

# 2007 Oregon 4-H Summer Camp Registration



**CHECK ONE:**

<input type="checkbox"/> Linn/Benton/Lincoln/Tillamook 4-H Camp (June 19-23)	<input type="checkbox"/> Washington County 4-H Camp (July 2-6)
<input type="checkbox"/> Marion/Polk/Yamhill 4-H Camp (July 25-29)	<input type="checkbox"/> Operation Purple 4-H Camp I (July 9-13)
<input type="checkbox"/> Operation Purple Camp II (July 16-20)	<input type="checkbox"/> Latino Summer 4-H Camp (July 24-28)
<input type="checkbox"/> Wildlife Stewards 4-H Camp (July 31-August 4)	<input type="checkbox"/> Lane County 4-H Camp (August 6-10)

<b>Camper Name</b>		<b>Parent/Guardian(s)</b>	
<b>Mailing Address</b>		<b>County</b>	
<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Day Phone</b>	<b>Eve Phone</b>	<b>Cell Phone</b>	
<b>Emergency Contact Name</b> (If unable to reach above)		<b>Day Phone</b>	<b>Cell Phone</b>
<b>Email</b>	<b>School</b>	<b>Grade in school</b> (2006-07)	
<b>Ethnicity</b> <input type="checkbox"/> White/Not Hispanic <input type="checkbox"/> White/Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> More than one race		<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Date of Birth</b>	<b>Are you a 4-H Member</b> <input type="checkbox"/> yes (county : _____ ) <input type="checkbox"/> No		
<b>Name of Person(s) other than parents who can pick up camper</b>			
<b>T-shirt size:</b> <input type="checkbox"/> Youth Med <input type="checkbox"/> Youth Large <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult XL		<b>How did you find out about 4-H camp?</b>	
<b>Accommodations</b> OSU and the 4-H Youth Development Program do not discriminate against otherwise qualified participants with disabilities on the basis of disability. Are there any accommodations that you are requesting for yourself or your child in order to participate in the 4-H Youth Development Program?  <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:  *Accommodations may include: speech, hearing or vision impairments that may effect participation, behavior disorders or emotional disturbances or abnormally severe moodiness, sleepwalking, and the ability to carry heavy objects, participate in strenuous travel or physical labor.			

**OFFICE USE ONLY**

Camper ID \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Processed: \_\_\_\_\_

**PLEASE INITIAL EACH BOX AND SIGN BELOW**

\_\_\_\_\_ We give permission to use member's image and voice on videotape, audiotape, film, photograph, or in any other medium, including the World Wide web for educational, fundraising or promotional purposes.

\_\_\_\_\_ We give permission for the member to participate in and/or complete surveys and evaluations that will be used to determine program effectiveness or to promote the program.

\_\_\_\_\_ We understand that participation in the surveys and evaluations is voluntary and that the member may choose not to participate in surveys or evaluations without any impacts on his or her eligibility to participate in the 4-H program.

\_\_\_\_\_ We understand that the member will be asked for his or her verbal assent before completing a survey or any evaluation.

\_\_\_\_\_ We understand that failure to abide by the policies and regulations (see code of conduct) governing the 4-H program may result in loss of membership privileges.

**Date:** \_\_\_\_\_

\_\_\_\_\_ *Parent/Guardian Signature*

**Date:** \_\_\_\_\_

\_\_\_\_\_ *Youth Signature*

**4-H Activities CODE OF CONDUCT**

Your participation in 4-H activities carries the responsibility of representing Oregon 4-H to the public. You are expected to conduct yourself in a manner that reflects well on your state, county, and club as well as yourself. Your contribution to the program is as important as what you receive from the program.

1. You are expected to attend all parts of the planned program. Inform those in charge if you are not feeling well or have a schedule conflict.
2. On overnight activities, observe hours established and be in your room when indicated. Boys are not allowed in "girls only" designated areas nor girls in "boys only" designated areas.
3. Dress appropriate to the occasion. At all times be courteous, clean and display good manners. Language must be appropriate and respectful of others. No swearing.
4. Participants are not to leave assigned program areas at any time without written permission of the person in charge of the group except as part of the planned program. (Example: dormitories, cabins, campus, campsite, etc.)
5. Participants will not use tobacco, alcohol, drugs (except those directed by doctor) or fireworks or remain in the immediate area where they are being used.
6. Only 4-H Shooting Sports participants will handle firearms and only in secured designated areas under the direct supervision of a trained 4-H Shooting Sports leader.
7. Shoplifting or theft of public or personal property will NOT be tolerated.
8. Avoid roughness and damage to room furnishings, equipment, etc. Participants are financially responsible for any damage or misconduct.
9. 4-H events are to encourage interaction among all members of the group, but not exclusively with another person. Kissing and other sexual display of personal affection distract from the group, and are not appropriate behavior.

