



SUMMER CAMP! by Colusa County 4-H

Join us for 4 amazing days of outrageous outdoor activities, crazy campfires, and great new friends! All youth entering grades K-12 are welcome! (K-3rd graders must be accompanied by an adult chaperone.) Adults are also invited to join the fun as adult volunteer staff and will need to be certified as 4-H Volunteer Leaders through enrollment, fingerprinting, and training. Camp costs for non-members include enrollment in the 4-H Program for the 2015/2016 year. Register by May 15, 2015 for the special early registration rate! Final registration deadline will be July 1, 2015, and no refunds can be granted after this date. Transportation to and from camp is the responsibility of the participants.

- Where:** Camp Tehama – Mineral, CA
- When:** Friday, July 17th to Monday, July 20th, 2015
- Members:** Early Registration - \$85; General Registration - \$115
- Non-Members:** Early Registration - \$130; General Registration - \$160

Finalized application packets include the following completed items: Camp Application, Code of Conduct, Medical Release Form, paid registration fees, 4-H enrollment. Completed packets can be emailed, mailed, or dropped off to the following addresses:

UCCE - Colusa County 4-H
100 Sunrise Blvd.
Suite E
Colusa, CA 95932

Email: jpperry@ucanr.edu

As a confirmation, you will be mailed detailed information about camp, including what to bring and what not to bring. If you have questions, please contact the UCCE office at 530.458.0570 or email Emily Schoenfelder at ecaschoenfelder@ucanr.edu. We look forward to seeing you at camp!

Sincerely,
Emily Schoenfelder
 4-H Youth Development Advisor
 Colusa, Sutter and Yuba Counties

2015 CAMPER REGISTRATION



COLUSA COUNTY 4-H CAMP APPLICATION

NAME: _____
MEMBER: **YES / NO** IF YES, WHAT CLUB: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____
AGE: _____ GRADE: _____ EMAIL: _____

T-SHIRT SIZE: **Youth S** **Youth M** **Youth L** **Youth XL**
(Circle one)
 Adult S **Adult M** **Adult L** **Adult X** **Adult XXL**

GENDER: **MALE / FEMALE** # OF YEARS ATTENDING CAMP: _____

FIRST EXPERIENCE WITHOUT PARENT? **YES / NO**

Special accommodations or dietary needs? _____

Campers may request to be in a cabin with **ONE** other camper, though no guarantees can be made about cabin placement. Name of requested cabin mate? _____

We need one adult (same sex) chaperone for every eight campers. University policy requires that ALL chaperones must be certified as a 4-H Volunteer Leader through enrollment, fingerprinting, and training. IS ABOVE NAMED INDIVIDUAL A CHAPERONE: **YES / NO**

Camper: Please initial by each item below showing you understand and will follow each rule while attending 4-H camp. In addition to abiding by the Code of Conduct...

I will:

- _____ Respect other people's property and the camp facility.
- _____ Turn any and all medications or prescriptions into the Camp Nurse upon arrival.
- _____ Wear shoes with manufactured backs.
- _____ Leave all additional food at home. Meals and snacks will be provided, and extras may attract wild animals.

I will not:

- _____ Have fire crackers, matches or lighters, weapons.
- _____ Be in the pond area at unauthorized times.
- _____ Gamble or bet with money.

_____ Haze, prank, threaten, or harass other attendees (including: shaving cream, toothpaste, hair gel, lip-stick, duct tape or any other substance on another person or property, etc.)

A full registration packet and payment must be complete and turned into the UCCE/4-H Office before registration is finalized. I have read and understand the rules and Code of Conduct.

Camper Signature: _____

Parent / Guardian Signature: _____

University of California, Division of Agriculture & Natural Resources
4-H Youth Development Program



Youth Treatment Authorization Form

(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)

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Last Name	Club/Unit Name
<input type="text"/>		From: July 1, 2014 to December 31, 2015
County and State		

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 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

<input type="text"/>	<input type="text"/>
Name	Relationship to Youth Identified Above
(<input type="text"/>) <input type="text"/>	(<input type="text"/>) <input type="text"/>
Emergency Day Phone (with area code)	Emergency Night Phone (with area code)
<input type="text"/>	<input type="text"/>
Mailing Address	City
<input type="text"/>	<input type="text"/>
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) by contacting the County 4-H Office.

<input type="text"/>	<input type="text"/>
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.

<input type="text"/>	<input type="text"/>
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, 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 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

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

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:

- ☐ Tylenol
 ☐ Ibuprofen
 ☐ Cough Syrup
 ☐ Decongestant
 ☐ Dramamine
 ☐ Antacid
 ☐ Polysporin
 ☐ Hydrocortisone
☐ 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.

Adult Volunteer Treatment Authorization Form

(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)

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Last Name	Club/Unit Name
<input type="text"/>		From: July 1, 2014 to December 31, 2015
County and State		

While I am attending or traveling to or from this 4-H function, I HEREBY AUTHORIZE THE ADULT 4-H 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 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 Section 25.8 of the Civil Code of California. 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.

EMERGENCY CONTACT INFORMATION

<input type="text"/>	<input type="text"/>
Name	Relationship to Adult Identified Above
(<input type="text"/>) <input type="text"/>	(<input type="text"/>) <input type="text"/>
Emergency Day Phone (with area code)	Emergency Night Phone (with area code)
<input type="text"/>	<input type="text"/>
Mailing Address	City
<input type="text"/>	State
<input type="text"/>	Zip

AUTHORIZATION AND CONSENT AND RELEASE

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.

<input type="text"/>	<input type="text"/>
Signature	Date

NON-CONSENT

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

<input type="text"/>	<input type="text"/>
Signature	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, 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 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

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

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:

☐ Tylenol ☐ Ibuprofen ☐ Cough Syrup ☐ Decongestant ☐ Dramamine ☐ Antacid ☐ Polysporin ☐ Hydrocortisone
☐ 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 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 use tobacco, alcohol, or 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://www.ca4h.org/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.

By signature, the parent/guardian of said minor consents and agrees, individually and as parent or guardian of the minor, to the foregoing terms and provisions.

County: _____

Signature of Member: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____