



**Lane County 4-H Camp
4-H Center, Salem
Monday, June 29 – Friday, July 3, 2009
Cost \$225**

OFFICE USE ONLY
Date Received: _____
Date Processed: _____
\$ Amount Received: _____

2009 OSU Extension Service - Lane County 4-H Camp Registration

Camper Name		Parent/Guardian(s)		
Mailing Address		City	State	Zip
Day Phone	Evening Phone	Cell Phone	Email	
Date of Birth / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity <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		
County	School	Grade in school (2008-09)		
Are you a 4-H Member? <input type="checkbox"/> Yes (County: _____) <input type="checkbox"/> No	Did you attend Lane County 4-H Camp last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are there friends going to camp that you would like to be in the same cabin with? What are their names? <i>We will do our best to accommodate your request but cannot guarantee your request will be met.</i>		
T-shirt size: <input type="checkbox"/> Youth Medium <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?		
Emergency Contact Name (If unable to reach parent/guardian)		Day Phone	Cell Phone	
Name of Person(s) other than parent/guardians who can pick up camper			Phone	
Accommodations OSU and the 4-H Youth Development Program does 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.				

REGISTRATION DEADLINE: Thursday, June 11, 2009
Make check payable to: **OSU Extension Service – Lane County 4-H Camp**
Mail or hand-deliver form with payment in full to: Lane County 4-H Camp, 950 W. 13th Ave., Eugene, OR 97402-3913
REFUND POLICY: Refunds will be made for cancellations before Thursday, June, 18, 2009. Refunds need to be requested in writing (e-mail/fax are okay). After Thursday, June 18, 2009, 50% of fee will be refunded. No refunds will be made after camp has started.

Some partial camp scholarships may be available for first time Lane County campers. Contact the 4-H office at (541) 682-7305.

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. Participants must demonstrate a commitment to the vision, mission, and core values of the Oregon 4-H Youth Development Program. Actions not in the best interest of 4-H will not be tolerated. Show respect and courtesy to other youth, adults, volunteers, and Extension faculty and staff.
2. Use language that is appropriate and respectful of others. No swearing is allowed.
3. No harassment, bullying or hazing, discriminatory language, roughhousing, or insubordination will be tolerated.
4. All participants are expected to abide by Federal, state and local laws. They are also expected to abide by policies and guidelines of the Oregon State University, OSU Cooperative Extension Service, and the Oregon 4-H Youth Development Program.
5. Participants are expected to know and follow rules established for specific events and are expected to attend all parts of a planned program. Members should inform those in charge if they are not feeling well or have a schedule conflict.
6. Participants in 4-H activities or events are not to leave the assigned program area (campsite, campus, cabins, or dormitories) at any time without written permission from the person in charge, except when movement to another location is a part of the planned program.
7. Participants must dress appropriately for the occasion. Many times, dress codes describe what is considered acceptable attire for a specific event or activity. Participants are expected to treat animals humanely and provide appropriate animal care.
8. Youth old enough to legally operate motor vehicles (including machines and equipment) may do so only with a valid operator's license, and the legally required insurance coverage. Participants must have both authorization from the 4-H staff member in charge of the event and parental permission to drive to out-of-county events. Participants must operate vehicles in a safe and responsible manner. All passengers must wear seat belts.
9. Participants must show respect for the property and facilities used during an event or activity and will assume responsibility for any damage they cause. During overnight activities, members are expected to observe hours designated to be in the rooms provided. Boys are not allowed in areas designated for "girls only," nor are girls allowed in areas designated for "boys only."
10. Participants will not use tobacco, alcohol, drugs (except those directed by a doctor) or fireworks or remain in the immediate area where these are being used. Participants may only handle firearms in secured, designated areas under the direct supervision of a trained 4-H Shooting Sports leader.
11. 4-H events encourage interaction among peers, but not exclusively with another person. Kissing and other sexual displays of personal affection distract from the group and are not appropriate behavior.

I have read and agree to the above Code of Conduct. I understand that violations may result in loss of eligibility to participate in future 4-H Youth Development events and activities or loss of participation privileges. Violations while participating in out-of-county events may result in the participant being sent home at the expense of the parent or guardian.

Date

Youth Signature

We will endeavor to provide public accessibility to services, programs, and activities for people with disabilities. If accommodation is needed to participate at any meeting, please contact the ADA Coordinator at the Lane County office of OSU Extension Service at 682-4243 at least 2-weeks prior to the scheduled meeting time.

Oregon State University Extension Service offers educational programs, activities, and materials without discrimination based on race, color, religion, sex, sexual orientation, national origin, age, marital status, disability, or disabled veteran or Vietnam-era status. Oregon State University Extension Service is an Equal Opportunity Employer.

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? (describe)	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"/> 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 				Yes	No
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
Special Youth Considerations: <input type="checkbox"/> Sleepwalker <input type="checkbox"/> Bed wetter <input type="checkbox"/> Homesickness <input type="checkbox"/> Other _____					
Any restrictions to physical activity?					
Name of all medications:					
Name and phone number of physician:					

Authorization for Medical Care PLEASE INITIAL EACH 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.

_____ *Date*

_____ *Parent/Guardian Signature*

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 participant 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 participant 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 participation privileges.

_____ *Date*

_____ *Parent/Guardian Signature*

_____ *Date*

_____ *Youth Signature*