



4-H Wild West Camp - July 16-21, 2012

For Youth Grades 4-7 <http://extension.oregonstate.edu/yamhill/4-h-youth/camps>

A Program of Oregon State University Extension 4-H

Please complete and mail:

4-H Wild West Camp
2050 NE Lafayette Ave.
McMinnville, Oregon 97128
Questions call 503-434-8913
Or email:
Mike.Knutz@oregonstate.edu

YOUTH APPLICATION

Your Name: _____ County: _____

Address: _____

City: _____ State _____ Zip _____

Daytime Phone: _____ Evening Phone _____

Boy Girl Birth date ____ / ____ / ____ Grade completing June, 2011 ____ **E-Mail** _____

White/Not Hispanic White/Hispanic African American Native American Asian or Pacific Islander More than one

Parent Name: _____ Day & Night Phone _____

Parent Name: _____ Day & Night Phone _____

Have you attended 4-H Camp before? If so, which ones? _____

How did you hear about 4-H Wild West Camp? _____

T-shirt size: Youth Med. Youth Large Adult Small Adult Med. Adult Large

CABIN MATE REQUEST

_____(One request per camper. Cabin mate request must appear on both registration forms, campers must be no more than 1 year apart in age. Every effort will be made to honor request, but no guarantee.)

PERMISSION TO PHOTOGRAPH I authorize camp 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 r photos for general 4-H educational and promotional purposes (such as the camp flyer). Further, I understand there will be no remuneration for any appearances, use or displays, nor will my child's name be used.

parent/guardian signature

date

PERMISSION TO PARTICIPATE IN SPECIAL ACTIVITIES By signing this camp application form I acknowledge that I am aware that my son/daughter may be participating in all regular camp activities offered at 4-H Camp, including, but not limited to, *climbing wall, shooting sports (archery, air gun, etc) and horseback riding.*

CAMPER INFORMATION

parent/guardian signature

date

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.

Payment Information

Camp Registration Fee
(\$215 if paid before June 28th) \$ _____

Special Horse Track Fee *
(\$85 - space is limited to 12 campers) \$ _____

\$35 Late Fee after June 28th \$ _____

TOTAL CHARGES: \$ _____

Payment ck# _____ Online # _____ \$ _____

Make Checks Payable to "OSU Extension"

ONLINE Payment can be made at:



*All campers will have an opportunity to take a horse class. Horse Track Campers will be housed at horse camp with daily opportunities to ride and care for horses.

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.



OREGON 4-H YOUTH HEALTH CARD

Camper Name _____

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 (Hyperactivity Illness) Other _____

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

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