

Reading Makes ¢ents Day Camp June 14 – 16, 2017

Name	Age Race Sex				
Address	City	Zip			
Parents' Name(s)					
Camper Birth Date://(Month, Date, Yea	Must be 7 by September 1, 2016)	Camper Reading Level:			
Home Phone Number	Work Phone Number				
Do you have any special Dietary needs?	If yes, explain below.				
		day camp. I understand that my I understand that as the parent, I am			
responsible for library materia					
My child already has a library on the first day of camp.	card. I understand my child	l will need to bring their library card			
Parent Signature:	Da	te:			
Youth Savings Account					
	a parent, I must call FM pening the Youth Saving				
☐ My child already has a savings	account at FMB.				
☐ My child already has a savings	account at another bank.				
Parent Signature:	Da	te:			

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 Youth and Adult



Note: This form must be completed by the participant and/or parent or guardian in order to participate in the 4-H program. All items must be completed, even if the response is not applicable - indicate by using N/A.

This form must be present while traveling to, and during each event.

Failure to complete this form in its entirety will result in the person being ineligible to participate in 4-H activities.

Name:	Birtl	h Date: /	/ A	ge	☐ Youth	Adult
Last First	<u> </u>		<u> </u>		Female	Male
Home Address:			County/Distric	t	/	
City, ST Zip:			Home Phon	e: ()	
Primary Emergency Contact:			Work Phone	e: ()	
Email:			Cell Phone:	_()	
Alternate Emergency Contact:			Phone:	()	
Name of Family Doctor:			Phone:	()	
Health Insurance Company:			Policy #:			
Name of Insured:		Relatio	onship to Participant	:		/
Does the participant have, or at any tir answers (noting the # of the item) in tip prevent a person from attending and w 1) Asthma	ne had, any of the fone space below or on all be kept confident Yes No Plea (incl press	The following or Antihistamine Hydrocortisone Polysporin (topical biotics)	es" or "No" to each	y. Reporting aformation of actions, special objections may ontacting mention of the control of t	g conditions will on recent medical cial dietary regul- ed and other com be administered e: lbuprofen (Ad Dramamine Other	not issues ations, ments.
20) Other Allergies 21) Other Health Conditions	Date	e of Last Tetanus Sh	ot:	/ /		— <i>,</i>
Publicity Release: I authorize UF IFAS Extension and the Florida 4-H Foundation or their assignees to record and photograph my image and/or voice (or that of my child if under 18) for use in research, educational and promotional programs. I also recognize that these audio, video and image recordings are the property of UF IFAS Extension and the Florida 4-H Club Foundation. No, I do not authorize use of my—or my child's individual image or voice. Survey & Evaluation Release: I hereby establish my willingness to participate as an adult (i.e. 4-H leader, other volunteer,						
parent/ guardian, site manager, etc.) an that will be used to determine program evaluations is voluntary and that my ch without impact on my or my child's eli consent before completing a survey or	d give permission effectiveness or to ild and I may choo gibility to particip	for my child (und promote the propose not to particip	er 18 years of age) gram. I understand ate and may withd	to comple that partic raw from s	te surveys and (ipation in surve urveys and eval	evaluations ys and luations
No, I am not willing to participate—or give permission for my child to participate—in any program evaluation.						

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.)

is suspected, this will be handled by law enforcement.)	
Participant Agreement: Yes ☐ No ☐ I have read the Florida 4-H Code of Condentirety. I realize my failure to do so could result in a loss of privileges during a 4-l 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 Participant Signature.	considered a Parent/ Guardian or Adult
Medical Release: I understand participants will be supervised and that, if serious ill hospital care will be given. I hereby give my permission to the attending physician order injection, anesthesia, or surgery for my child, or myself and affirm that the int and correct to the best of my knowledge and belief. I realize the event's insurance wand I, or my personal insurance, may be responsible for the remaining expenses. You the front of this sheet. Yes No I understand & Agree to the Medical Release, considered a Parent.	to hospitalize, secure proper treatment for, and formation set forth in the Health History is true will cover only a portion of the medical costs on must complete the medical information on
General Release: I hereby release the University of Florida/IFAS Extension 4-H Y district, and local levels, the Florida 4-H Club Foundation, Inc., the State of Florida employees, from all claims, demands and causes of actions of any kind, including the participation of myself or my minor child in any Florida 4-H sponsored activity, and consideration of the services, programs and activities being provided by Florida 4-F Yes No I understand and agree to the General Release—considered a Pare	, and their agents, trustees, officers and he claims of negligence, which may arise from d this release is specifically granted in H.
Member Signature:	Date:
Parent Signature:	Date: Revised April 2013