



4-H W.O.R.L.D.

(Western Oregon Retreat for Leadership Development)

January 13-15 4-H Center



**Open to all 7-12 grade youth in Western Oregon counties.
Retreat is limited to the first 100 participants registered.
A Program of Oregon State University Extension 4-H**

YOUTH APPLICATION

County _____

Your Name: _____ (as you would like to be called at 4-H W.O.R.L.D.)

Address: _____

City: _____ State _____ Zip _____

Daytime Phone: _____ Evening Phone _____

Are you a Boy Girl Birth date ____ / ____ / ____ Grade ____ E-Mail _____

Parent Name: _____ Phone _____

Parent Name: _____ Phone _____

Alternate Phone Numbers (Cell, pager, relatives) _____

T-shirt size: Adult X-Small Adult Small Adult Medium Adult Large Adult X-Large Adult XX-Large

Cottage Theme: (Rank your favorite super hero/villain theme with your first, second and third choice)
____ Robin Hood ____ Lord of the Rings ____ Sherlock Holmes ____ Narnia ____ Romeo & Juliet
____ Alice in Wonderland

PERMISSION TO PHOTOGRAPH

I authorize retreat staff and/or their designee(s) to record on videotape and/or still photography my child, (name) _____ and to use, and to authorize others to use, such recordings and photographs for general educational and promotional purposes. Further, I understand there will be no remuneration for any appearances, use or displays.

parent/guardian signature

date

SESSION SELECTION

A number of great workshops will be offered at 4-H W.O.R.L.D. Please rank your first, second and third choice from the list of sessions being offered this year at 4-H W.O.R.L.D.:

- ____ Building Merry Men- How to work as a team to accomplish a goal
- ____ Once upon a Friendship- Learn skills to develop and maintain friendships
- ____ Creative Stories- Experience different creative writing techniques to tell a story
- ____ Improv Movie-making- Learn how to put your ideas on film, class will include basic elements of making a movie
- ____ Making Your Own Stories- How do you come to decisions and be your own person

PAYMENT INFORMATION

Registration Fee (\$78.00 if received by Jan. 5th) \$ _____

Late Fee after Jan. 5th (\$10) +\$ _____

TOTAL CHARGES: =\$ _____

Please complete and mail:

4-H W.O.R.L.D.
PO Box 765
Albany, Oregon 97321
Questions call 541-967-3871 or email:
melanie.mccabe@oregonstate.edu
Questions call 503-373-3774 or email:
pamela.rose@oregonstate.edu

Contact your County 4-H Extension Agent to
Check for availability of scholarships.
Payment amount \$ _____ ck# _____

Make Checks Payable to:
Marion Co. 4-H Leaders Council
OSU Extension 4-H W.O.R.L.D. 2012

Agriculture, Family and Community Development, 4-H Youth, Forestry, and Extension Sea Grant programs. Oregon State University, United States Department of Agriculture, and Oregon counties cooperating. The Extension Service offers its programs and materials equally to all people.

**4-H W.O.R.L.D.
OREGON 4-H YOUTH HEALTH CARD**



HEALTH STATEMENT

(to be completed by parent, physician or adult participant)

Is the participant currently under medical treatment? (describe)	Yes	No	Does the participant have any history of respiratory illness? (describe)	Yes	No
Is the participant diabetic?	Yes	No	Is the participant subject to seizures of any kind?	Yes	No
Date of last tetanus shot? Month & Year _____					
Is there any medical condition (heart condition, ulcers, etc.) or malformation now existing that may require treatment or affect the participant's participation in this program?				Yes	No
Has the participant had recent surgical operations or accidents or been exposed to infectious disease within the last two weeks? (Please bring notification to the activity if this changes prior to the event)				Yes	No
Does the participant have any allergies or dietary restrictions? If yes, please describe: <input type="checkbox"/> Hay Fever <input type="checkbox"/> Vegetarian <input type="checkbox"/> Lactose Intolerant <input type="checkbox"/> Other (explain) _____				Yes	No
Name of all medications: _____					
Name and phone number of physician: _____					
Emergency Contact: _____ Name _____ Relationship _____ Daytime phone _____ Evening phone _____					

Youth Special Considerations

- Sleepwalker Bed wetter Homesickness A.D.D./A.D.H Other _____
(Hyperactivity Illness)

Any restrictions on physical activity? If so, please explain _____

IMPORTANT: Please notify us if this child is exposed to any communicable diseases or there is a change in the child's health status within 3 weeks prior to camp.

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. On overnight activities, observe hours established and be in your room when indicated. Boys are not allowed in "girls only" designated areas nor girls in "boys only" designated areas.
3. 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.
4. Participants are not to leave assigned program areas at any time without written permission of the person in charge of the group except as part of the planned program. (Example: dormitories, cabins, campus, campsite, etc.)
5. Participants will not use tobacco, alcohol, drugs (except those directed by doctor) or fireworks or remain in the immediate area where they are being used. Only 4-H Shooting Sports participants will handle firearms and only in secured designated areas under the direct supervision of a trained 4-H Shooting Sports leader.
6. Shoplifting or theft of public or personal property will NOT be tolerated.
7. Avoid roughness and damage to room furnishings, equipment, etc. Participants are financially responsible for any damage or misconduct.
8. 4-H events are to encourage interaction among all members of the group, but not exclusively with another person. Kissing and other sexual display of personal affection distract from the group, and are not appropriate behavior.

Violators may expect to: 1) 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 numbers 5 & 6 above will result in the offender being sent home at the earliest convenience at the parents' expense and can result in criminal charges.

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? Yes _____ No _____ If yes, please describe: _____

*Accommodations may include: speech, hearing or vision impairments that may effect participation, behavior disorders or emotional disturbances or abnormally severe moodiness, sleepwalking, and the ability to carry heavy objects, participate in strenuous travel or physical labor.

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

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 my child as named on this form. I will assume all financial obligations incurred if not covered by insurance.

I understand and agree to follow the health and safety guidelines of the camp.

_____ Date _____ Parent/Guardian or Adult Participant Signature _____ Date _____
Retreat Participant Signature