



Clackamas County 4-H Camper Enrollment Form

July 23-28, 2012



Last Name _____ First Name _____ M.I. _____

Preferred Name _____ Birth date _____ Grade completed at camp time _____

E-mail(s) _____

Address _____ City _____ State _____ Zip _____

Accommodations: OSU and the 4-H Youth Development Program do not discriminate against otherwise qualified participants with disabilities on the basis of disability. Are there any accommodations that you are requesting for yourself or your child in order to participate in the 4-H Youth Development Program? No Yes, please describe _____

School Enrolled In: _____

Military family? No Yes - What branch? _____ Active Reserves Guard

Ethnicity

- Not Hispanic
- Hispanic

Residence

- Farm
- Small Town (under 10,000)
- Large Town (10,000-50,000)
- Suburbs of City
- City (over 50,000)

Race

- American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

Gender

- Female
- Male

Parent(s)/Guardian(s) _____

Home Phone _____ Cell Phone _____ Other Phone _____

T-Shirt Size

- Youth Medium
- Youth Large
- Adult Small
- Adult Medium
- Adult Large
- Adult Extra Large

How did you hear about our camp?

- 4-H Newsletter
- Newspaper
- Friend _____
- Internet
- Other _____

How many years have you been to our camp? _____

Are you bringing a new friend who has never been to our camp before who may wish to bunk with you?

- No
- Yes, Name: _____

Notes: _____

Please make checks out to **Clackamas County 4-H Camp Committee**

Fee Enclosed:

- \$299.00
- \$249.00*Early Bird Cost – if received by June 15th
- \$90.00 deposit

MEDIA RELEASE

I give permission to use member's image, in videotape, audiotape, film, photography, or in any other medium for educational, fundraising, or promotional purposes related to the Oregon 4-H program. I understand that such images may be published in a variety of ways, including, but not limited to, print and electronic formats. In addition, I give permission to release member's name and hometown to news media for recognition purposes.

Parent Signature (Mandatory)

Date

BOTH sides of this form MUST be completed!

YOUTH CODE OF CONDUCT

The well-being of all 4-H program participants is important. Everyone has responsibilities. *When I participate in 4-H programs, 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.
3. Be cooperative. Encourage individuals. Help others. Support teamwork.
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 use 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. Know and follow federal, state and local laws that apply to my age. (Not use tobacco, alcohol, illicit drugs, fireworks, or firearms.)
13. Know and 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 at any time without permission from the program supervisor; be in assigned lodging and not trade rooms 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.)

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.

_____ **Camper Signature (Required)**

_____ **Date**

_____ **Parent/Guardian Signature (Required)**

_____ **Date**

Oregon State University Extension Service offers educational programs, activities, and materials—*without regard to race, color, religion, sex, sexual orientation, national origin, age, marital status, disability, and disabled veteran or Vietnam-era veteran status*—as required by Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, and Section 504 of the Rehabilitation Act of 1973. Oregon State University Extension Service is an Equal Opportunity Employer. The Extension Service offers its programs and materials equally to all people. Reasonable accommodations will be provided to those with physical or mental disabilities in order to attend Extension programs. Please contact the Extension office in advance to make arrangements. Agriculture, Family and Community Health, 4-H Youth, Forestry, and Extension Sea Grant Programs. Oregon State University, United States of Agriculture cooperating.

Office Use Only:

Date Received at Extension Office: _____ Received by: _____

Payment Amount: _____ Date: _____ Check #: _____ Balance Due: _____

Payment Amount: _____ Date: _____ Check #: _____ Balance Due: _____

Health Form Received: _____ Copy and Payment sent to Camp Committee: _____

Entered: _____ Camper Letter Mailed: _____ Bus? _____

Notes: _____
