

2012 4-H Wildlife Stewards Camper Registration



OFFICE USE ONLY

Camper ID _____

Date Received: _____

Date Processed: _____

PLEASE FILL OUT ENTIRELY

MORE INFORMATION ONLINE AT: www.4hwildlifestewards.org

Camper 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 camper		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? <input type="checkbox"/> No <input type="checkbox"/> 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.

REGISTRATION AND FEES

Check which camp program you are registering for:

- Early Registration – Before June 1 (\$290)
- Art Focus – Before June 1st (\$340)
- Science Focus- Before June 1st (\$340)
- JUNIOR COUNSELOR** \$190 (sibling discounts do not apply)
- Regular Registration (\$340)

CAMP DISCOUNTS

- 4-H Member Discount (-\$25.00)
- * Sibling Discount (-\$20.00)
*(one sibling discount per family)

Camp Donation

- I would like to make a tax-deductible donation to the 4-H Wildlife Stewards Scholarship Fund

PAYMENT OPTIONS: check, money order, or cash

SCHOLARSHIPS AVAILABLE: Call 503-916-6075 for more information or visit our website at:
<http://extension.oregonstate.edu/metro4h/4-h-camps>

FOR MORE INFORMATION about camp registration or for more details about our camps please call the 4-H office at: 503-916-6075

Back for 2012 Camp

Our Camp is again offering a new and exciting opportunity for campers: **Art Classes with "Sunshine"** our resident artist and **Science Classes with "Pink Monkey"** our incredible science teacher. Each day, campers in Sunshine's art group or Pink Monkey's science track will receive three additional hours for enhanced learning opportunities. Throughout the day during times such as habitat restoration, campers enrolled in the art focus classes and science focus will meet in small groups with Sunshine or Pink Monkey to spend extra time exploring and learning. The cost is only \$50.00 extra per camper. Space is limited and will be filled on a first come/first served basis.

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

Is the participant currently under medical treatment? (Describe)	Yes	No	Does the participant have any history of respiratory illness? (Describe)	Yes	No
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



Payment and Registration

CAMP DEPOSIT

A minimum of \$50.00 deposit is required to hold your camp spot. Full payment is due two weeks prior to start of camp.

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

OSU Extension 4-H Camp
Box 7172
Aloha, OR 97007
FAX: 503-916-2676

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, 2012) or more before the activity.
- 50% of the registration fee will be refunded if cancellation occurs five to nine (July 24, 2012) 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 campers do not show up for the activity.

SEE PAGE ONE: CONFIRMATION PACKETS SENT BY EMAIL UNLESS OTHERWISE NOTED

CHECK TO MAKE SURE YOUR APPLICATION IS COMPLETE!

Registration Checklist

- Fully Completed page one
- Corrected and updated emergency contacts with phone numbers
- Fully Completed Health Card
- Youth Signature on Code of Conduct AND Media Release
- Adult Signature on Code of Conduct AND Media Release
- Parent/Guardian Signature for Medical Release
- Deposit or payment (a minimum of \$50 is required to hold your spot. Final payment is due July 15)

PAYMENT

	Total
Registration	
<input type="checkbox"/> Early Bird Registration (before June 1 st)- \$290	_____
<input type="checkbox"/> Regular Registration - \$340	
<input type="checkbox"/> Junior Counselor Registration (\$190)	
Art/Science Classes Addition	
<input type="checkbox"/> Art Enrichment +\$50	_____
<input type="checkbox"/> Science Enrichment ++\$50	
Discounts	
<input type="checkbox"/> 4-H Member/Returning Camper Discount (-\$25) (this discount does not apply to Junior Counselors)	_____
<input type="checkbox"/> Sibling Discount (-\$20) (only one discount per family)	_____
Other	
<input type="checkbox"/> I wish to make a tax deductible donation to the 4-H Wildlife Stewards Camp Scholarship Fund	_____
TOTAL ENCLOSED	_____

QUESTIONS OR MORE INFORMATION

Email: Maureen.hosty@oregonstate.edu
(4-H Youth Faculty)

Chuck Packard (camp Director)
juniorwildlifestewards@yahoo.com

Phone: 503-916-6075

Website: www.4hwildlifestewards.org/camp