



# Stanislaus County 4-H Camp Programs Individual Registration Form – 2019 (Summer)



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

<p><b>2019 4-H Summer Camps</b>  <b>Regular Camp: June 8–13; Senior Camp: June 13-16</b>                  Due between March 1 &amp; May 3, 2019 from <u>Club Leader</u>  <b>All Campers, Counselors, Staff Complete and Chaperone this form and attached Camp Sylvester Waiver</b>  <b>Senior Campers: Completed 8th through 12th grade</b></p>	<p style="text-align: center;"><b>Circle All That Apply:</b></p> <p><b>Youth:</b> Camper Counselor Staff</p> <p><b>Adult:</b> Staff Nurse Cook Chaperone                  Other: _____                  (All Youth &amp; Adults must be enrolled in 4-H)</p>
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**Personal Information:**

Currently enrolled in 4-H? Yes or No \_\_\_\_\_ Club: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ County if other than Stanislaus: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ **Age December 31, 2018:** \_\_\_\_\_

Address: \_\_\_\_\_ **Grade September 2019** \_\_\_\_\_

City/Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

T-shirt size (Circle size : ym - yl - AS - AM - AL - AXL - A2XL - A3XL)

**Emergency Information:**

Name of parent/guardian to be called: \_\_\_\_\_ Home: \_\_\_\_\_  
 Work: \_\_\_\_\_  
 Cell: \_\_\_\_\_

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

Name: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to above \_\_\_\_\_

**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 \_\_\_\_\_  
 Parent Name (please print) Signature of Parent or Guardian

Senior Camp Completed 8th—12th Grade	Regular Camp Completed 4th—7th Grade																										
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**Note:** Only those with completed forms submitted with full payment will be accepted. Those who are not currently enrolled in 4-H will also need to complete 4-H enrollment online.

**Club checks only payable to: Stanislaus County 4-H Summer Camp.**  
 Refunds may be requested in writing until April 30, 2019 and are subject to a \$50 fee. A refund *may* be made for medical reasons.

# 4-H Camp Code of Conduct

The Stanislaus 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 participate in all planned activities as defined by the camp schedule and to be in appropriate dress (see camp brochure). Counselors are responsible for ensuring that campers participate in all sessions of the planned program activities, unless excused by the camp nurse or the director.
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. Know that adults can search my things (like my suitcase) if they think I might have broken the 4-H rules.
6. No matches, lighters except by designated staff. Not have or use alcohol, tobacco (like cigarettes, e-cigarettes, or chew) or other drugs. Knives, toy guns, squirt guns, & air soft guns are not allowed at camp.
7. No member or leader may leave the grounds unless permission is secured from the adult in charge of the camp. Private summer homes, campsites and local facilities are off limits at all times.
8. Setting off fire alarms or tampering with fire extinguishing equipment is prohibited. No setting fires except campfire.
9. Gambling and betting by adults and youth representing 4-H is prohibited.
10. Obscene and discriminatory language, roughhousing, running through camp, throwing rocks and/or sticks, and insubordination will not be tolerated at any time.
11. Any activities which may be viewed by any persons as unsafe or hazardous such as, climbing to and painting on/in the rafters of any building, locking youth in restroom buildings/ cabins, tampering with utility and electrical supply, vandalism are prohibited.
12. No member or leader will participate in any ropes course or any variation on the Camp Sylvester property.
13. Youth members should demonstrate respect to older adults.
14. No intimate contact or touching anyone in a way that is too affectionate or that makes anyone feel uncomfortable, and not engage in sexual behavior.
15. Sexual harassment is not tolerated in the 4-H program. (A copy of the University policy is available upon request.)
16. Abide by the dress code (a picture copy is to be given to you by your leader or view on our camp webpage.)

## 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, \_\_\_\_\_ (participant) 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 Date

X \_\_\_\_\_  
Parent Signature if a minor Date

# MEDICAL TREATMENT AUTHORIZATION 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 youth under 18

has my permission to attend the **Stanislaus County 4-H Camp**  
 located near **Pinecrest in Tuolumne County, California**  
 between the dates of **June 8—June 16, 2019**

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 California Family Code 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

\_\_\_\_\_  
 Date Parent/Guardian Signature

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.

### ADULT

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

Name \_\_\_\_\_  
name of adult

Event: **Stanislaus County 4-H Camp**  
 located near **Pinecrest in Tuolumne County, California**  
 between the dates of **June 8—June 16, 2019**

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.

This authorization is given pursuant to the provisions of California Family Code 6910. This authorization shall remain effective until I complete my activities in this program unless sooner revoked in writing. I understand that 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

\_\_\_\_\_  
 Date Adult Signature

I hereby certify that I am 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) by contacting the County 4-H Office.

### 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.

\_\_\_\_\_  
 Date Parent/Guardian Signature

### NON-CONSENT

I do not desire to sign this authorization and understand that this will prohibit my receiving any non-life threatening medical attention in the event of illness or accident.

\_\_\_\_\_  
 Date Adult Signature

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. Based on 7-2014 Revision

# HEALTH HISTORY INFORMATION

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

Name of Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of last Tetanus Vaccination: \_\_\_\_/\_\_\_\_/\_\_\_\_  Not Sure  None

If participant is a minor, **please identify over-the-counter medications** that we may administer to your child. Check box for YES.

- |  |   |
|--|---|
| <input type="checkbox"/> Tylenol, Alive, or Ibuprofen for pain, headaches or cramp | <input type="checkbox"/> Antacids (Tums Mylanta, Prilosec Pepto-Bismol for stomach pain or nausea |
| <input type="checkbox"/> Cough drops for sore throat                               | <input type="checkbox"/> Kaopectate, Imodium, anti-diarrhea meds                                  |
| <input type="checkbox"/> Benadryl, Zyrtec, Alavert, Loratadine for allergies       | <input type="checkbox"/> Constipation medications - such as mineral oil, stool softeners, Exlax   |
| <input type="checkbox"/> Anti-Itch - Hydrocortisone, Benadryl ointment or tablets  | <input type="checkbox"/> Cough & Cold medications - such as Robitussin, Dimetapp                  |
| <input type="checkbox"/> Antifungal - Lamisil or Mycelex                           |   |

Other: \_\_\_\_\_ Other that participant cannot take: \_\_\_\_\_

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

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Please identify participant's allergies, including type of drug reactions you know about:

Medication Allergies/Reactions \_\_\_\_\_

Food Allergies: \_\_\_\_\_ Other (i.e. Bee Stings) \_\_\_\_\_

Please list all medications that are presently being taken by participant. Remember: Please bring all prescription drugs in a labeled bottle with correct dose patient is receiving. If the person only takes 1 tablet and it is worded 2 tablets, we must give what is prescribed.

**If using inhaler:**  Ok to check in with Nurse  Must carry at all times

Please list all current medications:

Name of Medication	Dosage	Times Taken

Youth only	Yes	No
Does the youth have any current emotional or behavioral difficulties that would be helpful for us to know about?		
Are there any ways of responding to the youth's negative moods or feelings that you found to be effective?		
Would you like to share any significant life or family events that will help us support the youth's current emotional state?		

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

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## 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 **finest 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 nessesary 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: \_\_\_\_\_