

October 17, 2014

Dear Hi 4-H Clubs or High School Age 4-H Members:

Once again Stanislaus County Hi 4-H will be hosting their annual Winter Camp at Camp Sylvester in Pinecrest on January 1-4, 2015. We are extending the invitation to other Hi 4-H Clubs and high school age members in surrounding counties.

If high school age 4-H members from your county are interested in participating, please have your representative contact our Hi 4-H leader Kim Kelley (209)324-5643 or the Stanislaus County 4-H office at (209) 525-6801, no later than November 26, 2014. We have a space for your members but would need to know approximately how many young men and women would be attending from your county. We need a firm commitment so we can make sure there are enough cabins and chaperones. If you have adult chaperones we need to know as well. A \$75 (nonrefundable) deposit will hold their reservation. (Return with the attached form.)

Transportation for youth is the responsibility of each county as well as the required chaperones (1 adult per every 7 youth of each sex).

We look forward to hearing from you. If you should have any questions, please feel free to contact the 4-H office (209) 525-6801.

Sincerely,

JoAnn Ratto

JoAnn Ratto
4-H Program Representative

JR/yc
Enclosure

Costs

Lodging at Camp Sylvester and meals\$140 Full payment due by December 24, 2014.

Skiing or Snowboarding available at Dodge Ridge. Rent equipment at home and purchase advanced lift tickets, or rent at Dodge Ridge -- no group rates available at this time.

Other Activities

Bring extra \$\$\$ for:

- Ice Skating at Long Barn..... 10.00 (possibly more \$)
- Leland Meadows-Sledding, tubing9.00 (walk-up rate)
-22.00 (tow rate-1/2 day)
-30.00 (tow rate-all day)

(Rates may be more after season opens so please bring extra \$\$)

Lunch \$ for Sunday (usually pizza at Mt. Mikes in Oakdale)

The weekend agenda looks something like this:

- Thursday -- get settled into cabins and get acquainted
(night) with each other & the rules.
- Friday -- Skiing all day, or half day; dance in evening. Other
snow activities around camp available for non-skiers ice
skating, tubing etc.
- Saturday -- Skiing all day, or half day for those that wish. Snow football
at the lake, snow tubing or snow Olympics.??? After lunch ice
skating in Long Barn.
- Sunday -- Snow activities around camp; clean-up; lunch in Oakdale.

PLEASE NOTE: Skiers and Snowboarders—State 4-H Policy requires helmets to be worn at 4-H activities. It is the responsibility of the participant or the participant’s parent/guardian to ensure that the headgear worn complies with standards, carries the proper seals, and is properly fitted and in good condition.

Medical Treatment, Code of Conduct form, Camp Sylvester waiver and remaining fees will be due on December 24, 2014. Space fills up fast -- make sure you get your monies and forms in on time!

University of California, Division of Agriculture & Natural Resources

4-H Youth Development Program

Form Revised 7/1/2014 7

Member Code of Conduct

(PAGE RETAINED BY THE MEMBER)

The 4-H Policy Handbook tells me my rights as a 4-H member, and the rules I have to follow. 4-H calls the most important rules for members the "Code of Conduct". When members follow the Code of Conduct, it helps keep 4-H safe and fun for everyone.

I will follow the 4-H Code of Conduct (rules) and I will:

1. Be nice, kind, helpful, and respectful to other 4-H members; and to adult volunteers, youth leaders, 4-H staff, and other adults in charge.
2. Be honest, honor my commitments, and accept responsibility for my choices.
3. Use language that is respectful and kind. Not use curse words.
4. Wear appropriate clothes that are allowed by 4-H rules.
5. Not have or use alcohol, tobacco (like cigarettes, e-cigarettes, or chew) or other drugs (unless my doctor gives them to me).
6. Not bother or attack others, not carry or use a weapon; and not do anything else illegal or unsafe.
7. Know that adults can search my things (like my backpack) if they think I might have broken the 4-H rules.
8. Not touch anyone in a way that is too affectionate, and not engage in sexual behavior.
9. Follow the 4-H *Guidelines for Social Media* - <http://4h.ucanr.edu/files/133821.docx>.
10. Not do things outside of 4-H that are harmful to anyone in 4-H or the 4-H program.

While attending 4-H overnight events I will:

1. Be in my room when I'm supposed to be there.
2. Not leave the grounds unless an adult in charge gives me permission, and only if there are two adults with me.
3. Not be in the girls' sleeping area if I'm a boy, not be in the boys' sleeping area if I'm a girl, and not invite any kids who aren't 4-H members into the sleeping areas.
4. Be responsible for any damage caused by my actions.
5. Follow all the rules for that event.

Consequences

Anyone who sees someone break the Member Code of Conduct should tell the adult in charge right away. That adult will tell that member's parent or guardian. Consequences for breaking the 4-H rules may include:

1. Sending the member home.
2. Having the member meet with 4-H adults, talk about how the member can learn from what they've done, and decide what the member should do to make up for any harm done.
3. Charging the member (or their parents/guardians) for the cost of repairs to property that the member damaged.
4. Giving the member a warning, barring them from future events, suspending their membership, or terminating their membership.
5. Taking the member to the nearest law enforcement agency or other proper authority.

