



**APPLICATION**  
**California-Pacific Section, Society for Range Management**  
**RANGE AND NATURAL RESOURCES CAMP**  
**JUNE 19-24, 2016**  
**ELKUS YOUTH RANCH, HALF MOON BAY**

**APPLICATION DUE: FRIDAY, APRIL 29, 2016**

**APPLICANT TO COMPLETE THE FOLLOWING:**

NAME \_\_\_\_\_ NICKNAME \_\_\_\_\_ GENDER ☐ M ☐ F  
DATE OF BIRTH \_\_\_\_\_  
(Must be 15-18 on 6/19/2016)

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
HOME PHONE CELL PHONE PRIMARY EMAIL

T-SHIRT SIZE: ☐ SMALL ☐ MEDIUM ☐ LARGE ☐ X-LARGE ☐ XX-LARGE

Special dietary requirements (vegetarian, health restrictions, etc.) \_\_\_\_\_

Food Allergies? ☐ Yes ☐ No If yes, allergic to what? \_\_\_\_\_

Other Special Needs (including allergies)? \_\_\_\_\_

Disclaimer: Camper participation is required during all Range Camp activities. Activities include moderate hiking in grassland areas. Please note if you have allergies to grass and or pollen.

**HIGHSCHOOL & 4H INFORMATION:**

HIGH SCHOOL ATTENDED \_\_\_\_\_ GRADE (in fall 2016) \_\_\_\_\_

**4H YOUTH DEVELOPMENT PROGRAM MEMBERSHIP**

Range Camp has an agreement with the California 4-H Program to extend its liability insurance coverage to students participating in the camp. This requires that students who are not presently enrolled in 4-H do so for the purposes of camp. This does NOT obligate students participating in camp to any other expenses or responsibilities aside from their activity in camp. Please note that Range Camp will cover the cost to enroll students in 4H.

**4H Enrollment Forms, Medical Release, and Health History forms must be turned in with the application even if the student is already a member of 4H.** Range Camp will verify member status with 4H. For liability purposes the **Medical Form must be mailed into Range Camp** with the original wet signatures (all other forms can be emailed or faxed).

CURRENT MEMBER OF 4-H? ☐ YES ☐ NO

If yes, which county and club? \_\_\_\_\_

4-H enrollment is solely for purposes of obtaining liability coverage for this 4-H sanctioned activity, and entails no further commitments than this event.

---

---

**EMERGENCY POINT OF CONTACTS:**

Provide at least two phone alternatives (i.e., home and cell, work and cell, or home and work). In the event that both parents have their own work/cell phone numbers and/or e-mail address, the "Parent or Guardian (2)" entry space is provided to record that. We only request two alternative numbers and one e-mail address, but additional contact options are often helpful.

NAME OF PARENT OR GUARDIAN (1) \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

HOME: (\_\_\_\_) \_\_\_\_-\_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_-\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_-\_\_\_\_

