4-H Surfing Outdoor
Stewardship (S.O.S.) Program
March 24-27, 2015

Partnering with Surfrider, Oregon State University staff & faculty offer a unique outdoor adventure filled with opportunities to learn new skills in and out of the water on Wild Rivers Coast. This 4 day overnight camp provides beachfront dormitory accommodations for teens at the regional, state & international levels to participate in hands-on activities, science inquiries, leadership development and of course surfing. Meals and gear will be provided.

Within this packet you will find registration and health forms. Please return your completed forms to the OSU Extension Office with payment by Wednesday, March 4, 2015. Additional discounts may be available for multiple family member enrollments as well as for those that qualify to receive campership funds. Registration is limited and will be closed on March 6th or once the maximum number of campers is reached. Please contact us if you have any questions.

Campers and volunteers come from all over the states to participate in this experience. We look forward to seeing you there!

Sincerely,

Michelle Carrillo
4-H Program Coordinator, Co-County Leader, OSU Open Campus
4-H Surfing Outdoor Stewardship (s.o.s) program
March 24-27, 2015
Registration

PLEASE PRINT IN INK

YOUTH INFORMATION

Camper’s Name ___________________________________________ Preferred Name ______________________________

Age ______ Sex _______ Birth Date ___________ Grade Just Completed ________________

Weight _____ Height ______ Shoe Size _______ Swim Level (circle) _______ Beginner ______ Intermediate ______ Advanced ______

Mailing Address (address, city and zip)

__________________________________________________________

__________________________________________________________

Parent/Guardian ________________________ Day Phone ___________ Evening Phone __________

Email Address ____________________________

Emergency Contact ______________________ Phone ______________________

PERMISSION TO PHOTOGRAPH

I authorize camp staff and/or their designee(s) to record on videotape and/or still photography my child and to use and to authorize others to use photographs for general educational and promotional purposes. I realize that some photos may be available for viewing on the Curry County 4-H website. Further, I understand there will be no remuneration for any appearances, use or displays.

Parent/Guardian Signature ____________________________

PAYMENT INFORMATION

Registration Fee: $125 (Scholarships are available.)
Deadline: March 6, 2015

Space is limited.

Make checks payable to: Curry County 4-H Leader’s Association

Return Completed Registration and Fees to: Curry County 4-H
P.O. Box 488, Gold Beach, OR 97444

Office Use Only

Date Received ____________ Amt. Paid ____________
OFFICIAL 4-H HEALTH FORM  Rev. 9-09

Type of activity: ☐ county/area  ☐ state  ☐ regional  ☐ national  (check one)

Name of event/activity ____________________________

Participant’s Name: ____________________________

First M.I. Last

Address: ______________________________________

Street Address ____________________________

City ____________________________ State ____________________________ Zip Code

Participant is: ☐ Adult  ☐ Youth  ☐ Male  ☐ Female

Emergency Contact: ____________________________

Name ____________________________ Relationship ____________________________

Daytime phone ____________________________ Evening phone ____________________________ Cell phone

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

<table>
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<tr>
<th>Is the participant currently under medical treatment?</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>(describe)</td>
<td></td>
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<tr>
<th>Does the participant have any history of respiratory illness?</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>(describe)</td>
<td></td>
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<tr>
<th>Is the participant diabetic?</th>
<th>Yes</th>
<th>No</th>
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<th>Is the participant subject to seizures of any kind?</th>
<th>Yes</th>
<th>No</th>
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<tr>
<th>Date of last tetanus shot?</th>
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| 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? (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: | 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 _______ 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.

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.

Signature of Parent/Guardian or Adult participant ____________________________ Date ____________________________
OREGON 4-H YOUTH DEVELOPMENT PROGRAM
YOUTH CODE OF CONDUCT

The well-being of all 4-H program participants is important. Everyone has responsibilities.

