

UNIVERSITY of CALIFORNIA

Agriculture & Natural Resources

COOPERATIVE EXTENSION • GLENN COUNTY

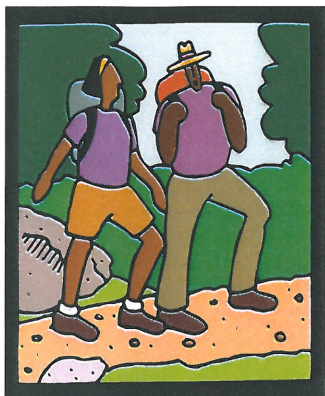
P. O. Box 697, Orland, CA 95963-0697 Telephone (530)865-1107 Fax (530)865-1109



4-H SUMMER CAMP

THURSDAY, JUNE 27, to SUNDAY, JUNE 30, 2013

Camp Tehama (Near Mill Creek)



If you enjoy fishing, nature, making new friends or exploring the outdoors, then this 4-H Camp is for You!!! 4-H members and their friends are invited, 4th grade through 9th grade. This is the grade you will be entering in the fall. Cost is \$65.00. Also, an additional \$30.00 for accident insurance, curriculum and scholarship fees must be paid if you are not a current 4-H member. Please read the following carefully and contact the Glenn County 4-H Office at 865-1107 if you have any questions.

APPLICATION DEADLINE

April 15, 2013

Return forms as soon as possible to be sure there is still room.

SEND OR DELIVER TO:

Mail to: Glenn County 4-H Office
P.O. Box 697
Orland, CA 95963

OR

Hand deliver: 821 E. South St., Orland

Completed application packets are accepted on a first come, first served basis. Each completed application packet will be date stamped. A completed application packet consists of: Camp Application, Code of Conduct, Medical Release Form, Child Release Form and Registration Fees. Incomplete application packets will be returned.

Fill out the enclosed camp application, medical form and code of conduct form. Return these to the 4-H Office, P.O. Box 697, Orland, CA 95963, by **April 15, 2013**. There will be a late fee of \$10.00 charged if room is still available. You will be mailed more detailed information on what to bring and what not to bring at a later date. There will be no refunds after May 1st, 2013. If you have any questions, please call the 4-H Office at 865-1107.

Deanna
Deanna Rogers

4-H Program Representative

DR:dmv



University of California, United States Department of Agriculture and County of Glenn Cooperating

4-H SUMMER CAMP APPLICATION

YOUTH CAMP APPLICATION

June 27-30, 2013

Application Deadline is Monday, April 15, 2013.

Youth entering the 4th - 9th grades as of 7/1/2013 are eligible to be campers. Campers not enrolled in a 4-H club must enroll and pay an additional \$30.00 for accident insurance, curriculum and scholarship fees.

NAME _____ AGE _____ GRADE ENTERING _____

ADDRESS _____ CITY _____

PHONE _____ MALE/FEMALE _____ YEARS IN 4-H _____
(Circle One)

email _____

ETHNICITY: WHITE ___ HISPANIC ___ NATIVE AMERICAN ___ BLACK ___ ASIAN ___
(Check all that apply)

NAME OF CABIN MATE REQUEST (same sex and grade):

(Both must request each other for the possibility of the same cabin assignment.)

Is this the camper's first experience without a parent? ☐ YES ☐ NO

The cost is \$65.00 per youth camper if paid by deadline. A late fee of \$10.00 will be charged for late forms, if room is still available. No refunds after May 1st, 2013. Please return this registration form, the medical treatment form, the code of conduct form, child release form and fees by deadline to the Glenn County 4-H Office, P. O. Box 697, Orland, CA 95963 (or hand-deliver to 821 E. South Street). Checks should be made payable to Glenn County 4-H Council. You can call 865-1107 if you have any questions.

IN CASE OF EMERGENCY & UNABLE TO CONTACT PARENT

NAME _____ RELATIONSHIP _____

PHONE _____

PARENT OR GUARDIAN SIGNATURE

University of California Division of Agriculture and Natural Resources

4-H Youth Development Program

Youth Medical Release Form

This Medical Release Form is authorized for all 4-H Youth Development meetings and activities during the dates specified below:

First Name _____ Last Name _____ Club/Unit Name CAMP TEHAMA
GLENN, CALIFORNIA _____ 7/01/2012 _____ to _____ 6/30/2013 _____
County and State _____ Dates (From / To) _____

While my child is attending or traveling to or from this 4-H function, I HEREBY AUTHORIZE THE ADULT 4-H VOLUNTEER LEADER OR 4-H STAFF MEMBER, or in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR:

Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code Section 2000 et seq.; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code Section 1600 et seq.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until my child completes his/her activities in this program unless sooner revoked in writing. I understand that as a parent/guardian, I will be responsible for the cost of any service or treatment provided not covered by the 4-H Accident/Sickness Insurance Program sponsored by UC Cooperative Extension.

