2012 (for chaperones & teen counselors) June 16-18, 2012 for campers Lions Camp Pacifica, Ahwahnee, California <u>Registration due by June 1, 2012</u></p>	<p style="text-align: center;">circle one:</p> <p>Youth: Camper 4-8 grade Teen Staff 9+ grade</p> <p>Adult: Chaperone Nurse Cook</p> <p>Other: _____</p>
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Personal Information:
 Currently enrolled in 4-H yes no
 M: _____ F: _____ Club: _____
 Email: _____

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

Name: _____ Birth date: _____ Grade as of Dec. 31, 2011: _____
 Address: _____ City/Zip: _____ Age: _____
 Phone Number: H(_____) _____ W(_____) _____
 Camp T-shirt (if available) (Circle - Youth - L, Adult Size S - M - L - XL - XXL)

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 or food allergies: (please explain)-
Please note-IF POSSIBLE, CABIN ARRANGEMENTS WILL BE MET – SORRY NO CABIN CHANGES WILL TAKE PLACE AT CAMP.

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 _____ Shooting Sport—Archery
 Yes _____ No _____ Shooting Sport—BB Gun
 Yes _____ No _____ Ropes Course
 Yes _____ No _____ Rock Wall
 Yes _____ No _____ Horse back riding
 Yes _____ No _____ Circus activities

Fees:

4-H Camper fee :	\$ 85.00
4-H Teen Counselor fee:	45.00
Non-4-Her Camper fee (includes \$20 insurance fee)	105.00
Late Fee After June 1, 2012	5.00
Total Fees:	_____

Payable to: Mariposa County 4-H Council
(Please return completed forms with payment to 5009 Fairgrounds Rd., Mariposa, CA 95338)

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 _____

Note: Campers not currently enrolled as 4-H members must complete enrollment & waiver form.

A full refund may be made for only medical reasons.

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

Last Name		First Name		County		M/F		No.		Cabin		Unit		Date		Paid		Receipt No.	
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4-H Camp Code of Conduct

The Mariposa 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 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 older adults.
11. Display of overly affectionate attention between boys and girls is discouraged.
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 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, _____ 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 **Mariposa County 4-H Camp Tweety**
 located near **Ahwahnee, Madera County, California**
 between the dates of **June 16, 2012** and **June 18, 2012**

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.

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

ADULT

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

Name _____
name of adult

Event: **Mariposa County 4-H Camp Tweety**
 Located near **Ahwahnee, Madera County, California**
 between the dates of **June 15, 2012** and **June 18, 2012**

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 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 follows: None.

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?		
			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: ____/____/____

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:

<i>Name of Medication</i>	<i>Dosage</i>	<i>Times Taken</i>

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.