

**LCORT 2016 – LEADERSHIP CONFERENCE OF REGIONAL TEENS**  
**January 29-31, 2016**

**YOUTH REGISTRATION FORM**

Name \_\_\_\_\_ County \_\_\_\_\_ Club \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Gender: Male \_\_\_\_ Female \_\_\_\_

4-H Enrollment Type: Youth  Adult \_\_\_\_

Youth: Grade \_\_\_\_ Age on 12/31/2015 \_\_\_\_

**Delegate Status (Choose one):**

Youth Delegate \_\_\_\_ Leadership Team Member (Workshop Presenter) \_\_\_\_ LCORT Youth Staff \_\_\_\_

**T-Shirt Size:** Adult XS \_\_\_\_ Adult S \_\_\_\_ Adult M \_\_\_\_ Adult L \_\_\_\_ Adult XL \_\_\_\_ Adult XXL \_\_\_\_ Adult XXXL \_\_\_\_

A T-shirt is included in your registration fee.

**Roommate preference:** \_\_\_\_\_

We will do our best to accommodate your request; however, we do not guarantee your choice of roommate, especially if that person does not also request you. Room changes will **NOT** be made at LCORT. NOTE: If necessary, Leadership Team (i.e., workshop presenters) members may be assigned to fill supervisory roles in rooms with only one adult chaperone.

**Peer Mentors: Youth delegates age 14 only, \_\_\_\_ Check here if you would like to receive a link to the Peer Mentor application.**

Peer Mentor applicants must be age 14 as of 12/31/2015, must have attended LCORT at least once before, and have leadership experience within or outside of 4-H.

**Registration Fee is non-refundable** due to the program and facilities. If a delegate cancels, county staff may request substitution of a delegate of the same gender, but substitutions are at the discretion of LCORT staff.

**PERMISSION SLIP**

I give permission for my son/daughter, \_\_\_\_\_, to attend LCORT at Wonder Valley Ranch in Sanger, CA, on January 29 - 31, 2016. He/She will be riding with: \_\_\_\_\_, and returning with \_\_\_\_\_.

**Signature of Parent or Legal Guardian:** \_\_\_\_\_

[  ] Please check if 4-H member will have special needs during LCORT (medical, dietary, etc.) and explain need(s)  
Please note here and on the comment section of the Medical Treatment Form if your child has medication which must be administered by the LCORT Health Coordinator (Nurse), otherwise all delegates will be responsible for their own medications:

\_\_\_\_\_  
\_\_\_\_\_

Enclose with Registration Form:

- Registration fee. Confirm the amount you owe with your club/county.
  - Signed copy of 4-H Code of Conduct (requires Parent/Guardian & Member's Signatures)
  - Signed Medical Treatment Form (requires Parent/Guardian Signatures).
- TIP: Make a copy, have it signed again, and carry it with you, since only "original" signatures are valid.

**REQUIRED: This member is in good standing with our County 4-H Program**

4-H Staff: \_\_\_\_\_ Date: \_\_\_\_\_

## Member Code of Conduct

(PAGE RETAINED BY THE COUNTY 4-H OFFICE)

The 4-H Policy Handbook tells me my rights as a 4-H member, and the rules I have to follow. 4-H calls the most important rules for members the "Code of Conduct". When members follow the Code of Conduct, it helps keep 4-H safe and fun for everyone.

### I will follow the 4-H Code of Conduct (rules) and I will:

1. Be nice, kind, helpful, and respectful to other 4-H members; and to adult volunteers, youth leaders, 4-H staff, and other adults in charge.
2. Be honest, honor my commitments, and accept responsibility for my choices.
3. Use language that is respectful and kind. Not use curse words.
4. Wear appropriate clothes that are allowed by 4-H rules.
5. Not have or use alcohol, tobacco (like cigarettes, e-cigarettes, or chew) or other drugs (unless my doctor gives them to me).
6. Not bother or attack others, not carry or use a weapon; and not do anything else illegal or unsafe.
7. Know that adults can search my things (like my backpack) if they think I might have broken the 4-H rules.
8. Not touch anyone in a way that is too affectionate, and not engage in sexual behavior.
9. Follow the 4-H *Guidelines for Social Media* - <http://4h.ucanr.edu/files/133821.docx>.
10. Not do things outside of 4-H that are harmful to anyone in 4-H or the 4-H program.
11. Follow the *California 4-H Dress Guidelines* - <http://4h.ucanr.edu/files/210170.pdf>

### While attending 4-H overnight events I will:

1. Be in my room when I'm supposed to be there.
2. Not leave the grounds unless an adult in charge gives me permission, and only if there are two adults with me.
3. Only enter my own assigned sleeping area and will not invite any kids who aren't 4-H members into the sleeping areas.
4. Be responsible for any damage caused by my actions.
5. Follow all the rules for that event.

## Consequences

Anyone who sees someone break the Member Code of Conduct should tell the adult in charge right away. That adult will tell that member's parent or guardian. Consequences for breaking the 4-H rules may include:

1. Sending the member home.
2. Having the member meet with 4-H adults, talk about how the member can learn from what they've done, and decide what the member should do to make up for any harm done.
3. Charging the member (or their parents/guardians) for the cost of repairs to property that the member damaged.
4. Giving the member a warning, barring them from future events, suspending their membership, or terminating their membership.
5. Taking the member to the nearest law enforcement agency or other proper authority.

## 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.

County: \_\_\_\_\_ Member Name: \_\_\_\_\_

Signature of Member: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Youth Treatment Authorization Form**

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER)

This Treatment Authorization Form is authorized for all 4-H Youth Development meetings and activities during the dates specified below. (Please Note: This information must be updated annually)

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Last Name	Club/Unit Name
<input type="text"/>	From: <b>July 1, 2015</b> to <b>December 31, 2016</b>	
County and State		

While my child is attending or traveling to or from this 4-H function, I HEREBY AUTHORIZE THE 4-H ADULT VOLUNTEER 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**

<input type="text"/>	<input type="text"/>		
Name	Relationship to Youth Identified Above		
( <input type="text"/> ) <input type="text"/>	( <input type="text"/> ) <input type="text"/>		
Emergency Day Phone (with area code)	Emergency Night Phone (with area code)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address	City	State	Zip

**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) by contacting the County 4-H Office.

<input type="text"/>	<input type="text"/>
Signature of Parent/Guardian	Date

**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.

<input type="text"/>	<input type="text"/>
Signature of Parent/Guardian	Date

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, 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 University of California, Division of Agriculture and Natural Resources, California State 4-H Office, 2801 Second Street, Davis, CA 95618-7774, (530) 750-1334, ca4h@ucanr.edu. Only your own records are open to your review.

**Health History Information**

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER; SHRED AFTER THE PROGRAM YEAR)

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First Name                                      Last Name                                      County                                      Date of Birth

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

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:

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

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Please list any additional assistance the youth will need in order to participate in this program or activity. Note: in some cases, a Doctor's note may be required to confirm the request.

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Please list all current medications: (please list on next page if more space is needed)

Name of Medication	Dosage	Times Taken

	Yes	No
Does the youth have any current emotional or behavioral difficulties that would be helpful for us to know about?		
Are there any ways of responding to the youth's negative moods or feelings that you found to be effective?		
Would you like to share any significant life or family events that will help us support the youth's current emotional state?		

Please explain any "Yes" answers on this page.

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