



2013 Arizona 4-H Dog Project Summer Camp

This application is for the **2013 Arizona 4-H Dog project Summer Camp** to be held at the Harold and Mitzie James 4-H Camp at Mingus Springs near Prescott, AZ! The camp will begin on **Thursday June 6th at 12pm** and end **Monday June 10th at 12pm**. The total cost will be **\$125.00** for the first member of the family, and **\$110.00** per camper for each additional camper in the same family (ages 9-18). The completed application, camp registration fee, completed medical release and code of conduct are **due in the 4-H Office no later than 5:00 PM, May 1st. The camp slots are limited to 32 members.**

(Make checks payable to the **Maricopa County 4-H Dog Committee** and mail to: Maricopa County Cooperative Extension Office - 4-H Office, 4341 S Broadway Ave., Phoenix, Arizona 85040, or bring to the Maricopa County 4-H office.)

PLEASE COMPLETE THE FOLLOWING REGISTRATION INFORMATION:

CAMPER NAME: _____ **PHONE #:** _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

DOB: _____ **GENDER:** _____ **EMAIL ADDRESS:** _____

4-H CLUB NAME: _____ **COUNTY:** _____

I **WILL / WILL NOT** be bringing my own dog to camp.

If you **WILL** be bringing a dog: **Dog's Name:** _____ **Dog's Age:** _____ **Agility certified?** Y / N

PARENT/LEGAL GUARDIAN NAME: _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

PHONE: _____ **EMAIL ADDRESS:** _____

ADDITIONAL EMERGENCY CONTACT NAME: _____ **PHONE:** _____

I pledge my full cooperation as a participant in the 2013 Arizona 4-H Dog Project Summer Camp. My signature indicates that I understand that camp means having a positive attitude, "learning by doing" experiences, fun, utilizing the "Golden Rule" and that I am to remain within the 4-H Camp boundaries at all times and participate in the program experiences.

*Unless this line is initialed, I grant permission to the University of Arizona and camp staff to use images of my child (visual, audio, newspaper, and digital) in production and promotion of educational programming _____.

MEMBER'S SIGNATURE _____ **AGE** _____ **DATE** _____

PARENT'S RELEASE: I authorize _____ to attend the 2013 Arizona 4-H Dog Project Summer Camp. I hereby release the University of Arizona, members of its staff and employees, the Maricopa County 4-H Dog Committee, the Maricopa County 4-H program and 4-H volunteer leaders, from all liability for injuries, accidents and/or illness of any kind sustained during 4-H Camp. It is understood that the University of Arizona Staff and Employees and/or 4-H certified volunteer leaders will supervise all activities of the 4-H youth during camp. I further understand that any damage to camp or facilities caused by the camper will be the financial responsibility of the parent to repair and/or replace. I also certify that he/she is physically able to attend camp and has permission to attend.

*I understand that working with live animals carries inherent possibility of injury. I assume full responsibility for the actions of my child's dog, and any injury or damage resulting from the animal's behavior.

SIGNED AND APPROVED BY _____ **DATE** _____
(Parent or Legal Guardian)

Office Use Only: Date application received _____ Cash _____ Money Order# _____ Check# _____

PLEASE COMPLETE THE FOLLOWING

The following camp applicant medical information is for the purpose of obtaining immediate medical attention necessary and instituting adequate precautions and/or programs to make 4-H Camp a safe and enjoyable experience.

Family Doctor _____ **Phone** _____

Insurance Company _____ **Policy #** _____

Regular medication required: (Insulin, Antihistamine, etc.)

Time and amount of medication to be dispensed: _____

Please see the camp health office to sign all medications in and out

Type of activities prohibited due to physical limitations:

Allergies (Food, drug, insect, etc.) :

Immunization Dates (required):

Measles/Mumps _____

Tetanus _____

Other _____

This signature certifies that the above named 4-H member is physically able to participate in 4-H activities with the exception of specific activities listed. In the event of injury or illness to my child, I authorize the Camp Director or Nurse to arrange for necessary and appropriate medical treatment by any doctor licensed to practice medicine in the State of Arizona, and I agree to pay all medical care and care facility bills.