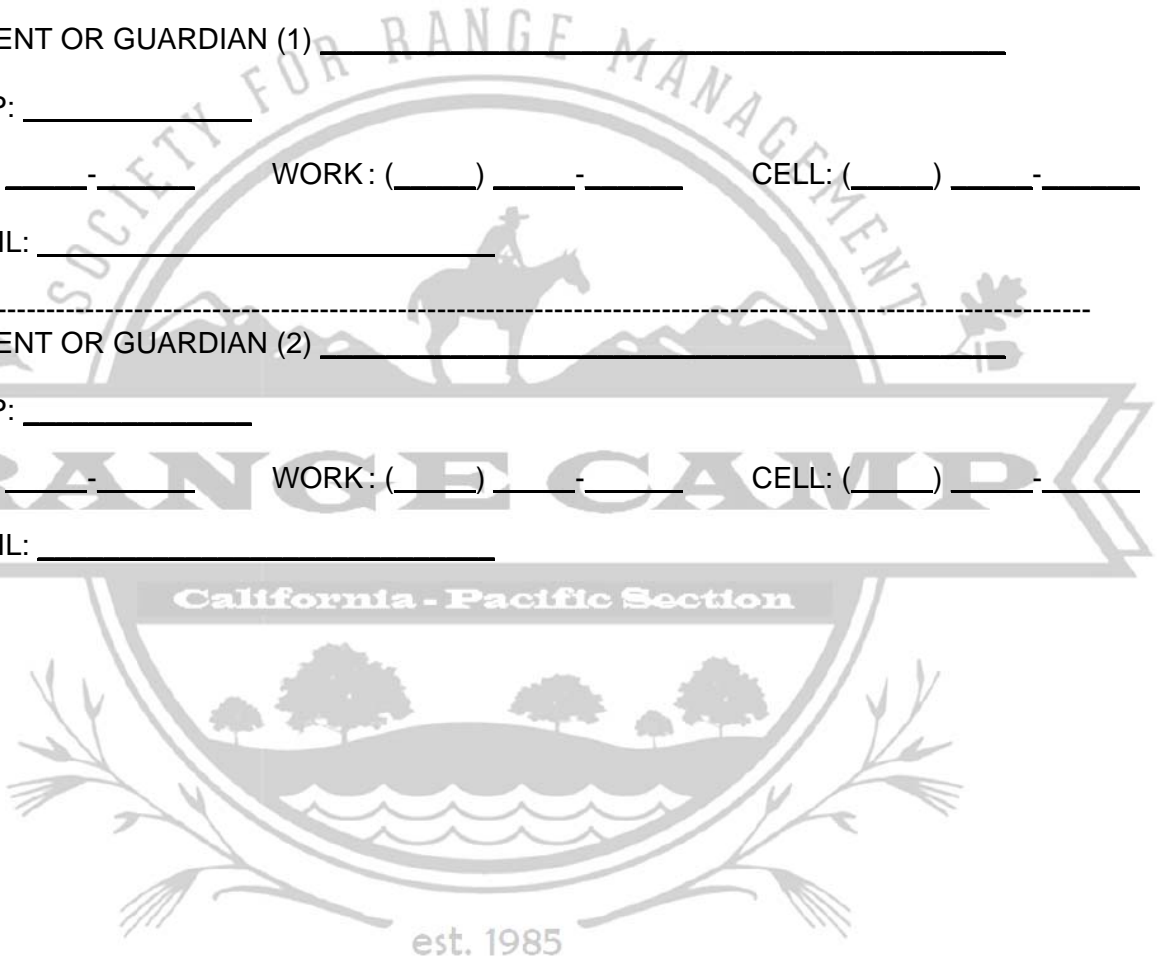
PRIMARY EMAIL: \_\_\_\_\_

NAME OF PARENT OR GUARDIAN (2) \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

HOME: (\_\_\_\_) \_\_\_\_-\_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_-\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_-\_\_\_\_

PRIMARY EMAIL: \_\_\_\_\_





### III. RANGE CAMP REGISTRATION FEE

The **\$450.00** camp fee must be paid by the application deadline. Applicants can withdraw until May 27<sup>th</sup> 2016 without a penalty. Thereafter, a \$70.00 charge will be retained from the camp fee. **Refunds will not be given for cancellations made after June 6, 2016 or for withdrawals from camp.** Those who have received sponsorships may be responsible for reimbursing sponsors in the event of a late cancellation or premature departure from camp.

\_\_\_\_\_  
APPLICANT'S NAME                      SIGNATURE                      DATE

\_\_\_\_\_  
PARENT/GUARDIAN NAME                      SIGNATURE                      DATE

☐ Please check this box if the applicant will need additional financial assistance (beyond any sponsors listed on the next page) in order to attend camp

\_\_\_\_\_  
SPONSOR                      SIGNATURE                      DATE

**Application Deadline: APRIL 29, 2016** – Applications will be accepted until available spaces are filled or May 30, whichever comes first. Contact Cece Dahlstrom (below) to learn whether spaces remain.

