

4-H Camp Registration

Cost: EARLY BIRD - \$75, due June 1, 2016

Scholarships are available! Please contact our office and fill out a Morrow County Scholarship Application. (For Early Bird registration only)

REGULAR REGISTRATION - \$85 between June 1- 6, 2016

REGISTRATIONS WILL NOT BE ACCEPTED AFTER JUNE 6, 2016!

Checks must be made payable to: Morrow County 4-H Leaders Council. The check should be sent with this completed form to:

Morrow County Extension Office

PO Box 397

Heppner, OR 97826

I am planning to attend 4-H Camp on June 16 -19.

Last Name _____ First Name _____

Mailing Address _____ City _____ Zip _____

Name of school attending _____ Male Female (please circle)

Grade just completed _____ Is this your first year attending 4-H Camp? Yes No (please circle)

If possible, I would like to be in a tent with _____. (Optional: You may list **ONE** person and they should be in the same grade or only 1 grade different from you. You may not request a specific counselor.)

OREGON 4-H HEALTH CARD

Name _____ Grade _____ County _____

Street Address _____ City _____ Zip _____

Family Doctor _____ Doctor's Phone _____

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

Prescribed medicine _____

State time medications are usually taken and if it needs to be taken with food (camper must bring own medicine) _____

Allergies to medications? _____

Allergies to Food or Special Dietary Restrictions? _____

Date of last tetanus shot _____

Chronic conditions? (Please circle those that apply)

Diabetic

Blind

Bed wetter

Epileptic

Deaf

Sleepwalker

Ulcers

Hay Fever

Heart condition

Other (Please explain) _____

Recent exposure to communicable disease? _____ If yes, what? _____

NOTE: Campers with contagious diseases will be sent home.

Camper's home phone _____ Parent's work phone(s) _____

Other phone or contact:

Name _____ Phone Number _____

Transportation Information

I give permission for _____ to pick up my child from 4-H Camp on Sunday, June 19, 2016. (Fill in blank ONLY if someone other than parent/guardian is picking up child.)

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. All parents want to see their child have a strong, fresh start at camp, unencumbered by past problems.

Having prior knowledge about a learning difficulty, ADHD, a bed-wetting problem or a recent loss or major change in the family or child's life makes a tremendous difference in helping us be sensitive to your child's need for patience, understanding and reassurance - especially in the first few days of camp! This is especially true for children who have an attention problem or who are nervous about new situations. *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. It will never be used unnecessarily, and only with the greatest discretion.

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.

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, 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. Observe hours established and be in your room. 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 to others. No swearing.
4. Participants are not to leave the assigned program area at any time without written permission of the person in charge of the delegation, except as a part of the planned program. Example: dorms, cabins, campus, campsite, etc.
5. Participants will not use tobacco, alcohol, drugs (except those directed by a doctor), fireworks or firearms, or remain in the immediate area when they are being used.
6. Shoplifting or theft of public or personal property will NOT be tolerated.
7. Avoid roughness and damage of room furnishings, furniture, equipment, etc. Occupants of a room are responsible for any damage or misconduct.
8. 4-H activities are to encourage interaction among all members of the group, but not exclusively with another person. Kissing or 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. Violations involving number 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.
3. 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.
4. Violation may result in dismissal and the offender being sent home at parental expense.

PARENT OR GUARDIAN CONSENT STATEMENT

In order for your child to participate in the 4-H Camp held June 16-19, 2016, your approval is needed for the following statement:

"I hereby give my consent for _____ to attend 4-H Camp."

Parent/Guardian Signature _____ Date _____

I understand that if he/she does not participate fully in the program and does not conduct himself/herself in an appropriate manner as set forth in the 4-H Activities Code of Conduct at this event, he/she may be sent home at his/her own expense (other action determined by the 4-H 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.

"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 anyway."

Parent/Guardian Signature _____ Date _____

4-H Member Signature _____ Date _____

Person to contact in case of emergency:

Name _____

Location _____ Phone _____