12th Annual 4-H International Summer Camp 2015
“Opening Doors, Reaching Dreams, and Creating the Leaders of Today”
Challenging Minds and Bodies To Make the Best Better!

Through Natural Resources, Engineering, Technology, Science, Culture, Education & Sports

With 4-H, the youth can see further and expand their horizons!

The Oregon State University 4-H Program invites students to participate in the 2015 International Summer Camps.

What is the camp about? Prepare for college and have fun while learning about natural science, engineering, technology, forestry & etc. Develop leadership skills & learn about the Latino culture. And, participate in sports like soccer, volleyball, archery, canoeing, & swimming.

Want to learn about college, have fun and meet new friends? Apply soon! Space is limited!

Who? Students finishing 6th, 7th, and 8th grades by June 2015.

Where? In the 4-H Conference & Education Center. 5390 4-H Road, NW, Salem, Oregon 97304.

When? August 4-8, 2015

Cost? $100 per student. Scholarships of $25 and $50 are available if you cannot pay the full amount.

Download Application: http://extension.oregonstate.edu/4h-outreach

Application Deadline: July 24, 2015.

4-H Outreach Personnel: Yazmin Brambila & Efrain Alonso
E-mail Yazmin at: Maria.Brambila@oregonstate.edu
E-mail Efrain at: 4h.outreach@oregonstate.edu

Camp Director: Mario Magaña Álvarez
E-mail Mario at: mario.magana@oregonstate.edu

Phones: (541)-737-8798 or (541)-737-0925

Mail application to: Mario Magaña Álvarez
Oregon State University
Oregon 4-H Outreach
123 Ballard Extension Hall, Corvallis, OR 97331
Dear Parents/Guardians,

The safety of your child is our priority. In order to secure the safety and wellbeing of your child we are requesting your assistance. Please complete an "Early Release/Check Out Form" for each child if you are NOT checking out on the approved check-out day and time scheduled by the 4-H program.

Once you have completed and signed this form, the 4-H program is no longer responsible for the child named on this form. Parents are allowed to “call in” and release their child over the phone in case of an emergency but we very much appreciate if you can let us know at check-in by completing this form. **Check-outs over the phone are reserved for emergencies only.** Under no circumstances will an early release request be granted to the student without the submission of this form or a phone call from a parent or guardian to a 4-H administrator. Parents/guardians are encouraged to come and sign-in and check-out their child/children from the program with a designated 4-H staff member.

With the **Early Release/Check-out Request Form** a 4-H representative may call the participant’s parents and/or guardians to confirm whether or not the form was in fact signed by one of the parents or guardians and therefore allowed the participant to leave early from the program.

Parent/Guardian’s name/ relationship: __________________________________________

Parent/Guardian’s signature: __________________________________________ Date: _____________

Parent/guardian’s phone: _____________________________ Alternative phone: _____________________________

Participant’s name: __________________________________________

Participant’s signature: __________________________________________ Date: _____________

4-H Director/Administrator signature: _____________________________ Date: _____________

**Departure date/time:** __________________________________________

Please contact Mario Magaña Álvarez or Yazmín Brambila at (541) 737-0925 from 8:00 AM-5:00 PM if you have any questions or on cell phone at any time (503) 931-7206.

**Thank you for your participation and cooperation!**

Sincerely,

Mario Magaña Álvarez
OSU Associate Professor & State 4-H Outreach Specialist
E-Mail: Mario.Magana@oregonstate.edu
541-737-0925
# Oregon 4-H Member Enrollment Form

## 4-H International Summer Camps – August 4-8

**Name of this Activity/Club:** “4-H International Summer Camp”

- **County:** ____________________
- **Club/Activity 4-H:** 4-H International Summer Camp
- **New Enrollment** ☐
- **Re-enrollment** ☐
- **Youth Leader** ☐

**Participant** (please print):

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<th>Last</th>
<th>First</th>
<th>Middle</th>
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**Parent or Guardian:**

**Address:**

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<th>Street/Mailing Address</th>
<th>City</th>
<th>Zip Code</th>
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**School:**

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<th>Grade</th>
<th>Year in 4-H</th>
<th>Birth Date</th>
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**Gender:**