**Notification of acceptance will be sent by June 01, 2016.**

**MAIL APPLICATION, 4-H ENROLLMENT FORM, MEDICAL RELEASE FORMS AND PAYMENT TO:**

**Cal-Pac Range Camp  
Attn: Cece Dahlstrom  
4586 Utah Street  
San Diego CA 92116**

**MAKE CHECKS PAYABLE TO: California Section, Society for Range Management**  
FAX or EMAIL APPLICATION TO Cece Dahlstrom at (619) 532-4160 or [carol.dahlstrom@navy.mil](mailto:carol.dahlstrom@navy.mil)

Questions? Contact Cece Dahlstrom at (619) 532-2269, [carol.dahlstrom@navy.mil](mailto:carol.dahlstrom@navy.mil)

**THE CALIFORNIA RANGE AND NATURAL RESOURCES CAMP**  
Is sponsored by the California-Pacific Section, Society for Range Management, together with  
U.C. Cooperative Extension and the California Association of Resource Conservation Districts

est. 1985

**IV. PLEASE PROVIDE INFORMATION ON SPONSORS BELOW** (if applicable).

Many participants in Range Camp receive scholarship support in order to attend. Examples of sponsors would include Resource Conservation Districts, Cattlemen's Associations, Service Clubs, etc. that have helped the applicant cover the cost of camp. Range Camp staff will attempt to match students requesting financial assistance with potential sponsors, but this will require some initiative on the student's part to be effective. The more lead time the better the chances of success.

1. \_\_\_\_\_  
NAME OF SPONSOR ORGANIZATION

\_\_\_\_\_  
SPONSOR CONTACT      (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ X \_\_\_\_\_  
PHONE NUMBER      EMAIL

\_\_\_\_\_  
SPONSOR'S MAILING ADDRESS      CITY      STATE      ZIP

\_\_\_\_\_  
SPONSOR'S SIGNATURE      DATE

2. \_\_\_\_\_  
NAME OF SPONSOR ORGANIZATION

\_\_\_\_\_  
SPONSOR CONTACT      (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ X \_\_\_\_\_  
PHONE NUMBER      EMAIL

\_\_\_\_\_  
SPONSOR'S MAILING ADDRESS      CITY      STATE      ZIP

\_\_\_\_\_  
SPONSOR'S SIGNATURE      DATE

3. \_\_\_\_\_  
NAME OF SPONSOR ORGANIZATION

\_\_\_\_\_  
SPONSOR CONTACT      (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ X \_\_\_\_\_  
PHONE NUMBER      EMAIL

\_\_\_\_\_  
SPONSOR'S MAILING ADDRESS      CITY      STATE      ZIP

\_\_\_\_\_  
SPONSOR'S SIGNATURE      DATE

*Range Camp encourages sponsors and campers to establish agreements that indicate the sponsor's expectations of the camper before, during, and after camp (pre- or post-camp meeting with the sponsor etc.). We also suggest that sponsors include in that agreement a determination of who will be financially responsible for camp fees in the case that a camper withdraws from camp after the camp fee refund cutoff date (May 27, 2016).*

**University of California Division of Agriculture and Natural Resources**  
**4-H Youth Development Program**  
**New Youth 4-H Member Paper Enrollment Form**

The 4-H Youth Development Program is in every county in California. 4-H is a place where young people are given many opportunities to build confidence, learn responsibility, and develop skills that will last them a lifetime. It's a place where youth make friends and share interests, ranging from building robots to raising rabbits, from designing web pages to landscape design. It's a place where youth work together to make a positive difference in their community, and adult volunteers make a powerful difference in the lives of young people. Get involved in the 4-H community and make a lasting difference! For more information about 4-H, visit [www.ca4h.org](http://www.ca4h.org).

**Youth are eligible to participate in 4-H if they meet the following criteria:**

- **Primary Member** - Must be 5 years old or in kindergarten by December 31 of the program year. Primary members cannot enroll in large animal projects. Youth enrolling or turning nine after December 31 must participate as a Primary Member until the end of the program year.
- **Junior, Intermediate and Senior Members** - Must be 9 years old or in 4<sup>th</sup> grade by December 31 of the program year and may continue in the program until the end of the calendar year in which they become 19 years of age.
- **Home Schooled Members** - Children are to enroll based on their chronological age, as of December 31.

