FIRST AID/CPR for BABYSITTERS CLASS

Monday, February 1, 2010
OSU Extension Office, 2204 Fourth Street, Tillamook
9 am-3:30 pm
Cost: $25 (includes snacks, materials & CPR/First Aid cards)

BRING A SACK LUNCH

First Aid/CPR Training for Babysitters will teach American Heart Association First Aid/CPR and participants will receive a CPR and First Aid card upon successful completion of the course. For more information, contact the OSU Extension office, 842-3433.

Appropriate for youth who have completed Beginning Babysitter Training and are in 5th grade or above.
Pre-register early - participation limited to the first 10 youth who have paid the fee.

Complete both sides of registration form and return with $15 registration fee to: OSU Extension Service, 2204 Fourth Street, Tillamook, OR 97141. Make checks payable to the OSU Extension Service.

Participants’ Name: ____________________________

Parent(s)/Guardian Name: ____________________________

Mailing Address: __________________________________

City: ____________________________ State: _______________ Zip: _______________

Home phone: ____________________________ Parents Work phone: ____________________________

Cell phone: ____________________________ e-mail address: ____________________________

School: ____________________________ Grade: _____ Gender: F M (circle one)

Complete both sides of registration form
OFFICIAL 4-H HEALTH AND CODE OF CONDUCT FORM

Rev. 8-07

Participant's Name: ____________________________________________________________

Address: __________________________________________________________

Participant is:  ☐ Adult  ☐ Youth  ☐ Male  ☐ Female

Date of last tetanus shot? ____________

Health Statement

Is the participant currently under medical treatment? Yes ☐ No ☐

Does the participant have any history of respiratory illness? Yes ☐ No ☐

Is the participant diabetic? Yes ☐ No ☐

Is the participant subject to seizures of any kind? Yes ☐ No ☐

Date of last tetanus shot? ____________

Is there any medical condition (heart condition, 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? Yes ☐ No ☐

Is the participant having any allergies or dietary restrictions? Yes ☐ No ☐

Name of all medications:

Name and phone number of physician:

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 ☐

*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.

OREGON 4-H YOUTH DEVELOPMENT PROGRAM CODE OF CONDUCT

The mission of 4-H is to teach subject matter and life skills through a process that helps young people meet key developmental needs. To do this, 4-H must create an environment that is conducive to learning and growth. Consequently, 4-H requires that members adhere to certain standards of behavior and conduct as they participate in 4-H. The following are expected of all members:

- Members must demonstrate a commitment to the vision, mission, and core values of the Oregon 4-H Youth Development Program. Actions not in the best interest of 4-H will not be tolerated.

- Show respect and courtesy to other youth, adults, volunteers, and Extension faculty and staff.

- Use language that is appropriate and respectful of others. No swearing is allowed.

- No harassment, bullying or hazing, discriminatory language, roughhousing, or insubordination will be tolerated.

- All members are expected to abide by Federal, state and local laws. They are also expected to abide by policies and guidelines of the Oregon State University, OSU Cooperative Extension Service, and the Oregon 4-H Youth Development Program.

- Members are expected to know and follow rules established for specific events and are expected to attend all parts of a planned program. Members should inform those in charge if they are not feeling well or have a schedule conflict.

- Participants in 4-H activities or events are not to leave the assigned program area (campsites, campus, cabins, or dormitories) at any time without written permission from the person in charge except when movement to another location is a part of the planned program.

- Members must dress appropriately for the occasion. Many times, dress codes describe what is considered acceptable attire for a specific event or activity.

- Members are expected to treat animals humanely and provide appropriate animal care.

- Youth old enough to legally operate motor vehicles (including machines and equipment) may do so only with a valid operator's license, and the legally required insurance coverage. Members must have both authorization from the 4-H staff member in charge of the event and parental permission to drive to out-of-county events. Members must operate vehicles in a safe and responsible manner. All passengers must wear seat belts.

- Members must show respect for the property and facilities used during an event or activity and will assume responsibility for any damage they cause.

- During overnight activities, members are expected to observe hours designated to be in the rooms provided. Boys are not allowed in areas designated “girls only” nor are girls allowed in areas designated “boys only.”

- Members will not use tobacco, alcohol, drugs (except those directed by a doctor) or fireworks or remain in the immediate area where these are being used. Members may only handle firearms in secured, designated areas under the direct supervision of a trained 4-H Shooting Sports leader.

- 4-H events encourage interaction among peers, but not exclusively with another person. Kissing and other sexual displays of personal affection distract from the group and are not appropriate behavior.

Our signatures below indicate that:

- I have read and agree to the above Code of Conduct. I understand that violations may result in loss of eligibility to participate in future 4-H Youth Development events and activities or loss of membership privileges. Violations while participating in out-of-county events may result in the member being sent home at the expense of the parent or guardian.

- We give permission to use member's image and voice on videotape, audiotape, film, photograph, or in any other medium, including the World Wide Web for educational, fundraising, or promotional purposes. We give permission to release member's name and hometown to news media for recognition purposes.

- We understand that failure to abide by the policies and regulations governing the 4-H program may result in loss of membership privileges.

- 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.

__________________________  __________________________
Participant Signature  Parent/Guardian Signature

Date__________________________  Date__________________________

County ________________________

State __________________________

Zip Code ________________________

Region ________________________

National ________________________

Type of activity: ☐ county/area ☐ state ☐ regional ☐ national

Name of event/activity (check one)

County ________________________

State __________________________

Zip Code ________________________

Region ________________________

National ________________________

Type of activity: ☐ county/area ☐ state ☐ regional ☐ national

Name of event/activity (check one)

County ________________________

State __________________________

Zip Code ________________________

Region ________________________

National ________________________

Type of activity: ☐ county/area ☐ state ☐ regional ☐ national

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Name of event/activity (check one)