



University of California Cooperative Extension ♦ Mendocino-Lake 4-H Summer camp

### Counselor-in-Training Registration Packet

July 2-6, 2017 at the Mendocino Woodlands Camp

There will be two meetings covering leadership and specific duties at camp.  
CITs will be notified of meeting dates and are encouraged to attend both.

**4-H Members 12 and 13 years of age as of December 31, 2016 are eligible to be a Counselor-in-Training**

Name: \_\_\_\_\_

Male     Female    Age (as of 12/31/2016) \_\_\_\_\_    Current Grade \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street address or P.O.Box)

City/Town \_\_\_\_\_ Zip code \_\_\_\_\_ Club: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

T-Shirt included with registration    **Youth sizes:** S M L    **Adult sizes:** S M L XL

I am a first time overnight camper    Dietary restrictions \_\_\_\_\_  
(Please Explain)

**PARENT/GUARDIAN**

Emergency Contact #1

**SECOND ADULT**

Emergency Contact #2

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_ City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary phone #: \_\_\_\_\_ Primary phone #: \_\_\_\_\_

Evening phone number: \_\_\_\_\_ Evening phone number: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

CITs have the opportunity to help counselors during flagpole, meals, activities, and dining hall duties.  
(Please check all areas you may be interested in helping)

- Evening activities                       Afternoon activities                       Kitchen/Dining hall
- Campfire                                       Night Hike                                       Social
- Workshops \_\_\_\_\_  
(List type of workshops)

A CIT's will be considered registered for camp once all the following has been received:

- Registration Form                       Code of Conduct Form
- Medical Release Form                       Total CIT Fee \$175 (payable to 4-H Summer Camp)
- Shooting Sports Consent

**\$100 Nonrefundable Registration Fee Due March 1<sup>st</sup> - \$75 Balance Due By April 15<sup>th</sup>.**

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**Send Registration Packet to:** Summer Camp c/o UC Cooperative Extension, 883 Lakeport Blvd, Lakeport, CA 95453

**If you have questions about summer camp CIT program, contact Tascha Whetzel at 468-8316, twhetzel@pacific.net or Julie Frazell at jfrazell@ucanr.edu**



# University of California

Agriculture and Natural Resources ■ 4-H Youth Development Program

## Youth Treatment Authorization Form

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER)

This Treatment Authorization Form is authorized for all 4-H Youth Development meetings and activities during the dates specified below. (Please Note: This information must be updated annually)

First Name

Last Name

Club/Unit Name

County and State

From: **July 2, 2016** to **July 6, 2016**

### EMERGENCY CONTACT INFORMATION:

First & Last Name: \_\_\_\_\_ Home/Work/Other Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

While my child is attending or traveling to or from this 4-H function, I HEREBY AUTHORIZE THE 4-H ADULT VOLUNTEER 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 California Family Code Section 6910. 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.

### 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 am the parent/guardian having legal custody of the youth member named above as stated under California Family Code Section 6550. I understand it is my responsibility to keep the information on this form updated (including Health History) by contacting the County 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, 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 Associate Director of 4-H Program & Policy at University of California, Division of Agriculture and Natural Resources, California State 4-H Office, 2801 Second Street, Davis, CA 95618-7774, (530) 750-1334, ca4h@ucanr.edu. Only your own records are open to your review.



Health History Information

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER; SHRED AFTER THE PROGRAM YEAR)
(please attach extra page if more space is needed)

First Name Last Name

County

Date of Birth

Date of last Tetanus Vaccination: [ ] Not Sure [ ] None

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

[ ] Tylenol [ ] Ibuprofen [ ] Cough Syrup [ ] Decongestant [ ] Dramamine [ ] Antacid [ ] Polysporin

[ ] Hydrocortisone [ ] Benadryl [ ] Other:

Please identify if this participant has any health conditions that are important for program staff to know in order to maximize participation and ensure safety and well-being?:

[ ] Or check this box if no information needs to be shared

Blank lines for health conditions

Please list all current medications:

Table with 3 columns: Name of Medication, Dosage, Times Taken

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

Blank line for allergies

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

Blank lines for additional remarks

Please list any additional assistance the youth will need in order to participate in this program or activity.