**This enrollment form is used for youth in the following delivery modes:**

- Organized 4-H Clubs
- Special Interest and Short-term programs meeting for at least six hours and not more than six weeks.
- Short-Term Programs meeting for at least six hours and not more than six weeks
- Overnight Camping Programs

**Step 1: REQUIRED FORMS - The following forms must be completed in order to enroll in the 4-H program.**

Required Annually	<b>Form:</b> Enrollment Form with youth and parent/guardian signatures <i>(kept on file at the 4-H Office)</i>
Required Annually	<b>Form:</b> Waiver of Liability <i>(kept on file at the County 4-H Office)</i>
Required Annually	<b>Form:</b> Medical Release and Health History <i>(kept on file by the local 4-H Club/Unit Leader)</i>

**Step 2: PAYMENT - The following payment is required to enroll in the 4-H program.**

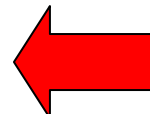
*In some cases, these fees may be covered or waived by the 4-H Club/Unit or County 4-H Office.*

4-H Club/Unit Program Fees	\$TBA per youth
County 4-H Program Fees	\$TBA per youth
State 4-H Accident/Sickness Insurance and Program Fees	\$28.00 per youth
<b>Total</b>	<b>\$28.00</b>

**Step 3: Return forms to:**

**Cal-Pac Range Camp**  
**Attn: Cece Dahlstrom**  
**4586 Utah Street**  
**San Diego CA 92116**

Payment is included in camp registration. No additional payment is required with this form.





In compliance with the California Information Practices Act of 1977, the following information is provided:

The information on this form is being requested by the University of California Cooperative Extension for use in its 4-H Youth Development Program. The individual completing this form may make inquiries concerning use of the information collected and may ask to review the form as well as other non-confidential personal information maintained on record by contacting the local UCCE County Director, 4-H Youth Development Advisor, 4-H Program Representative, or the Associate Director of 4-H Program and Policy at:

California 4-H Youth Development Office  
University of California  
DANR Building, One Shields Avenue  
Davis, CA 95616-8575  
(530) 754-8518  
[fourhstateofc@ucdavis.edu](mailto:fourhstateofc@ucdavis.edu)

Information on this form is being requested under the authority of the Smith-Lever Act of 1914 covering Cooperative Extension activities and Article IX, Section 9 of the State of California Constitution covering the University of California. Ethnic information is requested to maintain compliance with Title VI of the Civil Rights Act of 1964 and sex information is requested to maintain compliance with the Title IX of the Education Amendments of 1972.

Statistical information on this form is being collected to satisfy the U.S. Department of Agriculture Extension Service reporting requirements for Affirmative Action and the Federal ES-237 annual 4-H Youth Program Report. Statistical information includes birth date, sex, ethnic information, residence location, project name and number.

Submission of the above noted information is voluntary. If the information is not submitted by the source, the County 4-H Youth Development Staff may use his or her judgment to complete the information and satisfy Federal reporting requirements.

Other personal information on this form is being collected to provide the County Extension 4-H Advisors with information to assist in program planning. This information consists of name, address, phone, name of school, club/group name, club/group number, date, birth date, grade, and name of parent or guardian.

Submission of the above noted information is voluntary for membership in all organized 4-H Clubs and in some 4-H Groups and activities as designated by the County 4-H Youth Development Staff in charge. If the information is not submitted, the County 4-H Youth Development Staff may not contact and/or include the individual in 4-H programs within the county. In addition, the information must be on file in the county office as mandatory proof of enrollment for individuals in the above-mentioned clubs or groups, for purposes of 4-H accident insurance coverage.

The University of California prohibits discrimination or harassment of any person on the basis of race, color, national origin, religion, sex, gender identity, pregnancy (including childbirth, and medical conditions related to pregnancy or childbirth), physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services (as defined by the Uniformed Services Employment and Reemployment Rights Act of 1994: service in the uniformed services includes membership, application for membership, performance of service, application for service, or obligation for service in the uniformed services) in any of its programs or activities.

University policy also prohibits reprisal or retaliation against any person in any of its programs or activities for making a complaint of discrimination or sexual harassment or for using or participating in the investigation or resolution process of any such complaint.

University policy is intended to be consistent with the provisions of applicable State and Federal laws. Inquiries regarding the University's nondiscrimination policies may be directed to Linda Manton, University of California, Agriculture and Natural Resources, DANR Bldg., Office 225, Davis, CA 95616, (530) 752-0495.

