

March 7, 2017

TO: Day Camp Participants & Parents

FROM: John G. Lilly Sr., 4-H Coordinator/County Extension Director

RE: 8-9 Year Old Day Camp, June 5 – 9, 2017

Thanks for choosing Jefferson County 4-H Camps. We are beyond excited to spend a week with your child. We work hard to create a fun, challenging, safe learning environment for every camper who participate in our programs.

The theme for the 4-H 8-9 Day Camp is **“Exploring 4-H through Learning by Doing”**.

The camp will be filled with many activities which will include: crafts, robotics, outdoor cookery, fishing, entomology, fitness and fun, a trip to Golden Acres Farms and MaClay Gardens.

The cost for the camp is \$40.00. Make check or money order payable to **“Jefferson County 4-H Association”**. There is a limit of 25 participants for the camp. Please complete all attached forms and return to the 4-H Office. **The deadline to pay fee and register is Tuesday, May 30.**

Items your child will need for the camp include sunscreen, hat, bug spray or lotion. We will be traveling to McClay Garden to swim, and your child will need to bring a bathing suit/ trunks, a towel. If your child is wearing a t-shirt to swim in, it must be solid white. We will remind campers the day before swimming to bring these items.

Jefferson County 4-H will provide water and snacks for campers during the day. If your child has certain dietary restrictions, please let us know **ASAP**.

Clothes should be comfortable for inside/outside and closed toes shoes such as tennis shoes.

Good behavior and positive attitudes are always encouraged. Campers may earn a visit to the “treasure chest” to reinforce good behavior.

We are looking forward to an educational and fun-filled day camp. Please call or email if you have questions or concerns.



4-H Camper Registration Form 2017
Jefferson County
8-9Year Old Day Camp
June 5-9, 2017

Name _____

Age ____ Race/Ethnicity (H, I, AI, A, B, W)* ____ Gender (M/F)* ____ Disabled (Y/N)* ____

Address _____ City _____ Zip _____

Parents' Name(s) _____

Email Address _____

Camper Birth Date: ____/____/____ **(Must be 5 by September 1, 2016)**
 (Month, Date, Year)

Home Phone Number _____ Work Phone Number _____

What type of swimmer are you? (Circle one)

Non-Swimmer Beginner Intermediate Advanced

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

**CAMP FEE IS \$40.00 TO BE PAID AT THE TIME OF
 REGISTRATION. THERE IS LIMIT OF 25 CAMPERS FOR
 THIS CAMP.**



**PERMISSION FORM FOR
ADMINISTRATION OF
MEDICATION
(PRESCRIPTION & NON-PRESCRIPTION)
Jefferson County**

Please list child's name and turn in form whether or not any medication is listed. Thank you!

Child's Name: _____

1. Name of Medication _____ Dosage _____
Time to be Administered _____
Purpose of medicine _____
Possible side effects/special instructions _____

2. Name of Medication _____ Dosage _____
Time to be Administered _____
Purpose of medicine _____
Possible side effects/special instructions _____

3. Name of Medication _____ Dosage _____
Time to be Administered _____
Purpose of medicine _____
Possible side effects/special instructions _____

Emergency Phone Numbers:

Parent's Name: _____ Work _____ Home _____

Other _____ Work _____ Home _____

/ ALL MEDICINES (prescription and non-prescription) ARE TO BE TURNED IN UPON CAMP ARRIVAL AND WILL BE KEPT BY THE HEALTH SUPERVISOR AND IN A CENTRALIZED LOCATION.

I Certify the Necessity of the above Medication (S) and it Is Understood by the Undersigned That There Shall Be No Liability for Civil Damages as a Result of the Administration of Such Medication Where the Person Administering Such Medication Acts as a Reasonably Prudent Person Would Have Acted under the Same or Similar Circumstances.

Date

Parent/guardians' Signature



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: _____