

MAIL APPLICATION TO:
 Mendocino County 4-H Office
 890 N. Bush Street
 Ukiah, CA 95482
QUESTIONS: Call 463-4495

University of California Cooperative Extension
 Mendocino-Lake County 4-H Camp
Counselor-in-Training Registration



Camp Masonite-Navarro June 18-22, 2007
Fee: \$100 (Optional T-shirt +\$6.00)

IMPORTANT— NEW THIS YEAR!!!

Registrations will not be considered unless all forms are filled out and signed and appropriate camp fees are included. (If you have applied for a scholarship for camp fees, attach a copy of your scholarship application.) The deadline to register for Camp is May 4, 2007. (Postmarks are OK.) As always, registrations are accepted first come/first served until we reach Camp capacity.

1. REGISTER

PLEASE TYPE OR PRINT CLEARLY!!

Camper Information:	Please check one: <input type="checkbox"/> Boy <input type="checkbox"/> Girl
Name: _____	Age (as of 7/1/07)* _____ Grade (Fall '07)* _____
Address: _____	City _____ Zip code _____
Telephone: _____	Optional T-Shirt -\$6.00 (Circle One)
Club: _____	Youth sizes: S M L XL
<input type="checkbox"/> I am a first time overnight camper	Adult sizes: S M L XL
<input type="checkbox"/> Dietary restrictions _____	* Youth entering 4th-9th grades as of (Fall '07) are eligible to be campers

2. PARENT/GUARDIANS AND EMERGENCY CONTACT (In case of emergency, who should we call?)

PARENT/GUARDIAN—EMERGENCY CONTACT #1	EMERGENCY CONTACT #2
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
City: _____ Zip: _____	City: _____ Zip: _____
Preferred phone number: _____	Preferred phone number: _____
Alternate phone number: _____	Alternate phone number: _____
E-mail: _____	E-mail: _____

3. PAYMENT, CANCELLATION AND REFUND POLICY

Camp fees are \$100 per camper plus additional \$6.00 for optional T-shirt payable by check payable to: Mendocino-Lake 4-H Summer Camp. Because camp planning and related expenses are directly determined by the number of registrations, there will be **no refunds for cancellations after May 31, 2007.**

PARENT/GUARDIAN SIGNATURE: _____

4. COUNSELOR-IN-TRAINING SUPPLEMENTAL INFORMATION

CITs are expected to help counselors with groups at flagpole, meals, activities, and dining hall duties. CITs may choose to help in any of the areas below. (Please check all that you would like to help with.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Evening activities | <input type="checkbox"/> Open session activities | <input type="checkbox"/> Kitchen helper/Dining hall |
| <input type="checkbox"/> Campfire | <input type="checkbox"/> Night Hike | <input type="checkbox"/> Social |
| <input type="checkbox"/> Workshops (TBA) | | |

For Office Use: Pymt. _____ Cash _____ Check No. _____ Name: _____

California 4-H Youth Development Program
Youth Medical Release Form
University of California Cooperative Extension

This Medical Release Form is authorized for 4-H functions and activities for the Club/Unit and dates specified below:

_____	_____	_____
First Name	Last Name	Club/Unit Name
_____	_____	_____ to _____
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.

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 County 4-H Office.

_____	_____
Signature of Parent/Guardian	Date
(_____) _____	(_____) _____
Emergency Day Phone (with area code)	Emergency Night Phone (with area code)

_____	_____	_____	_____
Mailing Address	City	State	Zip

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 an accident or illness.

_____	_____
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 State 4-H Director at the California 4-H Youth Development Program, University of California, DANR Building, One Hopkins Road, 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.

CONTINUE ON BACK

California 4-H Youth Development Program
Health History Information
 University of California Cooperative Extension

First Name _____	Last Name _____	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?					
Currently under any type of medical care?					
Is there history of behavior disorders, emotional disturbances, or severe moodiness?					
Been under psychiatric treatment within the past five years?					

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 disabilities or disorders that may affect participation at 4-H events such as:
 eyesight, hearing, speech, paralysis, diabetes, ulcer, etc.

Please list all current medications:

Name of Medication	Dosage	Times Taken

Remarks and special instructions. 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 status as a covered veteran (covered veterans are special disabled veterans, recently separated veterans, Vietnam era veterans, or any other veterans who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized) in any of its programs or activities.

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 the Affirmative Action/Equal Opportunity Director, University of California, Agriculture and Natural Resources, 1111 Franklin St., 6th Floor, Oakland, CA 94607, (510) 987-0096.

