

4-H ON THE WILD SIDE TEEN STAFF APPLICATION

WEEKEND 1—JUNE 1-3, 2007 WEEKEND 2—JUNE 8-10, 2007

Name _____
First Middle Last

Address _____
Number & Street City
State Zip Phone () _____

Date of Birth ____/____/____ Age ____ Female Male
Month / Day / Year

ETHNICITY: White African American Hispanic Indian/Eskimo Asian

Name of Parent/Legal Guardian _____

Parent's Phone Numbers During Program:

Daytime: () _____ Night: () _____

Name of two alternates who may be contacted in case of emergency:

1. Name _____ Relationship _____
Daytime: () _____ Night: () _____

2. Name _____ Relationship _____
Daytime: () _____ Night: () _____

Name of Family Physician: _____
Phone () _____

Give name and identification number of family hospital/medical insurance

INSURANCE CARRIER MEDICAL ID #
Policy Holder's Name _____

Please be sure to fill out all side of this application, including the Medical Treatment Form (2 sides).

I have read and understand the conditions of participation in the 4-H ON THE WILD SIDE CAMP and I am signing below as an indication of my intent to have my child participate on Staff.

Parent/Guardian Signature _____ Date _____

Send this completed application to: **SACRAMENTO 4-H OFFICE
4145 BRANCH CENTER ROAD
SACRAMENTO, CA 95827-3898**

4-H YOUTH DEVELOPMENT PROGRAM CODE OF CONDUCT

The following guidelines are designed to make the 4-H experience satisfying to all 4-H members. While participating, 4-H members shall:

- ◆ respect the individual rights, safety, and property of others;
- ◆ avoid displays of overly affectionate behavior;
- ◆ not participate in obscene and/or discriminatory language, roughhousing, nor be insubordinate to the leader in charge of the event or chaperones;
- ◆ not possess or use weapons, alcoholic beverages, and/or illegal drugs at any 4-H event activity, or meeting;
- ◆ not participate in gambling or any other games where money is used to wager;
- ◆ abide by all rules of an attended event, activity or meeting.

PENALTIES FOR INFRACTIONS

Penalties and or disciplinary action for infractions of this Code of Conduct may include any or all of the following:

- ◆ 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 the nearest law enforcement agency and/or the proper authorities;
- ◆ termination of 4-H member.

Parents will be notified of action taken.

By my signature on the 4-H On the Wild Side Camp Application, I acknowledge receipt of this document and acknowledge that I have read and agree to have my child abide by the guidelines in this document.

4-H PHOTO RELEASE STATEMENT

The University of California Cooperative Extension periodically uses photographs of youth participating in 4-H Activities for local, regional, or state publicity.

By my signature on the 4-H On the Wild Side Camp Application, I acknowledge receipt of this document and give permission for the University of California Cooperative Extension to use my child's photo for publicity purposes.

MEDICAL TREATMENT FORM -- MINOR
University of California 4-H Youth Development Program

My child _____ has my permission to attend the
Name of child

4-H ON THE WILD SIDE CAMP located at or near SACRAMENTO
name of 4-H activity or event city or town

in SACRAMENTO, CA between the dates of 09/01/06 and 06/30/07

I hereby certify that my child is in good health and can travel to and participate in this 4-H function.

While my child is 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 SAID MINOR:**

Any X-ray examination, anesthetic, medial 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 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/legal guardian, I will be responsible for the cost of any service or treatment provided not covered by the 4-H Youth Accident Insurance Program sponsored by the University of California Cooperative Extension.

AUTHORIZATION AND CONSENT AND RELEASE

Date signature of parent/legal guardian emergency phone DAY

Mailing address ZIP code emergency phone NIGHT

Should there be any changes in the status of parent/legal guardian, it will be my responsibility to keep the county officers informed.

PLEASE COMPLETE THE HEALTH HISTORY INFORMATION ON REVERSE SIDE.

University policy and the State of California Information Practices Act of 1977 requires the following information be provided when collecting personal information from you about your child: 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 the signature line above. Failure to provide the medical information and authorization may result in our inability to provide needed 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 at the Division of Agriculture and Natural Resources, 4-H, DANR, North Central Region, University of California, Davis, California, 95616. Only your own/your child's records are open to your review. Any known or foreseeable intergovernmental transfer which may be made of the information is as follows: None.

HEALTH HISTORY INFORMATION

NAME OF CAMP STAFF: _____ BIRTHDATE _____ WEIGHT _____

Is child subject to:	Yes	No	Does child now have or has ever had:	Yes	No
Colds			Asthma		
Sore throat			Lung trouble		
Fainting Spells			Sinus trouble		
Bronchitis			Heart trouble		
Convulsions			Hernia (rupture)		
Cramps			Appendicitis		
Allergies (List below)			Has appendix been removed?		

Is the child currently under any type of medical treatment?

Is there any history of behavior disorders or emotional disturbances, such as difficulties in relationship with authority figures or peers, or abnormally severe moodiness?

Has the child been under psychiatric treatment within the past three years?

List when child was vaccinated for:

Diphtheria Tetanus

Polio MMR (Measles/Mumps/Rubella)

Please identify child's allergies, including allergies to foods, medications, or drug reactions you know about:

Does your child have any special dietary needs?

Describe:

Please list any physical handicaps or disorders that may limit your child's activities at this 4-H function, such as eyesight, hearing, speech, paralysis, diabetes, ulcer, etc.

Please list all medications the child is presently taking.

<i>Name of Medication</i>	<i>Times Taken</i>	<i>Dosage</i>	<i>Diagnosis</i>

Remarks and any special instructions. Please explain any "Yes" answers on this page.

In accordance with applicable State and Federal laws and University policy, the University of California does not discriminate in any of its policies, procedures, or practices on the basis of race, religion, color, national origin, sex, marital status, sexual orientation, age, veteran status, medical condition, ancestry, citizenship, or disability. Inquires regarding this policy may be addressed to the Affirmative Action Director, University of California, Agriculture and Natural Resources, 300 Lakeside Drive, 6th Floor, Oakland, CA 94612-3550, (510) 987-0096.

Issued in furtherance of cooperative Extension work, Acts of May 8 and June 30, 1914, in accordance with the U.S. Department of Agriculture. W.R. Gomes, Director of Cooperative Extension, University of California.