



University of California

Agriculture and Natural Resources | 4-H Youth Development Program

2019 GLENN COUNTY 4-H SUMMER CAMP YOUTH INFORMATION (CAMP DATES: JUNE 27-JUNE 30, 2019)



Attention Youth:

- Do you enjoy nature?
- Making new friends or exploring the outdoors?

Then this 4-H Camp is for You!

- 4-H members and their friends are invited, ages 9-13 years old, as of December 31, 2018.
- Members 14-18 years of age, as of December 31, 2018, will need to apply to be a camp counselor.
- The cost of camp is \$100.00 which includes a shirt to tie dye at camp. *An additional \$65.00 for 4-H enrollment fees (accident insurance, curriculum and scholarship fees) must be paid if you are not a current 4-H member.* Fee waivers are available for enrollment costs.

APPLICATION DEADLINE

Monday, March 11, 2019

Return forms ASAP!

Space is limited!

SEND OR DELIVER TO:

Mail to: Glenn County 4-H

P.O. Box 697

OR Orland, CA 95963

Hand deliver: 821 E. South St., Orland



Completed application packets are accepted on a first-come, first-served basis. Each completed application packet will be date-stamped. A completed application packet consists of: Camp Application and Emergency Contact, Youth Treatment Authorization form, Child Release form, Camper Information Page, Code of Conduct, Camp Rules, and payment of Camp Fees or Campership (fee waiver). A completed 4-H Enrollment Packet will also be due, if not already enrolled. Incomplete application packets will not be accepted and returned.

You will be mailed more detailed information on what to bring and what not to bring at a later date. There will be no refunds after **June 3, 2019**. If Camp Applications are received after March 11, 2019, admission to camp will depend on availability of space and a late fee of \$10 will be charged. If you have any questions, please call the Cooperative Extension Office at 865-1107.

Alyssa Perry

4-H Youth Program Representative

UNIVERSITY OF CALIFORNIA COOPERATIVE EXTENSION GLENN COUNTY
P. O. Box 697, Orland, CA 95963-0697 Telephone (530)865-1107 Fax (530)865-1109 <http://ceglenn.ucanr.edu>
The University of California working in cooperation with Glenn County and the United States Department of Agriculture.



**University of California**

Agriculture and Natural Resources ■ 4-H Youth Development Program

<p align="center">2019 GLENN COUNTY 4-H SUMMER CAMP YOUTH APPLICATION</p>
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Youth 9-13 years of age as of Dec. 31, 2018 are eligible to be campers. Campers not enrolled in a 4-H club must enroll and pay an additional \$65.00 for accident insurance, curriculum and scholarship fees. (Fee waivers are available for enrollment costs.)

NAME _____ AGE _____ as of Dec. 31, 2018.

ADDRESS _____ CITY/STATE/ZIP _____

PHONE _____ MALE/FEMALE _____ YEARS IN 4-H _____
(Circle One)

EMAIL _____

ETHNICITY: WHITE _____ HISPANIC _____ NATIVE AMERICAN _____ BLACK _____ ASIAN _____ OTHER _____

→ T-Shirt Size (Please circle size - one choice on each line) Youth or Adult
S M L XL XXL

NAME OF CABIN MATE REQUESTED (same sex and grade): _____

(Both must request each other for the possibility of the same cabin assignment.) (At times, not all requests can be accommodated.)

The cost is \$100.00 per youth camper, if paid by deadline. (A late fee of \$10.00 will be charged for late forms, if room is still available.) No refunds after **June 3, 2019**. Please return this Application, the Medical Treatment Form, Code of Conduct, Camp Rules, Camper Information Form, Child Release Form and fees by deadline to the Glenn County Cooperative Extension Office, P. O. Box 697, Orland, CA 95963 (or hand-deliver to 821 E. South Street). Checks should be made payable to Glenn County 4-H Council. You can call 865-1107 if you have any questions.

IN CASE OF EMERGENCY & UNABLE TO CONTACT PARENT

NAME _____ RELATIONSHIP _____

PHONE _____

PARENT OR GUARDIAN SIGNATURE _____

UNIVERSITY OF CALIFORNIA COOPERATIVE EXTENSION GLENN COUNTY

P. O. Box 697, Orland, CA 95963-0697 Telephone (530)865-1107 Fax (530)865-1109 <http://ceglenn.ucanr.edu>

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To simplify information, trade names of products have been used. No endorsement of named products is intended, nor is criticism implied of similar.