PAGE RETAINED BY THE MEMBER

**University of California Agriculture and Natural Resources 4-H Youth Development Program  
New Youth 4-H Member Paper Enrollment Form**

<b>Youth Email</b>				<b>County</b>	San Mateo
<b>First Name</b>				<b>Last Name</b>	
<b>Address</b>					
<b>City</b>				<b>State &amp; Zip Code</b>	&
<b>Phone</b>	(    )    -			<b>Youth Cell Phone</b>	(    )    -
<b>Birth Date</b>	/    /			<b>Year in 4-H</b>	
<b>First Parent/Guardian</b>					
<b>First Name</b>				<b>Last Name</b>	
<b>Cell Phone</b>	(    )    -	<b>Work Phone</b>	(    )    -	<b>Email</b>	
<b>Second Parent/Guardian (optional)</b>					
<b>First Name</b>				<b>Last Name</b>	
<b>Cell Phone</b>	(    )    -			<b>Work Phone</b>	
<b>Email</b>					
<b>Address, City, State, Zip</b>					
<b>Gender</b>	<input type="checkbox"/> male <input type="checkbox"/> female				
<b>Ethnicity</b>	Are you of Hispanic ethnicity? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Prefer Not to State				
<b>Residence</b>	<input type="checkbox"/> Farm (Rural area where agricultural products are sold) <input type="checkbox"/> Town under 10,000 and rural non-farm <input type="checkbox"/> Town/City 10,000 – 50,000 and its suburbs <input type="checkbox"/> Suburb of city more than 50,000 <input type="checkbox"/> Central city more than 50,000				
<b>Military</b>	<input type="checkbox"/> No one in my family is serving in the military Branch: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> I have a parent serving in the military Component: <input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard				
<b>Grade</b>			<b>Name of School</b>		
<b>Type of School</b>	<input type="checkbox"/> Public School <input type="checkbox"/> Private School	<input type="checkbox"/> Special Education <input type="checkbox"/> Vocational Education	<input type="checkbox"/> Homeschool / Alternative <input type="checkbox"/> Magnet / Specialized School	<input type="checkbox"/> Charter School	
<b>Year in 4-H</b>	1				
<i>Please indicate proficiency in a language, other than English.</i>					
County Newsletter Preference: <input type="checkbox"/> Postal mail <input type="checkbox"/> Email			<input type="checkbox"/> Sign-Up for State Electronic Newsletter		
<b>Club/Unit Name</b>		<b>Officer</b>			
		<input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Treasurer <input type="checkbox"/> Secretary <input type="checkbox"/> Reporter <input type="checkbox"/> Historian <input type="checkbox"/> Communications <input type="checkbox"/> Sergeant-At-Arms <input type="checkbox"/> Other Officer			
<b>Club/Unit Name</b>		<b>Project Name</b>	<b>Years in Project</b>	<b>Leadership</b>	
Range Camp - Elkus Ranch		Environmental Stewardship	1	<input type="checkbox"/> Junior/Teen Leader	

By signing and dating this document, parent/guardian and youth certify that they have read, understand, and agree to the terms of the 4-H Code of Conduct and Photograph and Information Release; and, further, that they understand and give their informed consent to exceptions to the 4-H policy on youth member supervision, when, from time to time, it may be impractical or impossible for a minimum of two adults to be present with youth. Enrollment in 4-H and an updated Medical Release Form and Waiver of Liability must be renewed annually.

		/    /			/    /
<b>Signature of Youth</b>		<b>Date</b>	<b>Signature of Parent/Guardian</b>		<b>Date</b>

County Use Only		Club Use Only			
				CASH OR CHECK# _____	
Member ID#	Waiver of Liability	Date Received	Medical Release	Fees Paid \$20.00	



University of California Division of Agriculture and Natural Resources  
4-H Youth Development Program

Participant's Name \_\_\_\_\_

County San Mateo

Club/Unit Range Camp - Elkus Ranch

WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

**Waiver:** In consideration of being permitted to participate in any way in *California 4-H Youth Development Activities and Projects*, I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in *California 4-H Youth Development Activities and Projects*.