Photograph and Information Release

I give to The Regents of the University of California, National 4-H Council, National 4-H Headquarters (USDA), Cooperative Extension and units, its nominees, agents, and assigns, unlimited permission to copyright and use, publish, and republish for purposes of advertising, public relations, trade, or any other lawful use, information about me and reproduction of my likeness (photographic or otherwise) and my voice, whether or not related to any affiliation with 4-H, with or without my name. I hereby waive any right that I (and minor) may have to inspect or approve the copy and/or finished product or products that may be used in connection therewith or the use to which it may be applied.



**Division of Agriculture and Natural Resources
4-H Youth Development Program
Youth Medical Release Form**

This Medical Release Form is authorized for all 4-H Youth Development meetings and activities during the dates specified below:

_____	_____	_____ <u>Hi 4-H Winter Camp</u> _____
First Name	Last Name	Club/Unit Name
_____	_____	_____ <u>January 1, 2015</u> _____ to _____ <u>January 4, 2015</u> _____
County and State		Dates (From / To)

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 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/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.

EMERGENCY CONTACT INFORMATION

_____	_____
Name	Relationship to Youth Identified Above
(_____) _____	(_____) _____
Emergency Day Phone (with area code)	Emergency Night Phone (with area code)
_____	_____
Mailing Address	City State Zip

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 understand it is my responsibility to keep the information on this form updated (including Health History and parent/guardian status) by contacting the State 4-H Office.

_____	_____
Signature of Parent/Guardian	Date

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.

_____	_____
Signature of Parent/Guardian	Date

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/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 from the local UCCE County Director, 4-H Youth Development Advisor, 4-H Program Representative, or the Associate Director of 4-H Program & Policy at the California 4-H Youth Development Program, University of California, DANR Building, One Shields Ave., Davis, CA 95616-8575, (530) 754-8518. Only your own/your child's records are open to your review. Any known or foreseeable intergovernmental transfer that may be made of the information is as follows: None.



**Division of Agriculture and Natural Resources
4-H Youth Development Program
Health History Information**

First Name _____	Last Name _____	County _____	Date of Birth _____/_____/_____
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Subject to:	YES	No	Now Have or Have Had	Yes	No
Colds			Heart Trouble		
Sore Throat			Asthma		
Fainting Spells			Lung Trouble		
Bronchitis			Sinus Trouble		
Convulsions			Hernia (rupture)		
Cramps			Appendicitis		
Allergies			Has appendix been removed?		
Wear corrective lenses?			Do you walk in your sleep?		
Is hearing good?					

Date of last Tetanus Vaccination: _____

Please check over-the-counter medications that may be administered:

- | | | | | |
|-----------|--------------|------------------|----------------|-------------|
| q Tylenol | q Ibuprofen | q Cough Syrup | q Decongestant | q Dramamine |
| q Antacid | q Polysporin | q Hydrocortisone | q Other: _____ | |

Please identify allergies including allergies to food, medications, and drug reactions:

Please list any disability accommodations you will need in order to participate in this program or activity.

Please list all current medications:

Name of Medication	Dosage	Times Taken

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

Please explain "yes" answers on this page.

The University of California prohibits discrimination or harassment of any person on the basis of race, color, national origin, religion, sex, gender identity, pregnancy (including childbirth, and medical conditions related to pregnancy or childbirth), physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services (as defined by the Uniformed Services Employment and Reemployment Rights Act of 1994: service in the uniformed services includes membership, application for membership, performance of service, application for service, or obligation for service in the uniformed services) in any of its programs or activities. University policy also prohibits reprisal or retaliation against any person in any of its programs or activities for making a complaint of discrimination or sexual harassment or for using or participating in the investigation or resolution process of any such complaint. 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 Linda Manton, University of California, Agriculture and Natural Resources, DANR Bldg., Office 225, Davis, CA 95616, (530) 752-0495.



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First Name

Last Name

County

____/____/____
Date of Birth

Subject to:	YES	No	Now Have or Have Had	Yes	No
Colds			Heart Trouble		
Sore Throat			Asthma		
Fainting Spells			Lung Trouble		
Bronchitis			Sinus Trouble		
Convulsions			Hernia (rupture)		
Cramps			Appendicitis		
Allergies			Has appendix been removed?		
Wear corrective lenses?			Do you walk in your sleep?		
Is hearing good?					

Date of last Tetanus Vaccination: _____

Please check over-the-counter medications that may be administered:

q Tylenol

q Ibuprofen

q Cough Syrup

q Decongestant

q Dramamine

q Antacid

q Polysporin

q Hydrocortisone

q Other: _____

Please identify allergies including allergies to food, medications, and drug reactions:

Please list any disability accommodations you will need in order to participate in this program or activity.

Please list all current medications:

Name of Medication	Dosage	Times Taken

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

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