

2009 GROWIN' YER GRUB DAY CAMP REGISTRATION

COST: \$ 35.00 per camper due July 24 for Coquille Camp and August 7 for North Bend/Coos Bay Camp.

Scholarships are available on request.

Checks must be made payable to: **OSU COOS COUNTY EXTENSION SERVICE.** The check should be sent in with this completed form. (Registration form needed for each camper.)

RETURN TO: Coos County OSU Extension Office
C/O GYG Day Camp
Ohlsen Baxter Building
631 Alder St.
Myrtle Point, OR 97458

CAMP REGISTRATION DUE DATE: July 24 (Coq.) or August 7 (NB)

I am planning to attend the Growin' Yer Grub day camp at:

Coquille (Aug. 4-7)

Coos Bay/ North Bend (Aug 18-21)

My camp fee is enclosed.

NAME _____ BOY _____ GIRL _____

_____ Phone _____
Complete Mailing Address City Zip

Name of school attending _____

School grade just completed _____ Are you enrolled in a 4-H Club? ____ Yes ____ No

OREGON 4-H HEALTH CARD

Name _____ Grade _____ County _____

Home Address _____
Street Town Zip

Family Doctor _____ Doctor's Phone _____

Under Doctor's care now? _____ If yes, explain: _____

Prescribed medicine _____

(Campers must bring medicine)

***State time (hours) medication usually taken and if it needs to be taken with food.

Allergies to medications _____

List all allergies _____

Date of last tetanus shot _____

Chronic conditions?

Diabetic	_____	Blind	_____	Other	_____
Epileptic	_____	Deaf	_____	Heart Condition	_____
Ulcers	_____	Hay Fever	_____		

Recent exposure to communicable disease? _____ What? _____

(Campers with contagious diseases will be sent home)

If presently under doctor's care, please describe medications taking and/or what physical limitations. _____

Campers home phone _____ Business phone(s) _____

Other phone or contact _____

4-H ACTIVITIES CODE OF CONDUCT

Your participation in 4-H activities carries the responsibility of representing Oregon 4-H to the public. You are expected to conduct yourself in a manner that reflects well on your state, county and club, as well as yourself. Your contribution to the program is as important as what you receive from the program.

1. You are expected to attend all parts of the planned program. Inform those in charge if you are not feeling well or have a schedule conflict.
2. Dress appropriate to the occasion. At all times be courteous, clean and display good manners. Language must be appropriate and respectful of others. No swearing.
3. Participants are not to leave the assigned program area (Example: campsite, pool etc.) at any time without written permission of the person in charge of the delegation except as a part of the planned program.
4. Participants will not use tobacco, alcohol, drugs (except those directed by doctor), fireworks or firearms or remain in the immediate area when they are being used.
5. Shoplifting or theft of public or personal property will not be tolerated.
6. Avoid roughness and damage of room furnishings, furniture, equipment, etc. Occupants of a room are responsible for any damage or misconduct.
7. 4-H events are to encourage interaction among all members of the group, but not exclusively with another person. Kissing and other sexual displays of personal affection distract from the group and are not appropriate behavior.

VIOLATORS MAY EXPECT

1. To have the opportunity to explain actions to staff in charge.
2. Behavior that is disruptive to the event will be noted and a letter describing such may be sent to parents and county 4-H leadership.
3. Violation may result in dismissal and the offender being sent home at parental expense.
4. Violations involving number 5 and 6 above will result in the offender being sent home at the earliest convenience at their parent's expense.

PARENT OR GUARDIAN CONSENT STATEMENT

In order for your child to participate in the 4-H Day Camp held the week of August 4-7 or August 18-21, your approval is needed to the following statement:

"I hereby give my consent for _____
to attend Growin' Yer Grub Summer Day Camp. (Name of Camper)

I understand that if he/she does not participate fully in the program and does not conduct himself/herself in an appropriate manner set forth in the 4-H Code of Conduct (as stated above) at this event, he/she may be sent home at his/her own expense (other action determined by the Camp staff). A parent will be made aware of any corrective action taken.

In case of medical emergency, I understand every effort will be made to contact parents or guardians. In the event I cannot be reached, I hereby give permission to the physician selected by the person in charge of the 4-H event to hospitalize, secure emergency treatment for, and to order injection, anesthesia, or surgery for my child as named on the other side of this form.

(Parent/Guardian Signature)

(Youth Participant Signature)

Date _____

Mailing Address _____ Phone _____

Person to be contacted in case of emergency. (List location and phone number)

Name _____

Location _____ Phone _____