EMERGENCY CONTACT INFORMATION

Name _____ Relationship to Youth Identified Above _____
(_____) _____ (_____) _____
Emergency Day Phone (with area code) _____ Emergency Night Phone (with area code) _____
Mailing Address _____ City _____ State _____ Zip _____

AUTHORIZATION AND CONSENT AND RELEASE

I hereby certify that my child is in good health and can travel to and participate in all functions of the 4-H Youth Development Program as described above. I understand it is my responsibility to keep the information on this form updated (including Health History and parent/guardian status) by contacting the State 4-H Office.

Signature of Parent/Guardian _____ Date _____

NON-CONSENT

I do not desire to sign this authorization and understand that this will prohibit my child from receiving any non-life threatening medical attention in the event of illness or accident.

Signature of Parent/Guardian _____ Date _____

University policy and the State of California Information Practices Act of 1977 require the following information be provided when collecting personal information from you: The information entered on this form is collected under authority of the Smith-Lever Act. Submission of the medical data is voluntary. However, a signature is required on one or the other of the two signature lines above. Failure to provide the medical information and authorization may result in our inability to provide necessary medical treatment. You have the right to review University records containing personal information about you/your child, with certain exceptions as set forth in policy and statute. Copies of University policies pertaining to the collection, use, or release of personal data are available for your examination from the local UCCE County Director, 4-H Youth Development Advisor, 4-H Program Representative, or the State 4-H Director at the California 4-H Youth Development Program, University of California, DANR Building, One Hopkins Road, Davis, CA 95616-8575, (530) 754-8518. Only your own/your child's records are open to your review.

Any known or foreseeable intergovernmental transfer that may be made of the information is as follows: None.

University of California Division of Agriculture and Natural Resources

4-H Youth Development Program

Health History Information

First Name _____ Last Name _____ County _____ Date of Birth ____/____/____

Subject to:	YES	No	Now Have or Have Had	Yes	No
Colds			Heart Trouble		
Sore Throat			Asthma		
Fainting Spells			Lung Trouble		
Bronchitis			Sinus Trouble		
Convulsions			Hernia (rupture)		
Cramps			Appendicitis		
Allergies			Has appendix been removed?		
Wear corrective lenses?			Do you walk in your sleep?		
Is hearing good?					

Date of last Tetanus Vaccination: _____

Please check over-the-counter medications that may be administered:

- ☐ Tylenol ☐ Ibuprofen ☐ Cough Syrup ☐ Decongestant ☐ Dramamine
☐ Antacid ☐ Polysporin ☐ Hydrocortisone ☐ Other: _____

Please identify allergies including allergies to food, medications, and drug reactions:

Please list any disability accommodations you will need in order to participate in this program or activity.

Please list all current medications:

Name of Medication	Dosage	Times Taken

Please include any additional remarks and special instructions to better assist emergency service personnel.

Please explain "yes" answers on this page.

The University of California prohibits discrimination or harassment of any person on the basis of race, color, national origin, religion, sex, gender identity, pregnancy (including childbirth, and medical conditions related to pregnancy or childbirth), physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services (as defined by the Uniformed Services Employment and Reemployment Rights Act of 1994: service in the uniformed services includes membership, application for membership, performance of service, application for service, or obligation for service in the uniformed services) in any of its programs or activities. University policy also prohibits reprisal or retaliation against any person in any of its programs or activities for making a complaint of discrimination or sexual harassment or for using or participating in the investigation or resolution process of any such complaint. University policy is intended to be consistent with the provisions of applicable State and Federal laws. Inquiries regarding the University's nondiscrimination policies may be directed to the Affirmative Action/Equal Opportunity Director, University of California, Agriculture and Natural Resources, 1111 Franklin Street, 6th Floor, Oakland, CA 94607, (510) 987-0096.

CHILD RELEASE FORM

(PLEASE PRINT)

I, _____ give the 4-H Program permission to
(Parent or guardian)

release my child/children, _____

(Name of child/children)

to the following people:

(They will only be released to either you or one of the following listed people.)

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

SIGNATURE

This form MUST be returned with teen counselor application to Glenn County 4-H, P.O. Box 697, Orland, CA 95963.

BELOW FOR OFFICE USE ONLY

PRINTED NAME OF PERSON PICKING UP CHILD

SIGNATURE OF PERSON PICKING UP CHILD

*** Remember... no cell phone use at camp.**