

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>



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

ADULT REGISTRATION FORM

Name _____ County _____

Address _____ City _____ Zip _____

Telephone: (____) _____ Gender: Male Female

CHAPERONE TYPE: Delegate Chaperone _____ Leadership Team Advisor _____

ADULTS (check one): 4-H Leader 25 or older _____ 4-H Advisor/Staff _____

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.)

If there is a need to be roomed with a specific delegate or delegates, list delegate name(s) here: _____

Chaperone Responsibilities

I understand that as a chaperone, I may be roomed with members from other counties. If my child is attending LCORT and it is necessary that I room with my child, I have listed his/her name above. Delegate Chaperones will be expected to rotate through sessions and will be assigned randomly to a workshop group. Leadership Team Advisors will be expected to supervise and assist their leadership teams. All adults will chaperone the youth assigned to their dorm rooms and will chaperone the dance, movie or game room on Saturday evening. I will assist conference staff in correcting violations of dress code and code of conduct. I will report violations of the code of conduct to the Conference Dean(s). I agree to accept all of these responsibilities.

Signature required for registration

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.

[] Please check you have 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 would like a conference T-shirt. Confirm with your club/county to know the amount you pay.)
- *Signed copy of 4-H Code of Conduct
- *Signed Medical Treat Form (requires Parent/Guardian Signatures.)

****REQUIRED-- This leader 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



Adult (18 and older)

**California 4-H Youth Development Program
Adult 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 LCORT 2010

Sanger, Fresno County, California on January 29, 2010 to January 31, 2010

While I am 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 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.

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.

Signature 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 me from receiving any non-life threatening medical attention in the event of illness or accident.

Signature Date

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 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 State 4-H Director of 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 records are open to your review.

Any known or foreseeable intergovernmental transfer that may be made of the information is as follows: None.

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

_____	_____ / _____ / _____		
First Name	Last Name	Date of Birth	Social Security Number

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?		
Is eyesight good?			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 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/Staff Personnel Services Director, University of California, Agriculture and Natural Resources, 300 Lakeside Drive, 6th Floor, Oakland, CA 94612-3550, (510) 987-0096.