When I participate in 4-H programs, I agree to . . .
1. Engage fully with a positive attitude and creative energy.
2. Be courteous to others, even if they’re different from me.
4. Be willing to ask an adult for guidance to make good decisions and take appropriate actions.
5. Use language that is respectful to others. (Swearing, harassment, and bullying are not allowed.)
6. Take care of the property I use and assume responsibility for purposeful damage I may cause.
7. Wear appropriate clothing for program activity(s). Follow the specific dress code, if provided.
8. Be present and on time for all parts of the program. (I will notify the appropriate supervisor if I have a health or schedule problem.
9. Use technology (iPods, mp3 players, game devices, cell phones, etc.) during free time, or in ways that contribute to the goals of the program.
10. Treat animals humanely and provide them appropriate care.
11. Not engage in Personal Displays of Affection (PDA). (It is distracting and inappropriate.)
12. Know and follow federal, state and local laws that apply to my age. (Not use tobacco, alcohol, illicit drugs, fireworks, or firearms.)
13. Know and follow safety policies of the Oregon State University Extension Service, and guidelines of the 4-H Youth Development Program. (Such as: not leave the program area at any time without permission from the program supervisor; be in assigned lodging and not trade rooms during overnight activities; abide by curfew hours; remain in gender specific areas [no boy in a girl’s room/no girl in a boy’s room]; handle firearms only in secured, designated areas under the direct supervision of a trained 4-H Shooting Sports volunteer.)

I have read and agree to the above Code of Conduct. I understand that if I violate any part of this agreement, I may be sent home from a 4-H activity at the expense of my parent(s) or guardian(s). I also understand that if I cause personal or public safety concerns, I may lose my eligibility to participate in some future 4-H Youth Development events, and/or, lose my membership privileges.

_________________________________________ Date _______  ___________________________ Date _______
Youth Member Signature  Parent/Guardian Signature

Research and Evaluation statement

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.”

Oregon State University Extension Service offers educational programs, activities, and materials without discrimination based on age, color, disability, gender identity or expression, genetic information, marital status, national origin, race, religion, sex, sexual orientation, or veteran’s status. Oregon State University Extension Service is an Equal Opportunity Employer.
ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY
(With Participant Insurance)

Read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document. Please read both sides of this page. Sign and return this form to (INSERT Department contact name________Michelle Carrillo________) and Department address/phone. PO Box 992, Gold Beach, OR 97444 PH 541-247-6672 for contact). If you are under the age of 18, this form must be signed by you as the participant AND by your parent or legal guardian.

I, the undersigned, am aware that participation in the Activity (hereafter referred to as ACTIVITY) describe above may include activities that may cause injury and dangerous. I acknowledge that participation in this ACTIVITY has the following non-exhaustive list of particular activities that bear risk and danger and from which bodily injury, up to and including death, may occur:

Risks associated with participation may vary according to the nature of the program or activity (e.g., use of equipment or tools related to learning projects). I understand that I may contact and OSU Extension Employee to learn more about risks.

With full knowledge of the facts and circumstances surrounding the ACTIVITY, I voluntarily participate in the ACTIVITY and assume the responsibilities and risks resulting from my participation, including all risk of property damage and injury to others and to myself. I agree to comply with all of the rules and conditions of participating in the ACTIVITY. I understand there is limited medical coverage that covers me for injury or illness while participating in the ACTIVITY. This limited medical coverage will cover me as the primary insurance up to its limits. If the injury or illness exceeds the coverage limits, I have adequate applicable insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my participation in the ACTIVITY, or otherwise understand that I am solely responsible for any medical costs that may directly or indirectly result from my participation in the ACTIVITY in excess of the coverage limits. I will indemnify and hold the State of Oregon, acting by and through the State Board of Higher Education, on behalf of Oregon State University, its employees, directors, officers, and agents (hereafter referred to as UNIVERSITY) harmless with respect to any and all claims, injuries, and costs associated with my participation in this ACTIVITY.

Furthermore, I acknowledge that I am solely responsible for any action that I participate in associated with this ACTIVITY or around this ACTIVITY, regardless of occurring before, during or after the period of the ACTIVITY. I will conduct myself in a manner that is considerate of other participants and in accordance with UNIVERSITY Rules and Regulations (including Student Code of Conduct, when applicable) and with any state and city laws or rules where the ACTIVITY is occurring. If this ACTIVITY is an off-campus UNIVERSITY sponsored event, such as field trips, conferences, research, experiential learning, extension of classroom learning, etc., I understand that conduct not acceptable in the classroom setting is not acceptable during this ACTIVITY and will be handled in accordance with the Student Conduct Regulations. In addition, I understand that if I travel to the ACTIVITY with a UNIVERSITY group and/or advisor, I will return with the group unless prior arrangements have been made with the UNIVERSITY faculty/staff who is supervising the ACTIVITY.

