

LEADERSHIP CONFERENCE OF REGIONAL TEENS

WHAT: Leadership Conference Of Regional Teens (LCORT)

WHEN: Jan. 29-31, 2010 / Check-in time: Jan. 29, 6-9 p.m.

WHERE: **Wonder Valley Ranch**
6450 Elwood Road
Sanger, CA 93657

WHO: *7th-9th Grade 4-Hers
*County Leadership Teams (10th Grade & Above)
*State Ambassadors, Leaders and Staff

COST: \$105.00 – includes 2 nights lodging, 4 meals, (starting Saturday morning), snacks, and all registration materials (\$115 after December 1, 2009)

THEME: Life is not a dress rehearsal...Take the Leading Role!

WHY: To define and develop your leadership abilities. To have an opportunity to meet and share ideas with other youth your age. To expand your perspective on the world around you and to have an enjoyable time.

EVERY DELEGATE IS RESPONSIBLE TO...

- *Attend and participate in all sessions and activities.
- *Act in accordance with the 4-H Code of Conduct.
- *Be responsible for yourself and your belongings.
- *Follow all facility rules.



BE SURE TO BRING WITH YOU...

- *Toiletries, personal items, towels, etc.
- *Suitable changes of clothing (for 2 days), including a jacket.
- *A sleeping bag or blankets and a pillow

PLEASE DO NOT BRING...

- *Food—Don't worry, you'll be well fed!
- *Clothing that will not meet the dress code standards.
- *Electronics or other valuables which you will not absolutely *need*.

ACCOMODATIONS:

Dorm type rooms with 6 to 10 per room. Each room has a bathroom and shower. Sessions will be held in meeting rooms, and multipurpose rooms.

Personal stereos including, iPods and other MP3 players, cell phones, video games, etc. are **NOT ALLOWED** in sessions. ***The Sectional 4-H Council will not be responsible for lost or stolen clothing, electronics or other personal articles.***

COUNTY OFFICES REGISTER ON-LINE USING THE LCORT WEBSITE:

County 4-H Offices should register their delegates online using the system at <http://ucanr.org/LCORT>

*Life is not a
dress rehearsal...*



**Take the
Leading Role!**

LCORT 2010– LEADERSHIP CONFERENCE OF REGIONAL TEENS
Jan. 29-31, 2010

YOUTH REGISTRATION FORM

Name _____ County _____

Address _____ City _____ Zip _____

Telephone: (____) _____ Gender: Male Female

YOUTH: Grade _____ Age _____ Leadership Team? Y / N State Ambassador? Y / N

T-Shirt Size: _____ **T-shirts are \$5.00. If you are requesting a T-Shirt, please be certain to remit an additional \$5.00 to your county office.** (Available Youth Small-Adult 3X. It will be a white T-shirt with a black conference logo. Order the size you want, there will be no changes.)

Roommate preference*: _____

*We will do our best to accommodate your request; however, if you do not guarantee your choice of roommate, especially if that especially if that person does not request you. Room changes will not be made at LCORT!

Registration Fee is **NON-REFUNDABLE** due to the program and facilities. Substitutions may be made for same sex by county staff with approval of the conference coordinators.

PERMISSION SLIP

I give permission for my son/daughter _____ to attend LCORT at Wonder Valley Ranch in Sanger, CA on Jan. 29—30, 2010. He/She will be riding with: _____, and returning with _____.

Signature of Parent or Legal Guardian: _____

[] **Please check if 4-H member/leader has special needs during LCORT (Medical, dietary, etc.) and explain need(s):** _____

Enclose with Registration Form:

*Registration fee (\$105.00 + \$10.00 for late registrations. Add \$5.00 if you wish to order a T-shirt. Confirm with your club/county to know the amount you pay.)

*Signed copy of 4-H Code of Conduct (requires Parent/Guardian & Member's Signatures)

*Signed Medical Treat Form (requires Parent/Guardian Signatures).

****REQUIRED-- This member is in good standing with our Club and County 4-H Program**

Community Club Leader: _____ Date: _____

4-H Staff: _____ Date: _____

LCORT 4-H CODE OF CONDUCT

The following guidelines are designed to make your experience at 4-H events satisfying to you and to all others attending. This means that all participants — members, volunteers, and 4-H YDP staff — shall adhere to the core values of the University of California 4-H Youth Development Program, respect the individual rights, safety, and property of others.