NAME (print) _____

MENDOCINO COUNTY 4-H SUMMER CAMP CODE OF CONDUCT

➔ Read both sides. Sign bottom of Page 2. ⬅

This **CODE OF CONDUCT** has been established to create a positive educational experience for all campers, teen counselors and adult staff. In order to provide the best educational camp program possible, it is necessary that all participants are aware of and agree to abide by the rules and the consequences for not abiding by these rules. Rules are as follows:

1. Be concerned for the safety of campers and staff.

- A. All meals and snacks are provided; **do not bring extra food**. Food in the cabins will attract raccoons, insects, squirrels, and other wildlife.
- B. No running in camp unless an organized activity.
- C. Must wear closed-toe shoes for camp activities. Sandals are not safe on uneven terrain. It is OK to wear sandals to and from showers or swimming area. No bare feet any time.
- D. Sleeping areas shall be kept neat and free of litter.
- E. Throwing objects will not be allowed unless during a planned activity such as sports.
- F. No jumping or swinging on or from beds.
- G. Campers, senior staff and adult staff can not leave the camp grounds without one of the Camp Directors' permission. Camp boundaries will be posted.
- H. During rest time and "lights out," campers are to be quiet and supervised by a teen counselor or an adult at all times.
- I. Swimming and boating will be permitted only at scheduled times with a lifeguard on duty. Swimmers must have passed the swimming test. Swimmers must have a buddy. Boaters must wear life jackets.
- J. All prescription and over the counter drugs must be given to the Camp Medical Staff upon arrival at Camp.

2. Respect the rights and property of others.

- A. Do not touch other campers' belongings; this means no cabin raiding or trashing cabins.
- B. Boys are not allowed in girls' cabins; the girls are not allowed to visit boys in their cabins.
- C. All campers must be invited before visiting other cabins.
- D. Disrespectful, abusive language will not be a part of camp (no profanity, racial slurs, or putdowns).
- E. Do not damage or deface camp facilities or property. No food or water in cabins. No writing or carving of the cabins, tables, benches, or trees.
- F. Do not bring hair dryers & curling irons, radios or other electronic equipment. Electrical power outlets are limited and circuits easily overloaded.
- G. Label all personal items with name; 4-H is not responsible for lost items.
- H. Rudeness, lack of courtesy, cheating and disrespect for authority will not be tolerated.
- I. Fighting and threatening physical abuse will not be acceptable behaviors.

(continued next page)➔

- 3. 4-H Camp is a fun experience and everyone is to participate in the planned activities.**
- A. If you hear the bell, report immediately to the flagpole.
 - B. Be on time and ready to participate. All campers and teen counselors must attend all camp activities and meals unless permission is given by the Camp Directors.
 - C. If ill, report to the Camp Medical Staff.
 - D. Be a positive team member of your group and cabin.
 - E. "Lights out" means quiet and in bed.
 - F. The telephone is to be used with permission of the Camp Director only and is reserved for emergency use only.

4. DO NOT BRING!!!!

Items considered unnecessary and/or potentially dangerous at camp include:

- Matches, candles
- Cigarettes, chewing tobacco
- Alcoholic beverages, narcotics or controlled substances
- Water balloons or water pistols
- Pressurized cans
- Knives with longer than 3" blade

Possession and/or misuse of these and similar items may constitute grounds for dismissal from camp.

- 5. Gambling and betting by adults and/or youth is prohibited.**
- 6. Display of overly affectionate behavior between girls and boys will not be allowed.**
- 7. No unauthorized visitors are allowed in camp.**

DISCIPLINE ACTION

All infractions of the above items will be called to the attention of the Summer Camp Directors. Warnings may be issued, but only once. A second infraction will be grounds for dismissal from camp and a phone call to parents. Parents will be responsible for coming to pick up camper or teen counselor.

If a camper or counselor must be sent home, camp fees are not refundable.

The preceding rules have been read and discussed with my parents.

Signed by camper: _____ Date: _____

Print name: _____

Parent/Guardian signature: _____ Date: _____

Over the Counter Medication Form

Parents, with your permission our Medic will administer the following over-the-counter, non-prescription medication as needed by your child. Please initial all those for which you give permission:

_____ Acetaminophen (Tylenol) for headache, aches and pains

_____ Antacid (Tums) for heartburn

_____ Ibuprofen for headache, aches and pains

_____ Mylanta for upset stomach

_____ Pepto Bismol for upset stomach

_____ Anti-histamine (Benadryl) for insect bites and itches

Camper's/Counselor's Name: _____

Parent's Signature: _____ Date: _____

If you have different medications that you want for your child, please send them with your child to be turned in to the Medic upon arrival at camp.

NON-CONSENT: I do not desire to sign this authorization.

_____ Date

_____ Signature

Shooting Sports Permission

I the undersigned parent/guardian of _____,
(print name of camper)

understand that part of the 4-H Summer Camp program includes firearm safety training and the actual firing of a gun and/or learning proper and safe archery practices. We hereby agree that our child may participate in this training.

- Both firearms and archery
- Firearms only
- Archery only

Parent/Guardian Signature _____ Date _____

- I do NOT want my child to participate in this training.

Parent/Guardian Signature _____ Date _____