**Assumption of Risks:** Participation in *California 4-H Youth Development Activities and Projects* carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains; 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions; and 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in *California 4-H Youth Development Activities and Projects*. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

**Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in *California 4-H Youth Development Activities and Projects*, and to reimburse them for any such expenses incurred.

**Severability:** The undersigned further expressly agrees that the foregoing Waiver and Assumption of Risk Agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgment of Understanding:** I have read this Waiver of Liability, Assumption of Risk, and Indemnity Agreement, fully understand its terms, and ***understand that I am giving up substantial rights, including my right to sue.*** I acknowledge that I am signing the agreement freely and voluntarily, and ***intend by my signature to be a complete and unconditional release of all liability*** to the greatest extent allowed by law.

\_\_\_\_\_  
Signature of Parent/Guardian of Minor or Adult Participant

\_\_\_\_\_  
Date

Age (if minor) \_\_\_\_\_

THIS WAIVER APPLIES TO ALL CALIFORNIA 4-H YOUTH DEVELOPMENT ACTIVITIES AND PROJECTS INCLUDING, BUT NOT LIMITED TO PROJECT MEETINGS, CLUB MEETINGS, EDUCATIONAL FIELD DAYS, FIELD TRIPS, CAMPS, EXCHANGE PROGRAMS, FUNDRAISERS, COMMUNITY SERVICE ACTIVITIES, VOLUNTEER TRAININGS, FAIRS, AND PROJECTS.

University of California Division of Agriculture and Natural Resources  
4-H Youth Development Program  
**Youth Medical Release Form**

This Medical Release Form is authorized for all 4-H Youth Development meetings and activities during the dates specified below:

_____	_____	<u>Range Camp - Elkus Ranch</u>
<b>First Name</b>	<b>Last Name</b>	<b>Club/Unit Name</b>
<u>San Mateo, CA</u>	<u>6/19 to 6/24/2016</u>	
<b>County and State</b>	<b>Dates (From / To)</b>	

While my child is attending or traveling to or from this 4-H function, I HEREBY AUTHORIZE THE ADULT 4-H VOLUNTEER LEADER OR 4-H STAFF MEMBER, or in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR:

Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code Section 2000 et seq.; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code Section 1600 et seq.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until my child completes his/her activities in this program unless sooner revoked in writing. I understand that as a parent/guardian, I will be responsible for the cost of any service or treatment provided not covered by the 4-H Accident/Sickness Insurance Program sponsored by UC Cooperative Extension.

**EMERGENCY CONTACT INFORMATION**

_____	_____
<b>Name</b>	<b>Relationship to Youth Identified Above</b>
( ) -	( ) -
<b>Emergency Day Phone (with area code)</b>	<b>Emergency Night Phone (with area code)</b>
_____	_____
<b>Mailing Address</b>	<b>City State Zip</b>

**AUTHORIZATION AND CONSENT AND RELEASE**

I hereby certify that my child is in good health and can travel to and participate in all functions of the 4-H Youth Development Program as described above. I understand it is my responsibility to keep the information on this form updated (including Health History and parent/guardian status) by contacting the State 4-H Office.

_____	____/____/____
<b>Signature of Parent/Guardian</b>	<b>Date</b>

**NON-CONSENT**

I do **not** desire to sign this authorization and understand that this will prohibit my child from receiving any non-life threatening medical attention in the event of illness or accident.

_____	____/____/____	<b>Range Camp CANNOT accept students whose parents have signed this Non-Consent statement.</b>
<b>Signature of Parent/Guardian</b>	<b>Date</b>	

University policy and the State of California Information Practices Act of 1977 require the following information be provided when collecting personal information from you: The information entered on this form is collected under authority of the Smith-Lever Act. Submission of the medical data is voluntary. However, a signature is required on one or the other of the two signature lines above. Failure to provide the medical information and authorization may result in our inability to provide necessary medical treatment. You have the right to review University records containing personal information about you/your child, with certain exceptions as set forth in policy and statute. Copies of University policies pertaining to the collection, use, or release of personal data are available for your examination from the local UCCE County Director, 4-H Youth Development Advisor, 4-H Program Representative, or the Associate Director of 4-H Program & Policy at the California 4-H Youth Development Program, University of California, DANR Building, One Hopkins Road, Davis, CA 95616-8575, (530) 754-8518. Only your own/your child's records are open to your review.