While attending LCORT, you are representing all of 4-H:

1. Everyone is expected to attend all planned sessions, workshops, field trips, and meetings of the event, and to be in appropriate dress. Delegation chaperons and/or project volunteers are responsible for ensuring that members participate in all aspects of the planned program activities.
2. The possession and use of alcoholic beverages and/or drugs, or other than prescription medication is prohibited; participants are not to smoke in group meetings, or in sleeping areas.
3. Setting off fire alarms or tampering with fire extinguishing equipment or other emergency equipment is prohibited.
4. Gambling and betting by adults and youth representing 4-H is prohibited.
5. Obscene and discriminatory language, roughhousing, and insubordination will not be tolerated at any time.
6. Youth members and volunteers should demonstrate respect for one another.
7. Display of overly affectionate attention between participants is discouraged.
8. All participants are to be in their assigned area at curfew and to comply with the quiet hours, lights out, and other rules of the event.
9. No member or volunteer may leave the grounds unless permission is secured from the conference director or adult in charge. 4-H members must be accompanied by an adult. Adults must notify another adult in the delegation before leaving grounds.
10. At overnight events, only Conference participants may be in dormitory areas. No one will be in the sleeping areas of members of the opposite sex. Lounges may be used only for working committees and social activities.
11. Room service such as phone calls, food, laundry, or others will not be permitted.

ADDITIONAL LCORT RULES

12. Keep nametags on at all times.
13. No electronic devices (i.e. MP3 players and other portable stereos, games, etc.) in sessions.
14. Do not purposely damage the facility.
15. Dorm areas are off limits during sessions.
16. Be prepared! Take all materials with you (i.e. binders, pencil, and paper) to the sessions.
17. Follow the LCORT Dress Code (see Page 4 of registration packet).

PENALTIES FOR INFRACTIONS

Infractions of this Code of Conduct must be reported promptly by anyone observing them to the adult in charge of the delegation and to the adult conference coordinator who will bear final responsibility for disciplinary action. Penalties may include any or all of the following:

Sending a participant home; barring that participant from future 4-H events; assessing the participant the cost of damages and repairs in the event of damage/destruction of property; releasing the participant to nearest law enforcement agency and/or the proper authorities; and termination of 4-H membership (youth and adult).

Parents and the county 4-H office will be notified of action taken. If a participant is sent home, fees will not be refunded, and will be at the participant's own expense.

I, (Print Name) _____ have read the Code of Conduct and agree to abide by its rules.
I understand that infraction of this Code will result in any or all of the penalties listed above.

MEMBER/VOLUNTEER _____ COUNTY _____

PARENT/GUARDIAN _____ DATE: _____

LCORT Dress Code

Please be advised that the following dress code will be enforced for all individuals attending the conference, including chaperones.

1. Clothing: All clothing shall be neat, clean, acceptable in repair and appearance, and shall be worn within the bounds of decency and good taste as appropriate for 4-H events.
2. Articles of clothing which display profanity, products, or slogans which promote tobacco, alcohol, drugs, sex or are in any other way distracting, are prohibited.
3. Excessively baggy or tight clothing, and clothing which advertises gang symbols or affiliation is prohibited.
4. Items of clothing which expose bare midriffs, bare chests, undergarments, or that are transparent (see-through) are prohibited. Tank tops with straps wider than one inch are permitted. Please be advised that spaghetti straps, shirts which expose a bare back, halter tops, and tube tops are prohibited.

Dress Code Violations



MEDICAL TREATMENT FORM – MINOR

University of California 4-H Youth Development Program

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

My Child _____ has my permission to attend the

name of child

LCORT 2010

name of 4-H club, activity or event

located at or near

Wonder Valley Ranch, Sanger

City or town

in Fresno, CA

state or county

between the dates of

January 29, 2010

and January 31, 2010

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, 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/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 4-H Office informed.

NON-CONSENT

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

SIGNATURE

DATE

PLEASE COMPLETE THE HEALTH HISTORY INFORMATION ON THE 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: 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 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, One Shields Avenue, University of California, Davis, California 95616-8565. 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.

Continued on Back

HEALTH HISTORY INFORMATION

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

Name of 4-H Member: _____

Social Security Number: _____ Date of Birth: _____ / _____ / _____

(Optional) _____ Month Day Year

Is your child subject to:	Yes	No	Does your child have or has ever had:	Yes	No
Colds	<input type="checkbox"/>	<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>
Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	Lung trouble	<input type="checkbox"/>	<input type="checkbox"/>
Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	Sinus trouble	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions	<input type="checkbox"/>	<input type="checkbox"/>	Hernia (rupture)	<input type="checkbox"/>	<input type="checkbox"/>
Cramps	<input type="checkbox"/>	<input type="checkbox"/>	Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Has appendix been removed ?	<input type="checkbox"/>	<input type="checkbox"/>

Is the child currently under any type of medical treatment? /

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

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

Date of Child's last Tetanus Vaccination: ____ / ____ / ____
M D Y

Please identify over-the-counter medications that we may administer. For example: Antacid, Aspirin.

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

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

Please list all medications that child is presently taking:

Name of Medication	Dosage	Times Taken

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

The University of California prohibits discrimination against or harassment of any person on the basis of race, color, national origin, religion, sex, physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or status as a covered veteran (special disabled veteran, Vietnam-era veteran or any other veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized). 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/Staff Personnel Services Director, University of California, Agriculture and Natural Resources, 1111 Franklin, 6th Floor, Oakland, CA 94607-5200 (510) 987-0096.

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