- ☐ Male
- ☐ Female

**Residence** (select one)

- ☐ Farm
- ☐ Rural/10,000
- ☐ Town/10 - 50,000
- ☐ Suburb/50,000
- ☐ City/50,000

**E-mail**:

**Would you like to receive information via E-mail?**

- ☐ Yes
- ☐ No

**Cell Phone** ________

- Is it okay to text this number? Yes _____ No _____
- List Cell Phone Carrier: ____________________________

**List any special accommodation for a disability to participate in this program.**

**Ethnicity** (select one)

- ☐ Hispanic
- ☐ Non-Hispanic

**Race or auto-identification** (select what applies)

- ☐ White
- ☐ African American
- ☐ Asian
- ☐ Alaskan/Native American
- ☐ Hawaiian/Pacific Island
- ☐ Prefer Not to State

### Parent/Guardian 1

**Address (if different)**

<table>
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<tr>
<th>Last, First</th>
<th>City</th>
<th>Zip Code</th>
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</thead>
</table>

**Main Phone** ________

**Work** ________

**Cell Phone** ________

**E-mail**

**Occupation**

- ☐ Legal Guardian
- ☐ Send Mailing

**Member of Military?**

- Yes _____ No _____

**What Branch?**

**Reserve or Guard?**

### Project/Activity Name

<table>
<thead>
<tr>
<th>4-H International Summer Camps</th>
<th>Year in Project?</th>
<th>Is project manual needed?</th>
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<tr>
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<td>1 2 3 4 5 6 7 8 9 10 11 12</td>
<td>Yes _____ No _____</td>
</tr>
</tbody>
</table>

**Payment Information**

- **Registration Fee:** $100.00, if paid before July 24th
  - ☐ Make Checks Payable to: Oregon 4-H Foundation
  - ☐ Late fee after July 24th ($10)
  - ☐ TOTAL PAYMENT: $_______

- **Check or Money Order Number/Account#**

**Note:** Attach your payment to this form with the selected amount you can pay.

- Is your child in a free or reduced lunch program in your school? Yes _____ No _____

**Contact your County 4-H Extension Educator to check for availability of camperships/scholarship for this camp.**

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**Mail Application to:** Oregon State University 4-H Outreach, 123 Ballard Extension Hall, Corvallis, OR 97331

Oregon State University Extension Service offers educational programs, activities, and materials without discrimination based on age, color, disability, gender identity or expression, genetic information, marital status, national origin, race, religion, sex, sexual orientation, or veteran’s status. Oregon State University Extension Service is an Equal Opportunity Employer.
**Type of activity:**  ☐ County/area  ☐ state  ☐ regional  ☐ national  (Select the "state" option)

**Name of event/activity:** ________________________________  County: ____________________

**Participant's Name:** ____________  _______  __________________

**Address:**  

<table>
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<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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</table>

**Participant is:**  ☐ Adult  ☐ Youth  ☐ Male  ☐ Female  

**School Grade:** __________________

**Birth Date:** __________  

**Home Phone:** __________________  
**Cell Phone:** __________________

**Emergency Contact:**  

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<th>Name</th>
<th>Relationship</th>
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<th>Daytime phone</th>
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<th>Cell phone</th>
<th>Other</th>
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**Health Statement:** (to be completed by parent, physician or adult participant)

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<th>Does the participant have any dietary restrictions? If yes, please describe:</th>
<th>Si</th>
<th>No</th>
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<tr>
<th>Does the participant have any allergies? If yes, please describe:</th>
<th>Si</th>
<th>No</th>
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**Name of all medications the participant is taking:**

**Name and phone number of physician:**

As parent or guardian, if my child needs medical attention, I understand every effort will be made to contact me. I hereby give permission to the medical personnel selected by the person in charge of the 4-H event to order x-rays, routine tests, treatment, release any records necessary, and to provide or arrange necessary related transportation for the person named on this form. I hereby give permission to the physician selected by the person in charge of the 4-H event to hospitalize, secure emergency treatment for, to order injection, anesthesia, and/or surgery for me or my child as named on this form. I will assume all financial obligations incurred if not covered by insurance.

