

4-H MEMBER REGISTRATION FORM

University of California

Cooperative Extension

Mariposa County

office use



Mariposa County 4-H Camp Program Individual Registration Form – 2022



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

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| <p style="text-align: center;">2022 Camp Tweety Program June 25-June 28, 2022 (for chaperones, teen counselors, & nurse) June 26-28, 2022 for campers Camp Oakhurst, Coarsegold, California Early Bird Registration/fee by April 24, 2022 or Registration along with fee due by May 22, 2022</p> | <p style="text-align: center;">circle one:</p> <p>Youth: Camper 4-8 grade Teen Staff 9+ grade</p> <p>Adult: Chaperone Nurse Helper</p> <p>Other: _____</p> |
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| <p>Personal Information: Currently enrolled in 4-H <input type="checkbox"/> yes <input type="checkbox"/> no M: _____ F: _____ Club: _____ Email: _____ Ethnic Background (circle one): Native American Asian or Pacific Islander Hispanic Black White Name: _____ Birth date: _____ Age as of Dec. 31, 2021: _____ Grade _____ Address: _____ City/Zip: _____ Phone Number: H(_____) _____ Cell# (_____) _____ Camp T-shirt (if available) Circle one- Youth - L, Adult Size S - M - L - XL - XXL</p> | <p>Note: Must be age 9 by December 31, 2021</p> |
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| <p>Emergency Information: In case the parent/guardian is not available, please list an emergency contact person: Name: _____ Phone: (_____) _____ Phone: (_____) _____ Cell #: (_____) _____ My child may be given "Tylenol" if needed Yes _____ No _____</p> <p>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.</p> <p>Yes _____ No _____ Shooting Sport—Archery Yes _____ No _____ Shooting Sport—BB Gun Yes _____ No _____ Climbing Wall Yes _____ No _____ Giant Swing Yes _____ No _____ Pool & Slip n Slide Yes _____ No _____ Night hike</p> <p>I agree to pick my child up from camp promptly upon request in case of sickness, injury or disciplinary action (see code of conduct).</p> <p>X _____ Signature of Parent or Guardian</p> |
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| <p>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.</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p style="font-size: small;">Please let us know if vegan, vegetarian, lactose intolerance, etc.</p> </div> |
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| <p>Fees: *ALL CAMPERS MUST ENROLL IN 4-H</p> <p>4-H early bird fee by April 24th : \$165.00 Fees after April 24th for 4-Hers \$180.00 4-H Enrollment fee for non-members \$ 40.00 Must be paid in full by May 22nd</p> <p style="text-align: right;">Total Fee: _____</p> <p>Make check payable to: UC Regents or pay by credit card. Please return completed forms with payment to 5009 Fairgrounds Rd., Mariposa, CA 95338 Attention: Beth Broomfield, Camp Director.</p> <p>Note: Campers not currently enrolled as 4-H members must complete enrollment & waiver forms and pay \$40 fee along with camp fee.</p> |
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| <p>A full refund may be made for medical reasons only. Note: Only those forms submitted with full payment will be accepted unless payment arrangements have been made. Payment must be paid in full by May 22nd.</p> |
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|-----------|------------|--------|-----|-----|-------|------|------|------|-------------|
| Last Name | First Name | County | M/F | No. | Cabin | Unit | Date | Paid | Receipt No. |
|-----------|------------|--------|-----|-----|-------|------|------|------|-------------|



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

Participants Signature

County

Date

X

Parent Signature

County

Date



Youth Treatment Authorization Form - Print all information clearly.

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER)

This Treatment Authorization Form is authorized for all 4-H Youth Development meetings and activities during the dates specified below. (Please Note: This information must be updated annually)

Form fields for First Name, Last Name, and Club/Unit Name

Form fields for County and State, and authorization period: From: July 1, 2019 to December 31, 2020

PARENT(S)/GUARDIAN(S)

Form fields for Parent/Guardian Name, Home/Work/Other Phone, and Cell Phone

EMERGENCY CONTACT INFORMATION: (Must be an adult other than Parent/Guardian)

Form fields for Emergency Contact Name, Home/Work/Other Phone, Relationship, and Cell Phone

While my child is attending or traveling to or from this 4-H function, I HEREBY AUTHORIZE THE 4-H ADULT VOLUNTEER 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 1800 et seq.

This authorization is given pursuant to the provisions of California Family Code Section 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

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.

Signature of Parent/Guardian and Date fields

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 and Date fields

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.



Health History Information - Print all information clearly.

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER; SHRED AFTER THE PROGRAM YEAR)
(please attach extra page if more space is needed)

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| | | | |
| First Name | Last Name | County | Date of Birth |

Date of last Tetanus Vaccination: _____ Not Sure None

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

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

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 list all current medications:

| Name of Medication | Dosage | Times Taken |
|--------------------|--------|-------------|
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Please identify any allergies including allergies to food, medications, and drug reactions:

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

Please list 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.

| | Yes | No |
|--|--------------------------|--------------------------|
| Does the youth have any current emotional or behavioral difficulties that would be helpful for us to know about? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there any ways of responding to the youth's negative moods or feelings that you found to be effective? | <input type="checkbox"/> | <input type="checkbox"/> |
| Would you like to share any significant life or family events that will help us support the youth's current emotional state? | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain any "Yes" answers on this page.