Violators may expect to: 1) Have the opportunity to explain actions to staff in charge; 2) Behavior that is disruptive to the event will be noted and a letter describing such may be sent to parents and county 4-H leadership; 3) Violation may result in dismissal and the offender being sent home at parental expense; 4) Violations involving numbers 5 & 6 above will result in the offender being sent home at the earliest convenience at the parents' expense and can result in criminal charges.

**CONTINUED ON BACK**

**OREGON 4-H YOUTH HEALTH CARD**  
(to be completed by parent, physician or adult participant)

<b>Is the participant currently under medical treatment?</b> (describe)	Yes	No	<b>Does the participant have any history of respiratory illness?</b> (describe)	Yes	No
<b>Is the participant diabetic?</b>	Yes	No	<b>Is the participant subject to seizures of any kind?</b>	Yes	No
<b>Date of last tetanus shot?</b>					
<b>Is there any medical condition (heart condition, ulcers, etc.) or malformation now existing that may require treatment</b> or affect the participant's participation in this program? (describe)				Yes	No
<b>Has the participant had recent surgical operations or accidents or been exposed to infectious disease</b> within the last two weeks? (Please bring notification to the activity if this changes prior to the event)				Yes	No
<b>Does the participant have any allergies or dietary restrictions?</b> If yes, please describe: <input type="checkbox"/> Hay Fever <input type="checkbox"/> Vegetarian <input type="checkbox"/> Lactose Intolerant <input type="checkbox"/> Other (explain)				Yes	No
<b>Mental, Emotional and Psychological Health</b>					
<ul style="list-style-type: none"> <li>• This camper has an emotional health concern that will impact camp participation</li> <li>• This camper has a psychiatric diagnosis such as depression, OCD, panic/anxiety disorder</li> <li>• This camper has a significant life event that continues to affect the camper's life/health</li> <li>• This camper uses an individualized learning plan at school</li> </ul> <p>If "yes" was the answer to any of the four statements above, attach a statement from your child's professional (e.g. physician, psychiatrist, therapist) that address the preceeding with regard to your child's participation at camp.</p>				Yes	No
				Yes	No
				Yes	No
				Yes	No
<b>Special Youth Considerations:</b> <input type="checkbox"/> sleepwalker <input type="checkbox"/> bed wetter <input type="checkbox"/> homesickness <input type="checkbox"/> other _____					
<b>Any restrictions to physical activity?</b>					
<b>Name of all medications:</b>					
<b>Name and phone number of physician:</b>					

**Authorization for Medical Care**  
PLEASE INITIAL AND SIGN BELOW

\_\_\_\_\_ As parent or guardian, if my child needs medical attention, I understand every effort will be made to contact me. I hereby give permission to the medical personnel selected by the person in charge of the 4-H event to order x-rays, routine tests, treatment, release any records necessary, and to provide or arrange necessary related transportation for the person named on this form.

\_\_\_\_\_ I hereby give permission to the physician selected by the person in charge of the 4-H event to hospitalize, secure emergency treatment for, to order injection, anesthesia, and/or surgery for my child as named on this form. I will assume all financial obligations incurred if not covered by insurance.

\_\_\_\_\_ I give permission for the camp nurse/safety officer to give routine medications (that the camper brings with them to camp) and deal with routine health issues that come up at camp to meet my child's needs.

\_\_\_\_\_ *Parent/guardian signature*

\_\_\_\_\_ *date*

**REGISTRATION AND PAYMENT**

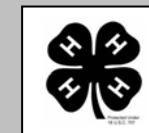
**CAMP FEES**

Early Registration	\$300.00	Regular Registration	\$325.00
4-H Member Discount	-\$25.00	Sibling Discount	-\$20.00
Junior Counselors	\$150.00		

**Mail, hand deliver or fax completed form with full payment to:**

4-H Wildlife Stewards Camp  
PO Box 169  
Aloha, OR 97007

**Camp Scholarships  
are available.  
Contact the 4-H  
(503) 916-6075  
office for an  
application**



**REGISTRATION DEADLINE**

Early Registration June 1, 2007  
Regular Registration July 24, 2007

**REFUND POLICY**

- All cancellations must be in writing (email or fax OK)
- 100% of the registration fee will be refunded if cancellation is requested 10 business days (July 17, 2007) or more before the activity.
- 50% of the registration fee will be refunded if cancellation occurs five to nine (July 24, 2007) business days before the 4-H activity begins.
- No refunds will be made when cancellations occur within 5 business days of the activity or when the registrants do not show up for the activity.

Camp Name \_\_\_\_\_

Camper Name \_\_\_\_\_