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CHILD RELEASE FORM

(PLEASE PRINT)

Only the individuals listed on this form will have permission to drive your child to/from Camp. Your child will only be release to either yourself or one of the individuals listed below.

I, _____ give the Glenn County 4-H Program
(Parent or guardian)

permission to release my child/children, _____

(Name of child/children)

to the following people:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

SIGNATURE (parent or guardian)

This form MUST be returned with your camp application to the UCCE Office, P.O. Box 697, Orland, CA 95963.

BELOW FOR OFFICE USE ONLY

PRINTED NAME OF PERSON PICKING UP CHILD

SIGNATURE OF PERSON PICKING UP CHILD



CAMP RULES

Youth Campers

University of California, Glenn County Cooperative Extension

The following guidelines are designed to make your experience at 4-H Summer Camp satisfying to you and to all others attending. **The individual rights, safety and property of others must be respected.**

1. Respect the rights and property of others.

- Do not touch other camper's belongings.
- Disrespectful, abusive language will not be a part of camp (No profanity, racial slurs, or putdowns).
- Do not damage or deface camp facilities or property.
- **Rudeness, lack of courtesy, and disrespect for authority will not be tolerated.** Fighting and threatening physical abuse is not acceptable behavior.
- Boys are not allowed in the girls' cabins; Girls are not allowed to visit boys in their cabins. All campers must be invited to enter other cabins.
- All clothing worn shall be within the bounds of decency and in good taste. No halter tops, tube tops or bare backs or shirts that show cleavage or excessively baggy or tight fitting clothes will be acceptable.
- Items of clothing which display profanity; advertises gang affiliation or products or slogans which promote tobacco, alcohol or drugs or are in any way distracting, will not be allowed.
- Swimsuits may be worn only to/from showers.

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

- No running in camp unless during an organized activity.
- Must wear closed-toe shoes for camp activities. Sandals are not safe on uneven terrain. Sleeping area shall be kept neat and free of litter.
- Throwing objects is not allowed unless it is a planned activity such as sports (throwing rocks will not be tolerated). No jumping or swinging on the beds or the cabins.
- Campers and teen counselors cannot leave the grounds without an adult and must have the Camp Director's or 4-H staff's permission. Adult staff must also have the Camp Director's or 4-H staff's permission. No swimming will be permitted in the fishing stream.
- All prescriptions and over the counter drugs must be given to the Camp Nurse immediately upon arrival at camp.
- All meals and snacks are provided; **do not** bring extra food, candy, drinks or snacks. Food in the cabins will attract insects, squirrels and other wildlife.
- Knives will be provided for fishing. Do not bring knives of any type; they will be confiscated.
- Youth who bring their own cars are to turn in their keys to the Adult Camp Director or the 4-H staff.

3. 4-H Camp is a fun experience and everyone is to participate in the planned activities.

- When you hear the bell, report immediately to the camp fire area.
- Be on time and ready to participate.
- If ill, report to the camp medical staff.
- **Be a positive team member for your group and cabin.**
- "Lights Out" means quiet and in bed.
- The camp telephone is only to be used with the permission of one of the following: Camp Director, 4-H Staff or Camp Nurse. Using cell phones will not be allowed except for emergencies (reception is poor, anyway). Phones will be kept by 4-H staff for safe keeping. If a child or teen wishes to make a call, they can contact an adult to make arrangements. Everyone must check in/out with the Camp Director or 4-H Staff when leaving or coming into camp.

4. The following items and activities are not allowed in camp (no second chances). Campers, teen counselors and adult staff having or doing such will be sent home at the first infraction and at their own expense.

- No alcoholic beverages, knives, firearms, fireworks, illegal drugs, matches, and tobacco are allowed.
- No gambling or betting with money, overt display of affection between anyone, fighting, threatening/physical abuse, stealing, tampering with emergency equipment, and being under the influence of drugs or alcohol are allowed at camp. Boys are not allowed in the girls' cabin area; Girls are not allowed in the boys' cabin area.

CONSEQUENCES:

The following steps will be followed if a camper, teen counselor or adult staff member does not abide by the rules.

1st Infraction: Discuss the inappropriate behavior with an adult staff member or teen counselor and clarify the rule.

2nd Infraction: Camp Director or 4-H staff will discuss the inappropriate behavior and give a "time out" or appropriate consequence. Camper's appropriate attitude and/or behavior will be discussed.