Signature of Parent/Guardian or Adult participant  ____________________

Date  __________
OREGON 4-H YOUTH DEVELOPMENT PROGRAM
YOUTH CODE OF CONDUCT - 4-H International Summer Camps

The well-being of all 4-H program participants is important. Everyone has responsibilities.

4-H is a positive youth development program. Therefore, when I participate in 4-H programs and events, I agree to . . .

1. Engage fully with a positive attitude and creative energy.
2. Be courteous to others, even if they’re different from me.
4. Be willing to ask an adult for guidance to make good decisions and take appropriate actions.
5. Use language that is respectful to others. (Swearing, harassment, and bullying are not allowed.)
6. Take care of the property I interact with, and assume responsibility for purposeful damage I may cause.
7. Wear appropriate clothing for program activity(s). Follow the specific dress code, if provided.
8. Be present and on time for all parts of the program. (I will notify the appropriate supervisor if I have a health or schedule problem.)
9. Use technology (ipods, mp3 players, game devices, cell phones, etc.) during free time, or in ways that contribute to the goals of the program.
10. Treat animals humanely and provide them appropriate care.
11. Not engage in Personal Displays of Affection (PDA). (It is distracting and inappropriate.)
12. Refrain from use of tobacco, marijuana, alcohol, or illicit drugs, or be under their influence while participating.
13. Follow safety policies of the Oregon State University Extension Service, and guidelines of the 4-H Youth Development Program. (Such as: not leave the program area without permission from the program supervisor; be in assigned lodging during overnight activities; abide by curfew hours; remain in gender specific areas [no boy in a girl’s room / no girl in a boy’s room]; handle firearms only in secured, designated areas under the direct supervision of a trained 4-H Shooting Sports volunteer; not use fireworks, and any other additional safety policies established by a specific event or program.)

I have read and agree to the above Code of Conduct. I understand that if I violate any part of this agreement, I may be sent home from a 4-H activity at the expense of my parent(s) or guardian(s). I also understand that if I cause personal or public safety concerns, I may lose my eligibility to participate in some future 4-H Youth Development events, and/or, lose my membership privileges.

Parent/Guardian Signature       Date       Member Signature       Date

Research and Evaluation Statement

As part of your child’s participation in this 4-H program, he or she may be asked to complete an evaluation related to what he or she learned and experienced in the program. These evaluations are part of 4-H’s ongoing program monitoring and provide valuable information about the impact of the program on youth. Your child will always be asked if he or she wants to participate in the evaluation, and will not be required to do so if he or she does not want to. Should your child choose not to participate, his or her participation in this program will not be affected in any way.

Media permission: As the Parent/Guardian for the Participant named on the front of this form I give permission for my minor child to be captured on any recorded medium (including, but not limited to video, audio, photos) for use in any form (including, but not limited to print, websites, blogs, internet).

Parent/Guardian Signature       Date

CAMPER BIOGRAPHY

A special note regarding personal information about your child: Some parents hesitate to provide camps with personal information about their child’s behavior or past experience. Some fear the information may be misused, while others are concerned about their child being labeled, singled out or treated differently. Having prior knowledge about a learning difficulty, ADHD, a bed-wetting problem or child’s life makes a tremendous difference in helping us be sensitive to your child’s needs - especially in the first few days of camp! Children need the camp staff to be partners with their parents in planning for a safe and successful camp experience. Our commitment is to use such information only to help your child adjust to camp. Please write any other information that would be helpful to your child’s counselor or camp staff; i.e. family situations, camper’s strengths or possible challenges. Feel free to use additional sheets of paper.
SCHOLARSHIP/CAMPERSHIP FROM 4-H International Summer Camps
Application Deadline: July 24, 2015

Camperships and spaces are limited. Please fill out the form as completely as possible. This application will help us to determine who is eligible for a 4-H Campership. We understand that some of the information requested on this form, may NOT apply to you.

PARTICIPANT INFORMATION

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I am a: [ ] Boy [ ] Girl

Birth date: / / , Grade completing by June, 2015: 

Have you attended a 4-H camp before? [ ] Yes [ ] No

If yes, where/when?