I recognize and acknowledge that UNIVERSITY may record my participation and appearance in ACTIVITY on any recorded medium (including, but not limited to video, audio, photos) for use in any form (including, but not limited to print, websites, blogs, internet). I authorize such recording and release UNIVERSITY to use my name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or part without restrictions or limitations for any educational or promotional purpose. I further release UNIVERSITY to use material from blogs associated with ACTIVITY without restrictions or limitations for any educational or promotional purpose. "For minor participants, parent/guardian may opt out of this on the reverse side of the form.

I am aware that if I provide a vehicle not owned and operated by the UNIVERSITY for transportation to, at, or from the ACTIVITY site, or if I am a passenger in such a vehicle, the UNIVERSITY is not responsible for any damage caused by or arising from my use of such transportation. Furthermore, I acknowledge that I am solely responsible for any action that I take that is outside the scope of the scheduled ACTIVITY, regardless if occurring before, during or after the period of the ACTIVITY.

To the extent permitted by law, and in consideration for being allowed to participate in the ACTIVITY, I hereby save, hold harmless, discharge and release the UNIVERSITY from any and all liability, claims, causes of actions, damages or demands of any kind and nature whatsoever that may arise from or in connection with my participation in any activities related to the ACTIVITY, whether caused by the negligence or carelessness of the UNIVERSITY or otherwise.
It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall bind my spouse, the members of my family and my estate, heirs, administrators, personal representatives and assigns. I further agree to save and hold harmless, indemnify and defend the UNIVERSITY from any claim by the aforementioned parties arising out of my participation in the ACTIVITY.

I recognize and acknowledge that the UNIVERSITY makes no guarantees, warranties, representations, or other promises relative to the ACTIVITY, and assumes no liability or responsibility for injury or property damage that I may sustain as a result of participation in the ACTIVITY.

I further understand and agree that this is a release of liability and indemnity agreement, and it is intended to be as broad and inclusive as permitted by law. If any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and legal effect.

MEDICAL INFORMATION

I hereby certify that, with or without accommodation,* I have no health-related reasons or problems that preclude or restrict my participation in the ACTIVITY. I hereby consent to and understand myself to be solely responsible for the cost of first aid, emergency medical care, and, if necessary, admission to an accredited hospital for executing such care or treatment for injuries that I may sustain while participating in any activity associated with the ACTIVITY.

NAME OF CONTACT PERSON IN CASE OF EMERGENCY:

Name:________________________________________ Complete Address:________________________________________

Phone: (home)__________________ (work)__________________

_________________________ (city) ______________________ (state) (zip)

*If you have a disability requiring an accommodation please contact (INSERT Dept contact name and phone number) __________________________ at least one week (7 days) before the date of the ACTIVITY.

SIGNATURES

In signing this Acknowledgement of Risk and Waiver of Liability I hereby acknowledge and represent: (a) that I have read this document in its entirety, understand it, and sign it voluntarily; and (b) that this Acknowledgement of Risk and Waiver of Liability is the entire agreement between the parties hereto and its terms are contractual and not a mere recital.

DATE________________________ PARTICIPANT OR PARENT/GUARDIAN SIGNATURE ______________________________

*Participants who are not 18 years of age or older must sign above and also must obtain the signature of a parent or legal guardian below*

I certify that I am the parent or legal guardian of the above-named participant in the ACTIVITY. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the participant as a dependent, I have read the above agreement, I understand the contents of his Acknowledgement of Risk and Waiver of Liability, assent to its terms and conditions, and sign this Acknowledgement of Risk and Waiver of Liability of my own free act. I acknowledge that my dependent and I have agreed to the terms and conditions of my dependent's participation in the ACTIVITY, and I hereby give my consent to participate by my dependent in the ACTIVITY, and to receive medical treatment determined to be necessary. I further agree to hold harmless, indemnify and defend the UNIVERSITY from and against all claims, demands or suits that my dependent has or may have.

DATE________________________ PARENT/GUARDIAN SIGNATURE ______________________________

MEDIA PERMISSION: As the Parent/Guardian for the Participant named on the front of this form I give permission for my minor child to be captured on any recorded medium (including, but not limited to video, audio, photos) for use in any form (including, but not limited to print, websites, blogs, internet).

DATE ________________________ PARENT/GUARDIAN SIGNATURE ______________________________

COMPLETE BOTH SIDES OF THIS FORM