Note: in some cases, a Doctor's note may be required to confirm the request.

Blank line for additional assistance

Table with 3 columns: Question, Yes, No. Questions about emotional/behavioral difficulties and life events.

Please explain any "Yes" answers on this page.

Blank lines for explaining "Yes" answers

YOUTH'S NAME (print) \_\_\_\_\_

## MENDOCINO-LAKE 4-H SUMMER CAMP YOUTH - CODE OF CONDUCT

The **CODE OF CONDUCT** has been established to create a positive educational experience for all 4-H participants. The following guidelines are designed to make everyone's experience at 4-H camp satisfying to all attending. All participants, members, volunteers, and 4-H YDP staff, shall adhere to the core values of the University of California 4-H Youth Development Program, respect the individual rights, safety, and property of others. All participants must agree to abide by the following rule and the consequences for not abiding by these rules.

### 1. Be concerned for the safety of campers and staff.

- A. **Do not bring extra food.** Food in the cabins will attract unwanted wildlife.
- B. No running in camp unless it is apart of an organized activity.
- C. Wear closed-toe shoes for all camp activities. No bare feet at anytime.
- D. Cabin areas shall be kept neat and free of litter.
- E. No throwing objects unless during a planned activity such as sports.
- F. No jumping or swinging on or from beds, trees etc.
- G. Stay within the camp boundaries. To go beyond camp boundaries, you must have director's permission and be escorted by Camp Staff.
- H. During rest time and "lights out", campers are to be supervised by a teen counselor and/or an adult chaperon at all times.
- I. Swimming will be permitted only at scheduled times with a lifeguard on duty. Swimmers must have passed the swimming test. Swimmers must have a buddy
- J. All prescription and over the counter medication will be given to Camp Medical Staff upon arrival at Camp.

### 2. Respect the rights and property of others.

- A. Do not touch other campers' belongings; this means no cabin raiding or trashing cabins.
- B. Boys are not allowed in girls' cabin area; girls are not allowed in boys' cabins area.
- C. All campers must be invited before visiting other cabins.
- D. No disrespectful or abusive language (no profanity, racial slurs, or putdowns).
- E. Do not damage or deface camp facilities or property. No writing or carving of the cabins, tables, benches, or trees.
- F. Do not bring hair dryers & curling irons, radios or other electronic equipment.
- G. Label all personal items with name; 4-H is not responsible for lost items.
- H. Rudeness, lack of courtesy, cheating and disrespect for authority will not be tolerated.
- I. No fighting or threatening physical violence.

3. **4-H Camp is a fun experience and everyone is to participate in the planned activities.**
- A. If you hear the bell ring, report immediately to the flagpole.
  - B. Be on time and ready to participate.
  - C. All members must attend all camp activities and meals.
  - D. If ill, report to the Camp Medical Staff.
  - E. Be a positive team member of your group and cabin.
  - F. "Lights out" means quiet and in bed.
  - G. The telephone reserved for emergency use only. If you need to make a call contact the camp directors.

4. **Items not allowed at camp.**

**Items considered unnecessary and/or potentially dangerous at camp include:**

Matches, candles, tobacco, alcohol, narcotics or controlled substances  
 Water balloons, water pistols, pressurized cans, and knives.

Possession of these and similar items may be grounds for dismissal from camp.

- 5. **Gambling and betting is prohibited.**
- 6. **Display of overly affectionate behavior will not be allowed.**
- 7. **Unauthorized visitors are not allowed. All visitors must report to the kitchen to be signed in and receive a guest pass.**

**DISCIPLINE ACTION**

All infractions of the above items will be reported to the Summer Camp Directors. The adult Directors will bear final responsibility for disciplinary action. Warnings may be issued, but a second infraction will be grounds for dismissal from camp. Parents will be notified and responsible for picking up member. The County 4-H Office will be notified of actions taken. Penalties may include any or all of the following:

- Sending the participant home
- Assessing the participant the cost of damages and repairs for damage or destruction of property
- Releasing the participant to the nearest law enforcement agency and/or the proper authorities
- Termination of 4-H membership

I agree to follow the above code of conduct.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_