PARENTS INFORMATION

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<th>Last Name:</th>
<th>First Name:</th>
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*Is your child on free or reduce lunch in his/her school?*

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<th>Yes</th>
<th>No</th>
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Do you need help to pay for the participant’s Summer Camp cost?

[ ] Yes [ ] No

How much can you pay? $ 50.00 ___ or $75.00 ___

Note: Attach your payment to this form with the selected amount you can pay. Your child will not be accepted until your payment has been received.

*Please tell us, why the participant should receive a campership?*

*This Scholarship Application is for low-income students participating in the 4-H Summer Camps. We are providing camperships of $25.00 and $50.00 for families that cannot pay the full amount.

I certify that all information provided on this form is true and complete to the best of my knowledge. I give permission for the selection committee to contact us if they need more information in regards to our financial needs. If selected to receive a scholarship, a 4-H representative will inform me by mail or by phone.

Mail application to:
Marion Magaña Álvarez
Oregon State University
Oregon 4-H Outreach
123 Ballard Extension Hall,
Corvallis, Oregon 97331

_____________________________ ____________
Participant’s Signature Date
OVER-THE-COUNTER MEDICATIONS RELEASE FORM

Health Departments require events to obtain written permission to administer specific over-the-counter treatments used for common ailments such as headache, poison ivy, sunburn, diarrhea, and so forth.

I (parent/guardian) ______________________________, hereby give permission to 4-H personnel to administer the following over-the-counter medications listed below if necessary. Dosages will be administered accordingly to the specific symptom/problem following the directions on the bottle unless a physician directs otherwise, to treat the following but not limited to headache, upset stomach, allergies, diarrhea, menstrual cramps, and poison oak.

Over the counter medications include:
1) Tylenol,
2) Pepto Bismol
3) Allergy medicine (over the counter)
4) Imodium AD
5) Lotion
6) Calamine

Participant’s name (please print): ____________________________________________

Parent/Guardian’s name (please print): _____________________________________

Parent/Guardian’s signature: ____________________________________ Date________

IMPORTANT: Please bring this form with you on the first day of camp or send it in advance if you want to receive over-the-counter medication should you need it.

Complete the following form only if you indicated in the “OFFICIAL 4-H HEALTH AND CODE OF CONDUCT FORM” that your son/daughter has a health concern.

You have indicated on your son’s/daughter’s health form that he/she has a health concern. Please explain below the procedures we need to follow to ensure your son’s/daughter’s safety at the conference. If the participant is going to be taking any medication at the conference, we need to know how much and how often to give the medicine to him/her. By signing below you are giving us permission to give your student the medication you have sent and also to follow the procedures you have provided.

Participant’s name: ________________________________________________________

Health concern: ____________________________________________________________

Medication: ________________________________________________________________

Procedure: ________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Participant’s Name ___________________________ Parent or Guardian’s Signature __________ Date________
MEDICATION PERMISSION SHEET
(Fill out only if the participant has a prescribed medicine)

Participant’s Name: ____________________________________________________________

Name of prescribing doctor: ____________________________________________________

Name of medication: _____________________________________________________________

If prescription: Pharmacy ________________________ RX NO _________________________

Possible side effects: ____________________________________________________________________________

**Instructions**

Dosage amount: __________ Begin date: ___________ End date ____________________________

Times of day to be administered: ____________________________________________________________________________

Signature: ___________________________________________________ Date: _________________ (parent/guardian)

Telephone Number(s) ____________________________

Doctor

Telephone Number(s) ____________________________

Parent/Guardian’s name: ______________________________________________ Date: ____________

Thank You! You’ve reached the end of this application. Congratulations!
“The opportunities are for those who take them” See you soon!

---

This section- Camp Nurse use only

**Camp Nurse:** Fill in date, time and initials whenever dispensing medicine

<table>
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<tr>
<th>Date</th>
<th>Time</th>
<th>Initials</th>
<th>Date</th>
<th>Time</th>
<th>Initials</th>
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**DISPOSITION OF MEDICINE:**

Returned to parents: __________________________________ Date ______

Disposed by: __________________________________________ Date ______

This form is to be placed in the campers file when medication is complete

**Note for nurse:** Nonprescription drugs will be administered only after consultation with the parents as to medical necessities.