

2009 4-H EAGLE Trek Camp Staff Registration August 17-21, 2009



REGISTRATION DUE:
July 15, 2009

PLEASE FILL OUT ENTIRELY

Staff Name		Parent/Guardian(s)	
Mailing Address		County	
City		State	Zip
Day Phone	Eve Phone		Cell Phone
Emergency Contact Name (If unable to reach above)		Day Phone	Cell Phone
Email (mandatory)		School	Grade Completed June 2009
Optional Ethnicity <input type="checkbox"/> White/Not Hispanic <input type="checkbox"/> White/Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> More than one race			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	Are you a 4-H Member or ? <input type="checkbox"/> Yes (county: _____) <input type="checkbox"/> No		
Name of Person(s) other than parents who can pick up camper			
PREFERENCE FOR RECEIVING CAMPER CONFIRMATION PACKET (CHOOSE ONE): <input type="checkbox"/> EMAIL <input type="checkbox"/> US POST			
T-shirt size: <input type="checkbox"/> Youth Med <input type="checkbox"/> Youth Large <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult XL		How did you find out about 4-H camp?	
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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.			

OFFICE USE ONLY

Camper ID _____

Date Received: _____

Date Processed: _____

PLEASE SIGN BELOW

- 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 for the member to participate in and/or complete surveys and evaluations that will be used to determine program effectiveness or to promote the program.
- We understand that participation in the surveys and evaluations is voluntary and that the member may choose not to participate in surveys or evaluations without any impacts on his or her eligibility to participate in the 4-H program.
- We understand that the member will be asked for his or her verbal consent before completing a survey or any evaluation.

Date: _____

Parent/Guardian Signature

Date: _____

Youth Signature

CONTINUED ON BACK

OREGON 4-H YOUTH HEALTH CARD
(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?					
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? (describe)				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"/> Nut allergies <input type="checkbox"/> bee allergies <input type="checkbox"/> animal allergies <input type="checkbox"/> Other (explain)				Yes	No
Mental, Emotional and Psychological Health <ul style="list-style-type: none"> This camper has an emotional health concern that will impact camp participation This camper has a psychiatric diagnosis such as depression, OCD, panic/anxiety disorder This camper has a significant life event that continues to affect the camper's life/health This camper uses an individualized learning plan at school 				Yes	No
				Yes	No
				Yes	No
				Yes	No
				If "yes" was the answer to any of the four statements above, attach a statement from your child's professional (e.g. physician, psychiatrist, therapist) that address the preceding with regard to your child's participation at camp.	
Special Youth Considerations: <input type="checkbox"/> sleepwalker <input type="checkbox"/> bed wetter <input type="checkbox"/> homesickness <input type="checkbox"/> other _____					
Any restrictions to physical activity?					
Name of all medications including over the counter medications:					

Authorization for Medical Care
PLEASE INITIA SIGN BELOW

- As a 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 give permission for the camp nurse/safety officer to give routine medications (that the camper brings with them to camp) and deal with routine health issues that come up at camp to meet my child's needs.
- As a parent or guardian, I give permission for the 4-H camp nurse to give, as need, Tylenol and or benedryl. I have provided the child's weight (_____ lbs) for dosage purposes

Parent/guardian signature
date

4-H Activities 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 at any time without written permission from the person in charge except when movement to another location is a part of the planned program.
- 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 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.
- 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 for "girls only" nor are girls allowed in areas designated for "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.

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 may result in the member being sent home at the expense of the parent or guardian.

_____ Date _____
Youth Signature

Camp Activity Participation By signing this Application I give permission for my camper to participate in all regular camp activities offered at Camp, which may include, *but are not limited to*, lodging in cabins, meals, classes and education programs, computer and internet use, field trips, group transportation, archery, rock climbing, hiking, field games, horse back riding, swimming, canoeing, boating, games, arts & crafts, and cook-outs.

_____ Date _____
Parent/Guardian Signature

REGISTRATION AND PAYMENT

CAMP FEES **None**

Mail, hand deliver or fax completed form with counselor application to:

Attention: EAGLE Trek
OSU Extension Office- Washington County
18640 NW Walker Road, Suite 1400
Beaverton, OR 97006

REGISTRATION DEADLINE

July 15, 2009

FOR MORE INFORMATION:

Multnomah County: 503-916-6075
Washington County: 503-821-1120