Any known or foreseeable intergovernmental transfer that may be made of the information is as follows: None.

**University of California Division of Agriculture and Natural Resources**  
**4-H Youth Development Program**  
**Health History Information**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

County \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Subject to:	YES	No	Now Have or Have Had	Yes	No
Colds	<input type="checkbox"/>	<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>
Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Fainting Spells	<input type="checkbox"/>	<input type="checkbox"/>	Lung Trouble	<input type="checkbox"/>	<input type="checkbox"/>
Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	Sinus Trouble	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions	<input type="checkbox"/>	<input type="checkbox"/>	Hernia (rupture)	<input type="checkbox"/>	<input type="checkbox"/>
Cramps	<input type="checkbox"/>	<input type="checkbox"/>	Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Has appendix been removed?	<input type="checkbox"/>	<input type="checkbox"/>
Wear corrective lenses?	<input type="checkbox"/>	<input type="checkbox"/>	Do you walk in your sleep?	<input type="checkbox"/>	<input type="checkbox"/>
Is hearing good?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Date of last Tetanus Vaccination: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please check over-the-counter medications that may be administered:

- ☐ Tylenol    ☐ Ibuprofen    ☐ Cough Syrup    ☐ Decongestant    ☐ Dramamine  
☐ Antacid    ☐ Polysporin    ☐ Hydrocortisone    ☐ Other: \_\_\_\_\_

Please identify allergies including allergies to food, medications, and drug reactions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any disability accommodations you will need in order to participate in this program or activity:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list all current medications:

Name of Medication	Dosage	Times Taken

Please include any additional remarks and special instructions to better assist emergency service personnel.

Please explain "yes" answers on this page.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The University of California prohibits discrimination or harassment of any person on the basis of race, color, national origin, religion, sex, gender identity, pregnancy (including childbirth, and medical conditions related to pregnancy or childbirth), physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services (as defined by the Uniformed Services Employment and Reemployment Rights Act of 1994: service in the uniformed services includes membership, application for membership, performance of service, application for service, or obligation for service in the uniformed services) in any of its programs or activities. University policy also prohibits reprisal or retaliation against any person in any of its programs or activities for making a complaint of discrimination or sexual harassment or for using or participating in the investigation or resolution process of any such complaint. University policy is intended to be consistent with the provisions of applicable State and Federal laws. Inquiries regarding the University's nondiscrimination policies may be directed to Linda Manton, University of California, Agriculture and Natural Resources, DANR Bldg., Office 225, Davis, CA 95616, (530) 752-0495.

## California 4-H Youth Development Program

# Code of Conduct

University of California Cooperative Extension

The following behavior guidelines and expectations are designed to make everyone's experience at 4-H events satisfying to all attending. This means that all participants, members, adult volunteers, and 4-H YDP staff, shall adhere to the core values of the University of California 4-H Youth Development Program, respect the individual rights, safety, and property of others. Youth are expected to demonstrate the character traits of trustworthiness, respect, responsibility, fairness, caring and citizenship.

### While attending all 4-H meetings, projects, programs, and events, the following apply:

1. Be courteous and respect others.
2. Obey all rules established by the California 4-H YDP, the local club/group and all local, state and federal laws.
3. Respect the authority of adult volunteers, youth leaders, 4-H YDP staff, and others in leadership roles.
4. Use appropriate language and wear acceptable clothing at 4-H activities and events.
5. Show kindness to others and give assistance when needed.
6. Be honest and honor commitments.
7. Not use tobacco products, alcohol or drugs (except those prescribed by a doctor).
8. Not carry a weapon or threaten another person with a weapon, bodily force or language.
9. Accept responsibility for personal choices.
10. Acknowledge that searches of personal property may take place when there is reasonable suspicion of violations of law or University policy in accordance with 4-H YDP policy.
11. Not display overly affectionate or sexual behavior.

### While attending overnight events, the following also apply:

1. Be in my room when attending overnight events by the established hours.
2. Not leave the grounds unless permission is secured from the adult in charge and I am accompanied by two adults.
3. Not be in the sleeping areas of members of the opposite gender nor will I invite non 4-H participants to the sleeping areas.
4. Will be responsible for any damage caused by my actions.
5. Will comply with other rules of the event.

