



**4-H CAMP MCCANDLESS at Camp May Mac – June 22nd-27th, 2014
CAMPER APPLICATION FOR 4-H SUMMER CAMP (ages 9-18)**

Name: _____ Date of Birth: _____

Address: _____
(Street Number or PO Box) City State Zip

Sex: M F (Circle) Age: _____ Grade: _____ Club: _____
(As of June 1st) (As of June 1st)

Phone: _____ Email: _____

Club name _____

T-Shirt Size (please circle one):

Youth: S M L XL
Adult: S M L XL XXL

Camper's Interests and Hobbies:

I do ___ / I do NOT ___ give permission to use my child's name/photograph in publications, advertisements, 4-H Web page, social media or news articles pertaining to 4-H activities.

Camp ages and qualifications are as follows: Campers must be a member in good standing as defined by the Mo. Co. Participation Requirements and with their club. This information will be verified with your Community Club Leader. **Applications are due by June 9th, 2014 at 5:00 PM.-No Exceptions. Applications are taken on a first come first serve basis.** Please send the **total camp fee of \$285.00** with this completed form, a completed Medical Treatment Form, a signed Code of Conduct, and a completed Supplemental Health History form to 4-H camp Director Stefanie Burgess, 17604 River Run Rd., Salinas, CA 93908. Please make check payable to **Monterey County 4-H Camp. Fifteen dollars (\$15.00) of the camp fees are non-refundable prior to June 13th and the entire camp fee is non-refundable following June 14th except in the case of a family emergency or illness (as documented by a physician). The camp director reserves the right to send campers home for serious misconduct or serious health reasons.**

COMMUNITY CLUB LEADER SIGNATURE REQUIRED

**This member is in good standing with our club and the County 4-H Program.
Community Club Leader signature and date:**

Dear 4-H parents,

The Monterey County 4-H camp program known as Camp McCandless has been a tradition for 4-Hers for years.

It's been held at a variety of camp locations but the heart of Camp McCandless has been shared by hundreds of members and their families.

Our summer camp program is experiencing new growth as a result of new volunteers, new opportunities and the long time commitment of our supporters. Our new location will be held at Camp Maymac in the Santa Cruz Mountains. We will move our weeklong campers to an inside facility that still features lots of outdoor fun.

However, even with our growth, our camper numbers are still limited. Just like last year, we will take camper applications on a first-come-first-serve basis. When we reach our limit of 100 campers a wait list will be created and managed by our committee.

In addition, the step up from the previous camp locations to a more secure location comes with a price increase. Because this Camp Program is only partially supported by the 4-H Council and, the camp committee had to invest in the new location upfront, we have depleted our financial resources and will not be offering "campership" scholarships.

The Camp McCandless committee meets every 2nd Monday of the month and we invite all parents or certified adult volunteers in the 4-H program to come and work towards making the best better! Together we can continue to build a strong youth camping program and find the financial support we may need.

If this is your camper's first year, we are working with our teen counselors each month to prepare them for their role as leader. You can be assured all counselors and certified adult volunteers are reviewed, trained and guided each year before the camp opens. The ratio is 1 teen counselors to 3 campers. We welcome your volunteer experience and efforts to help prepare our teens to be role models 24/7 for 5 nights and 6 days.

Sincerely,
Stefanie Burgess
Co-Camp Director

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4-H Camp McCandless SUPPLEMENTAL HEALTH HISTORY

Camper Name _____

Family Doctor: _____

(Name and Phone Number)

If your child must be brought home from camp, where do you want him/her taken?

HAS CAMPER EVER HAD ANY OF THE FOLLOWING CONDITIONS?

- | | | |
|-----------------------|----------------------|---------------------------------------------------------------------------|
| _____ Tonsilitis | _____ Frequent Colds | _____ Fainting Spells |
| _____ Scarlet Fever | _____ Ear Problems | _____ Kidney Disease |
| _____ Rheumatic Fever | _____ Tuberculosis | _____ Menstrual Problems |
| _____ Chicken Pox | _____ Diarrhea | _____ Recent Illnesses,
Accidents or
Operations
(Please Specify) |
| _____ Mumps | _____ Diabetes | _____ Stomach Aches |
| _____ Epilepsy | _____ German Measles | _____ Measles |
| _____ Bed-Wetting | _____ Whooping Cough | _____ Sleep Walking |
| _____ Polio | _____ Hay Fever | _____ Diphtheria |

Any conditions presently requiring regular medication or treatment?

List any activities in which you wish your child not to participate?

Please note any special needs or accommodations that your child may have.
Does your child require special dietary needs, i.e. vegetarian?

Note: Our camp nurse will take full charge of all medications and administer correct dosage during camp.

Parent/guardian signature _____ date _____



University of California Division of Agriculture and Natural Resources

4-H Youth Development Program

Youth Treatment Authorization Form

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)

Form with input fields for First Name, Last Name, Club/Unit Name, County and State, and Dates (From/To).

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.;

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.

EMERGENCY CONTACT INFORMATION

Form with input fields for Name, Relationship to Youth Identified Above, Emergency Day Phone, Emergency Night Phone, Mailing Address, City, State, and 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 and parent/guardian status) by contacting the County 4-H Office.

Form with input fields for Signature of Parent/Guardian and 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.

Form with input fields for Signature of Parent/Guardian and 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.

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**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			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:

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.

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4-H Summer Camp Dress Code

During your stay at the 4-H Summer Camp, we want you to have the best experience possible. The planning committee has developed the following dress code to assure that no one will feel offended or uncomfortable during his or her stay.

If you choose to dress inappropriately, you will be asked to change, or be required to wear a camp-issued shirt. By planning ahead and packing appropriately, you will save yourself the inconvenience of having to change and you will be contributing to a pleasant camp atmosphere.

Please be advised that the following dress code will be enforced for all individuals attending the camp, including staff, counselors and chaperones.

- 1 Clothing: All clothing shall be neat, clean, and acceptable in repair and appearance and shall be worn within the bounds of decency and good taste as appropriate for 4-H events.
- 2 Articles of clothing which display profanity, products, or slogans which promote tobacco, alcohol, drugs, sex or are in any other way distracting, are prohibited.
- 3 Excessively baggy or tight clothing, and clothing which advertises gang symbols or affiliation is prohibited.
- 4 Items of clothing which expose bare midriffs, bare chests, undergarments, or that are transparent (see-through) are prohibited. Tank tops with straps wider than one inch are permitted. Please be advised that spaghetti straps, shirts which expose a bare back, halter tops, and tube tops are prohibited.
- 5 Swimming (For all water recreation): -Swimsuits for men: swim trunks only (No shorts, cut-off pants, or Speedos). -Swimsuits for women: One-piece suits recommended, however, two-piece suits are allowed as long as they are modestly cut. No string, thong or crochet suits will be allowed. Swimsuits may only be worn during swimming activities.



California 4-H Youth Development Program
4-H Member 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 as a 4-H member I will:

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 as a 4-H member, I will:

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:

- Notification of parents and appropriate staff members.
- 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

I have read the Code of Conduct and agree to abide by its rules. I understand that infraction of this Code will result in any or all of the penalties listed above.

County: _____

Signature of Member: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____