

2012 4-H Wildlife Stewards Staff Registration



PLEASE FILL OUT ENTIRELY
 MORE INFORMATION ONLINE AT: www.4hwildlifestewards.org

MAIL FORMS TO:
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OFFICE USE ONLY
Camper ID _____
Date Received: _____
Date Processed: _____

Teen Staff Name		Parent/Guardian(s)	
Mailing Address		County	
City		State	Zip
Day Phone	Eve Phone	Cell Phone	
Emergency Contact Name (If unable to reach above)		Day Phone	Cell Phone
Email (mandatory) – PLEASE PRINT CLEARLY		School	Grade Completed June 2012
IMPORTANT: ALL CAMP CONFIRMATIONS WILL BE SENT VIA EMAIL			
Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		Race <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> More than one race	
Date of Birth		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Name of Person(s) other than parents who can pick up teen counselor staff		Are you a 4-H Member or attend a 4-H Member School? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what county	
T-shirt size: (all camps except March family camp) <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		How did you find out about 4-H camp?	
Accommodations 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? No Yes 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.			

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

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

4-H CODE OF CONDUCT

The well being of all 4-H program participants is important. Everyone has responsibilities.

When I participate in 4-H programs, I agree to . . .

1. Engage fully with a positive attitude and creative energy.
2. Be courteous to others, even if they're different from me.
3. Be cooperative. Encourage individuals. Help others. Support teamwork.
4. Be willing to ask an adult for guidance to make good decisions and take appropriate actions.
5. Use language that is respectful to others. (Swearing, harassment, and bullying are not allowed.)
6. Take care of the property I use and assume responsibility for purposeful damage I may cause.
7. Wear appropriate clothing for program activity(s). Follow the specific dress code, if provided.
8. Be present and on time for all parts of the program. (I will notify the appropriate supervisor if I have a health or schedule problem.)
9. Use technology (ipods, mp3 players, game devices, cell phones, etc.) during free time, or in ways that contribute to the goals of the program.
10. Treat animals humanely and provide them appropriate care.
11. Not engage in Personal Displays of Affection (PDA). (It is distracting and inappropriate.)
12. Know and follow federal, state and local laws that apply to my age. (Not use tobacco, alcohol, illicit drugs, fireworks, or firearms.)
13. Know and follow safety policies of the Oregon State University, Extension Service, and guidelines of the 4-H Youth Development Program. (Such as: not leave the program area at any time without permission from the program supervisor; be in assigned lodging and not trade rooms during overnight activities; abide by curfew hours; remain in gender specific areas [no boy in a girl's room / no girl in a boy's room]; handle firearms only in secured, designated areas under the direct supervision of a trained 4-H Shooting Sports volunteer.)

I have read and agree to the above Code of Conduct. I understand that if I violate any part of this agreement, I may be sent home from a 4-H activity at the expense of my parent(s) or guardian(s). I also understand that if I cause personal or public safety concerns, I may lose my eligibility to participate in some future 4-H Youth Development events, and/or, lose my membership privileges.

Member Signature

Date

Parent/Guardian Signature

Date

Media Release

I give permission to use member's image, in videotape, audiotape, film, photography, or in any other medium for educational, fundraising, or promotional purposes related to the Oregon 4-H program. I understand that such images may be published in a variety of ways, including, but not limited to, print and electronic formats. In addition, I give permission to release member's name and hometown to news media for recognition purposes.

Parent/Guardian Signature

Date

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 me or my child as named on this form. I will assume all financial obligations incurred if not covered by insurance.

_____ As a parent or guardian, I give my permission for the camp nurse to administer PRN (as needed) over the counter medications (i.e. Benadryl and Tylenol) according to package dosage information.

Parent/Guardian Signature

Date

