



4-H Camper Registration Form 2017
Jefferson County
Reading Makes Cents Day Camp
June 14 – 16, 2017

Name _____ Age _____ Race _____ Sex _____

Address _____ City _____ Zip _____

Parents' Name(s) _____

Camper Birth Date: ____/____/____ **(Must be 7 by September 1, 2016)** Camper Reading Level: _____
 (Month, Date, Year)

Home Phone Number _____ Work Phone Number _____

Do you have any special Dietary needs? _____ If yes, explain below.

Youth Library Card

- I give permission for my child to get a library card during day camp. I understand that my child will have access to library materials and computers. I understand that as the parent, I am responsible for library materials my child checks out from the library.
- My child already has a library card. I understand my child will need to bring their library card on the first day of camp.

Parent Signature: _____ Date: _____

Youth Savings Account

- I give permission for my child to open a Youth Savings Account at FMB in Monticello. **I understand this means as a parent, I must call FMB by June 2nd with the information needed for opening the Youth Savings Account.** I understand FMB will prepare paperwork for opening the account and **I will need to go to FMB to sign account paperwork by June 9th.**
- My child already has a savings account at FMB.
- My child already has a savings account at another bank.

Parent Signature: _____ Date: _____

CAMP FEE IS \$35.00 TO BE PAID AT THE TIME OF REGISTRATION. \$10 OF THE FEE GOES TOWARD OPENING THE YOUTH SAVINGS ACCOUNT. THERE IS LIMIT OF 12 CAMPERS FOR THIS CAMP.

Florida 4-H Participation Form

Florida 4-H Code of Conduct for Youth and Adults

As a participant in 4-H at the local, state, or national level, I have the responsibility of representing the UF/IFAS Extension 4-H Youth Development Program to the public. Therefore, I am expected to conduct myself in a manner that will bring honor to me, my family, my community, and 4-H. To do that, I must abide by the following rules:

- (1) Obey local, state, and federal laws. Follow county, district, state and/or national 4-H policies. Abide by any special rules for a 4-H event or activity.
- (2) Speak and act in a responsible, courteous, and respectful way. Harassment, threats or bullying of any type is prohibited.
- (3) Act responsibly to maintain a safe environment for all participants. Acting in a manner that could endanger the health, safety or welfare of yourself or others is prohibited. Report threats to the well-being of any participant immediately to the adult in charge.
- (4) Possession or use of tobacco, alcohol, or illegal drugs is prohibited. Possession or use of approved medications by youth during a 4-H function must be reported to the adult in charge and must not be accessible to other participants.
- (5) Possession or use of weapons or other dangerous objects is prohibited, except when required as part of an approved educational program. Weapons are defined to include, but are not limited to, guns, knives and incendiary or explosive devices of any kind.
- (6) Respect all property, facilities, equipment, and vehicles. I will be responsible for any damage or other consequences resulting from my behavior.
- (7) Participate fully in 4-H functions. Be in the assigned program areas (example—dorms, cabins, programs, etc.) on time. If I am unable to attend or participate, I will tell the adult in charge. Help others have a pleasant experience by making every attempt to include all participants in activities.
- (8) Dress appropriately for each 4-H function.
- (9) Use of any mobile electronic device during a scheduled 4-H activity is prohibited unless activity-specific rules otherwise allow. When permitted, they should be used only in a manner that is consistent with the approved activity and not discourteous or disruptive.
- (10) The belongings of youth participants, including but not limited to bags, purses, computers, other electronic devices, lockers and vehicles, are subject to search and seizure by 4-H faculty/staff, and in some instances a volunteer designee, upon reasonable suspicion that a prohibited and/or illegally possessed substance or object is contained within that area. (If an adult is suspected, this will be handled by law enforcement.)

Participant Agreement: Yes No I have read the Florida 4-H Code of Conduct above and agree to abide by it in its entirety. I realize my failure to do so could result in a loss of privileges during a 4-H event and in the future; including but not limited to suspension or termination of 4-H membership or volunteer service.

Parent/Guardian or Adult Participant Code of Conduct Verification:

Yes No I understand and agree to the Florida 4-H Code of Conduct above—considered a Parent/ Guardian or Adult Participant Signature.

Medical Release: I understand participants will be supervised and that, if serious illness or injury develops, medical and/or hospital care will be given. I hereby give my permission to the attending physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child, or myself and affirm that the information set forth in the Health History is true and correct to the best of my knowledge and belief. I realize the event's insurance will cover only a portion of the medical costs and I, or my personal insurance, may be responsible for the remaining expenses. You must complete the medical information on the front of this sheet.

Yes No I understand & Agree to the Medical Release, considered a Parent/Guardian or Adult Participant Signature.

General Release: I hereby release the University of Florida/IFAS Extension 4-H Youth Development Program at the state, district, and local levels, the Florida 4-H Club Foundation, Inc., the State of Florida, and their agents, trustees, officers and employees, from all claims, demands and causes of actions of any kind, including the claims of negligence, which may arise from participation of myself or my minor child in any Florida 4-H sponsored activity, and this release is specifically granted in consideration of the services, programs and activities being provided by Florida 4-H.

Yes No I understand and agree to the General Release—considered a Parent/Adult or Adult Participant Signature.

Member Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Revised April 2013