### PENALTIES FOR INFRACTIONS

Infractions of the 4-H Code of Conduct must be reported promptly by anyone observing them to the adult in charge of the delegation/project and to the person in charge of the event who will bear final responsibility for disciplinary action. The parent/guardian and the County 4-H Office will be notified of action taken. Penalties may include any or all of the following:

- Sending the participant home
- Barring the participant from future 4-H events
- Assessing the participant the cost of damages and repairs for damage or destruction of property
- Releasing the participant to the nearest law enforcement agency and/or the proper authorities
- Termination of 4-H membership

## California 4-H Youth Development Program

# Photograph and Information Release

I give to The Regents of the University of California, National 4-H Council, National 4-H Headquarters (USDA), Cooperative Extension and units, its nominees, agents, and assigns, unlimited permission to copyright and use, publish, and republish for purposes of advertising, public relations, trade, or any other lawful use, information about me and reproduction of my likeness (photographic or otherwise) and my voice, whether or not related to any affiliation with 4-H, with or without my name. I hereby waive any right that I (and minor) may have to inspect or approve the copy and/or finished product or products that may be used in connection therewith or the use to which it may be applied.

By signature on the enrollment form, the parent/guardian of said minor consents and agrees, individually and as parent or guardian of the minor, to the foregoing terms and provisions.

PAGE RETAINED BY THE MEMBER



## University of California Division of Agriculture and Natural Resources 4-H Youth Development Program

The 4-H Youth Development Program (4-H YDP) provides a wide variety of enrichment activities with the ultimate goal of engaging youth in reaching their fullest potential while advancing the field of youth development. The focus of all programs is the development of citizenship, leadership, and life skills through a variety of projects and activities. 4-H is available through several different delivery methods including clubs, special interest, day camps, overnight camping, school enrichment programs, school-age child care programs, and individual study.

The purpose of 4-H YDP is to help young people discover and develop their potential in partnership with a caring adult. 4-H encourages young people to set their own goals and make their own plans and decisions. This helps boys and girls mature and build self-confidence. By being part of a group, 4-H members learn to understand and cooperate with others.

### **The core values of the California 4-H Youth Development Program:**

- Support the University of California Division of Agriculture and Natural Resources' mission and strategic planning assumptions.
- Recognize that 4-H Youth Development staff provides the youth development framework for volunteers and other cooperators who bring the knowledge, experience, and passion to work with youth in their communities.
- Appreciate, respect, and value diversity through a commitment to inclusion of diverse Californians.
- Respond to local needs within a context of statewide criteria, practices, and priorities for 4-H programming.
- Innovate to maximize impact and resources while documenting the unique youth development contributions of our 4-H Youth Development programs.

### **The goals of the 4-H YDP are to help young people:**

- Develop citizenship, leadership, and life skills.
- Develop initiative and assume responsibility.
- Develop the ability to live and work cooperatively with others.
- Acquire knowledge and skills and explore careers.
- Achieve satisfaction from work and accomplishments.
- Develop a positive self-image.

*Learn by doing in an atmosphere where learning is fun* is a basic philosophy of the 4-H YDP. The project is where learn-by-doing or the experiential education model takes place. Within the project, members find things to learn, to do, to make, to explore, and then receive feedback. A 4-H project is:

- Planned work in an area of interest to the 4-H member.
- Guided by a 4-H adult volunteer who is the project leader.
- Aimed at planned objectives that can be attained and measured.
- Summarized by some form of record keeping.

Each year, a 4-H member enrolls in at least one project. Members enrolling for the first time should be encouraged to take on only one project. As members gain experience, the size of the project may be increased or additional projects may be selected. With their project leader and parent/guardian as consultants, members should select a project that will be a challenge, but not one that is larger than they can handle. Any project a 4-H member selects should be based on:

- Interests, needs, and time available.
- Family situation.
- Suitability to area of residence.
- Availability of necessary tools and equipment.

For more information, please visit <http://www.ca4h.org/>

PAGE RETAINED BY THE MEMBER