SIGNED AND APPROVED BY _____
(Parent or Legal Guardian)

Persons with a disability may request a reasonable accommodation, such as a sign language interpreter, by contacting our office. Requests should be made as early as possible to allow time to arrange the accommodation. Issued in furtherance of Cooperative extension work, acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture, Dr. Jeffrey Silvertooth, Director, Cooperative Extension, College of Agriculture & Life Sciences, The University of Arizona. The University of Arizona is an equal opportunity, affirmative action institution. The University does not discriminate on the basis of race, color, religion, sex, national

CODE OF CONDUCT

Please initial:

Member Parent

_____ _____ I promise to follow all camp rules, treat other campers, adult volunteers and all animals with respect and courtesy.

_____ _____ I will take part in all camp activities, and be respectful towards trainers and instructors.
Questions are welcomed, however arguing and poor behavior is not tolerated.

_____ _____ My dog is my responsibility. I will care for my dog, including feeding watering, and cleaning up after it.

_____ _____ My dog will remain on a leash or in a crate at all times, except when required to be off leash for a training activity.

_____ _____ If my dog becomes aggressive towards another person or animal, I will remove it, and myself from the vicinity and seek assistance from an adult.

_____ _____ I understand that if a dog bites another dog or human, I will be asked to have my dog removed from camp by a parent. I will be allowed to remain at camp if I choose, with a counselor's dog, if available, or participating in dogless activities. No refunds will be given.

_____ _____ I understand that abusing any animal will not be tolerated, and if abuse is seen, it will be reported to the camp director, and I could be asked to leave the camp. No refunds will be given.

_____ _____ I will use appropriate training and positive reinforcement devices only. Electric collars are not allowed. Prong collars must be reviewed with camp management and club leaders prior to use. Chain collars, flat collars, martingales and gentle leaders are acceptable as long as the dog is under control. Walking harnesses will not be allowed.

_____ _____ I will use good sportsmanship, and live by the 4-H motto and creed while I am at camp.

From the Arizona 4-H Code Of Conduct, I agree to:

1. Work cooperatively with other 4-H participants, youth, volunteer leaders, families, Cooperative Extension faculty and staff, and others in a courteous, respectful manner.
2. Obey the local laws as well as the laws of the state and federal government.
3. The use of any tobacco, alcohol, and illegal drugs/substances at all 4-H events is prohibited.
4. Use of firearms is prohibited, except when part of an approved shooting sports educational program.
5. Present yourself as an appropriate model in dress, manners, conduct, appearance, and actions during all 4-H events.
6. Use, respect and care for all property used. Charges will be assessed for any misuse or damage.
9. Use appropriate language at all times. Abusive or profane language is prohibited.
10. Never resort to the use or threat of physical or emotional violence.
11. Represent the Arizona 4-H Youth Development program with pride and dignity.

YOUTH PARTICIPANT AGREEMENT: Print Name _____

I have read the Arizona 4-H Youth Development CODE OF CONDUCT and agree to abide by these expectations.

Participant Signature: _____ Date: _____

PARENT/GUARDIAN'S AGREEMENT:

I have read the Arizona 4-H Youth Development CODE OF CONDUCT and will support those in charge as they perform their responsibilities to see that appropriate behavior is maintained.

Parent/Guardian signature: _____ Date: _____

Registration Checklist

Please submit all the following documentation at the time of registration:

- ☐ **Camp Application**
- ☐ **Medical Release**
- ☐ **Code of Conduct**
- ☐ **Rabies Vaccination certificate (this must be the official rabies vaccination certificate required by the state, and must not be expired)**
- ☐ **record of annual vaccination (vet's records, dated receipt showing vaccination given, or letter from a vet stating what vaccinations they gave, to which dog, and what the date was.) If you vaccinate on your own, please state which vaccination you gave, and the date it was given on. If possible, please include the stickers from the vaccine bottles.**
- ☐ **Payment (personal check, cashier's check or money order only please)**
 - **Make checks payable to Maricopa County 4-H Dog Committee**

All applications and payments must be *received* at the 4-H office by 5pm, May 1st. Program is limited to 32 members and dogs. Once applications are reviewed and accepted, you will receive an email with, camp checklist, directions and additional details.

Thank you all, and we hope to see you at camp!

Maricopa County 4-H Dog Committee