3rd Infraction or Any Behavior Listed in Rule # 4: Camp Director or 4-H staff will request parent to pick up camper or teen counselor to be taken home at their expense and camp fee will not be refunded. Adult Staff members will be asked to leave camp immediately.

Additional consequences may be releasing the individual to the nearest law enforcement agency, assessing the cost of damages and repairs in the event of destruction of property, barring the individual from future 4-H activities, and/or termination of 4-H membership. Parents will be notified of any action taken.

All youth including teen counselors are not covered by UC liability when driving, to or from 4-H Camp. There is no insurance coverage for anyone under the age of 18, driving themselves or anyone else. If your child is being driven by anyone under 18 to and from camp, a letter with your permission and acknowledgment of this statement must be on file at the Cooperative Extension Office before they are driven.

Please return:

- Camp Application and Emergency Contact Form
- Child Release Form
- Camper Information Page
- Youth Treatment Authorization Form
- Signed Camp Rules
- Signed Code of Conduct
- Completed 4-H Enrollment Packet (if not already enrolled)
- 4-H Enrollment Fees of \$65 or Fee Waiver (if not already enrolled)
- Camp Fees of \$100.00

CAMP RULES

Youth Campers

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*I, (Please Print) _____, have read and understand the Camp Rules and agree to abide by the stated rules. I also understand that if I do not abide by these rules, the consequences listed will be enforced.

Youth/Adult Signature _____ Date: _____

All youth campers and teen counselors must include parent/guardian signature below:

*I, (Please Print) _____, parent/guardian of the above named youth have read and have assisted my child in understanding the above rules, and requirements as a camp participant. We both understand the consequences that will follow as listed above if my child does not abide by the rules,

Parent/Guardian Signature _____ Date: _____



Member Code of Conduct

(PAGE RETAINED BY THE MEMBER)

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. Not have or use alcohol, tobacco (like cigarettes, e-cigarettes, or chew) or other drugs (unless my doctor gives them to me).
5. Not bother or attack others, not carry or use a weapon; and not do anything else illegal or unsafe.
6. Know that adults can search my things (like my backpack) if they think I might have broken the 4-H rules.
7. Not touch anyone in a way that is too affectionate, and not engage in sexual behavior.
8. Follow the 4-H *Guidelines for Social Media* - <http://4h.ucanr.edu/files/133821.pdf>.
9. Not do things outside of 4-H that are harmful to anyone in 4-H or the 4-H program.
10. Follow the *California 4-H Dress Guidelines* - <http://4h.ucanr.edu/files/210170.pdf>

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. Only enter my own assigned sleeping area and will 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.

County: _____ Member Name: _____

Signature of Member: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____



Youth Treatment Authorization Form - Print all information clearly.

(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)

First Name

Last Name

Club/Unit Name

County and State

From: July 1, 2018 to December 31, 2019

PARENT(S)/GUARDIAN(S)

First & Last Name

Home/Work/Other Phone:

Cell Phone:

EMERGENCY CONTACT INFORMATION: (Must be an adult other than Parent/Guardian)

First & Last Name: Home/Work/Other Phone:

Relationship: Cell Phone:

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 California Family Code Section 6910. 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 am the parent/guardian having legal custody of the youth member named above as stated under California Family Code Section 6550. 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 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.

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 Statewide 4-H Director 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.



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Health History Information - Print all information clearly.

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER; SHRED AFTER THE PROGRAM YEAR)
(please attach extra page if more space is needed)

First Name

Last Name

 / /

County

Date of Birth

Date of last Tetanus Vaccination:

Not Sure

None

Please check over-the-counter medications that may be administered:

Tylenol Ibuprofen Cough Syrup Decongestant Dramamine Antacid Polysporin

Hydrocortisone Benadryl Other:

Please identify if this participant has any health conditions that are important for program staff to know in order to maximize participation and ensure safety and well-being:

Or check this box if no information needs to be shared

Please list all current medications:

Name of Medication	Dosage	Times Taken

Please identify any allergies including allergies to food, medications, and drug reactions:

Please include any additional remarks and special instructions to better assist emergency service personnel.

Please list any additional assistance the youth will need in order to participate in this program or activity.

Note: in some cases, a Doctor's note may be required to confirm the request.

	Yes	No
Does the youth have any current emotional or behavioral difficulties that would be helpful for us to know about?		
Are there any ways of responding to the youth's negative moods or feelings that you found to be effective?		
Would you like to share any significant life or family events that will help us support the youth's current emotional state?		

Please explain any "Yes" answers on this page.
