



University of California

Agriculture and Natural Resources | 4-H Youth Development Program

4-H CAMP MCCANDLESS at Camp May Mac – June 19nd-24th, 2016
CAMPER APPLICATION FOR 4-H SUMMER CAMP (ages 9-19)

Name: _____ Date of Birth: _____

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

Sex: M F (Circle) Age: _____ Grade: _____ Club: _____
(As of Dec 31st, 2016)

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:

Camp ages and qualifications are as follows: Campers must be a member in good standing as defined by their club. This information will be verified with your Community Club Leader. Applications are due by June 11th, 2016 at 5:00 PM.-No Exceptions. Applications are taken on a first come first serve basis. 50 girls & 50 boys. (A wait list will be established after all spots are filled.) Please send the total camp fee of \$295.00 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 11th and the entire camp fee is non-refundable following June 10th 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.

Its 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 dependent on new volunteers, new opportunities and the long time commitment of our supporters. Our location will be held at Camp Maymac in the Santa Cruz Mountains. This is an inside facility that still features lots of outdoor fun.

Just like last year, we will take camper applications on a first-come-first-serve basis. This includes 50 girls and 50 boys. When we reach our limit of 100 campers - a wait list will be created and managed by our committee.

Because this Camp Program is only partially supported by the 4-H Council and, the camp committee has to invest in the location upfront, we are operating on very little funds. At this time we will not be offering “campership” scholarships. We encourage clubs to provide scholarship money.

The Camp McCandless committee meets every 4th Monday of the month and we invite all parents or certified adult volunteers in the 4-H program to come and work towards finding long term funding, ways to recognize the adult volunteers and how to train those behind us. Together we can continue to build a strong youth camping program and find the financial support we 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,
Michael & Stefanie Burgess, Co-Camp Directors
Rod Ichikawa, 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. Please have camper bring in bag, clearly labeled at camp check in.

Parent/guardian signature _____ date _____

Member Code of Conduct

(PAGE RETAINED BY THE MEMBER)

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://www.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.

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. Not be in the girls' sleeping area if I'm a boy, not be in the boys' sleeping area if I'm a girl, and 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: _____

Signature of Member: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

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

Participant's Name (Please Print)

County Club/Unit

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.

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 style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| First Name | Last Name | Club/Unit Name |
| <input style="width: 95%;" type="text"/> | | From: July 1, 2015 to December 31, 2016 |
| 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 style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | | |
| Name | Relationship to Youth Identified Above | | |
| (<input style="width: 100px;" type="text"/>) <input style="width: 200px;" type="text"/> | (<input style="width: 100px;" type="text"/>) <input style="width: 200px;" type="text"/> | | |
| Emergency Day Phone (with area code) | Emergency Night Phone (with area code) | | |
| <input style="width: 350px;" type="text"/> | <input style="width: 250px;" type="text"/> | <input style="width: 60px;" type="text"/> | <input style="width: 100px;" 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.

| | |
|------------------------------|--|
| Signature of Parent/Guardian | <input style="width: 95%;" type="text"/> |
| | 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.

| | |
|------------------------------|--|
| Signature of Parent/Guardian | <input style="width: 95%;" type="text"/> |
| | 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.



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

**Monterey County 4-H Camp
Teen Counselor & Camper
Technology Agreement**

To be filled out and return at camp check in

I, _____ will refrain from any usage of technology (cell phone, cell phones used for cameras or alarm clocks, iPad, iPod, hand held computerized games, laptops, tablets, etc.) while at Camp McCandless.

If I have any of these devices when I arrive to camp, it is my personal responsibility to turn in these devices to the camp directors. These devices will be returned at the end of camp.

I understand I am at camp to be a part of the 4-H community who is present. I am attending because I want to learn to make good decisions, share responsibilities, solve problems and look for ways to communicate without using technology.

I understand why the adult volunteers will have access to an area to use their cell phones or computers to check on their responsibilities back at home and work.

REMINDER-Any photos taken at camp MAY NOT be posted on any social media site without the permission of Monterey 4-H Camp.

Camper Name _____

Camper Signature _____ Date _____

Parent Name _____

Parent Signature _____ Date _____

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