Santa Cruz County
2014 Summer Camp

Camp Registration instructions

☐ Print these forms (5 pages total)
☐ Fill out all blanks on the forms, if you wish not to disclose certain information please just initial the blanks.
☐ Choose your style of camp (page 3)
☐ Fill out the Medical forms (2 pages)
☐ After all is completed place this sheet over all the papers, fold in half and staple your check in the middle and mail.

Watsonville, CA 95076
76 Cutter Drive
C/O Diane Sampson
Santa Cruz County 4-H Camp
Santa Cruz County
2014 Summer Camp

1

Adult Camper Registration

Camper’s Name: ________________________________
Home Address: ____________________________________
Mailing Address: ____________________________________
If Different Than ________________________________ Other Ph: ____________________________
Home Ph: ____________________________ Work Ph: ____________________________ Age: __________
Email: ___________________________________________________________________________

☐ Male ☐ Female
Doctor: ____________________________ Phone: ____________________________
City of Practice: ____________________________ Phone: ____________________________

I will help at camp in the following ways:

2

Emergency contacts:

1st: Contact: ____________________________ Relationship: ____________________________ Phone: ____________________________

3

2nd: contact: ____________________________ Relationship: ____________________________ Phone: ____________________________

4-H Club Name: ____________________________

4

Club Leader Name: ____________________________
Club Leader’s Home Phone: ____________________________
Club Leader’s Signature: ____________________________

For Camp Staff Use
This form received on:

Camp Chosen
1 2 3 4
Fee Amount: __________
Date Paid __________
Cash ____ Check ____
Deposit __________
Cash ____ Check ____
Medical Form ______

Page 2 of 6
Santa Cruz County  
2014 Summer Camp  

Choose Your Style of Camp

#1  ________________WEEKEND_________________________   □   $115  
  July 18- July 20  
  Check is 1:30pm Friday  
  Check-out, 5-6pm Sunday July 20

#2  _______________DAYCAMP_____________________________   □   $70  
  Saturday and Sunday, 8:30am 5pm, July 19 & 20

#3  ___________LEADERSHIP TEAM CAMP__________   □   $115  
  Come up early on Friday 9am (Breakfast) Thru July 20

☐ Help Out at Camp  ☐ Teen Counselor (training included)  ☐ Pre-Camp Assistance  
☐ Check areas you are interested in assisting.

Camp Sweatshirt   □   $30  
Circle your size: YM YL YXL S M L XL

Late Registration Fee:   □   $25  
Due if registration is received after July 7.

Mandatory Cleaning Deposit:   $20  
All campers are responsible for helping to clean camp at the close of camp.  
We are charged a cleaning fee if camp is not left clean. Your participation in  
the clean-up effort will get your cleaning deposit refunded to you.

Total Fees Enclosed:  

Return forms only as addressed on the top cover sheet

If you have questions you may contact 
Diane Sampson at 206-1444 or_  
dianesampson@baymoon.com
1. I promise to attend ALL scheduled camp activities and to be on time.
2. I promise to be in my assigned sleeping area at curfew time and to obey the hours of QUIET TIME.
3. I promise to stay out of the camping/sleeping area of the opposite sex, unless asked for assistance by an adult.
4. I understand that camp has a conservative dress code, and I may be asked to dress differently at certain times. I will not take offense to that request, and will respect the camp staff and comply with their wishes.
5. The Counselor’s Shack and the Hi 4H Shack are for the use of Counselors and Hi 4Hers and I will respect that privilege.
6. I promise to never have in my possession any alcohol, drugs, tobacco, firearms, knives, or other items that could be considered a weapon.
7. I understand that any prescribed medication I may need must be reviewed by the camp staff and camp nurse and may be required to be held and administered by the camp nurse.
8. Obscene, discriminatory, degrading or foul language will not be spoken by me.
9. I promise to respect my fellow campers, counselors, and leaders, and will not use disrespectful language or attitude, or gestures.
10. I understand roughhousing, or rough personal contact will not be tolerated at any time.
11. I understand affectionate displays of attention between boys and girls is discouraged. NO PDA (Public Displays of Affection).
12. I understand that THE POND IS OFF LIMITS, and I will not go there. The creek is crossed to get to and from the dining area, but is not a play area.
13. I understand that if I use a tent or sleeping shelter, it will be kept clean at all times, it will be open for visible inspection at any time. I will not keep anything edible or flammable in or near it.
14. When I arrive at camp I will promptly check in at the check-in table, and if I need to leave camp for any reason I will sign out and will personally notify one of the camp directors.
15. I understand that if I am camping in a WILDERNESS AREA, I pledge to treat it with respect and leave it in as good or better natural condition than it was before I arrived.

I acknowledge that I have read and understand this code of conduct, and pledge to obey it’s principles in spirit and conduct. I understand that if I violate this code I may be asked to leave camp promptly, or at least my parent will be notified. This choice is at the discretion of the camp & 4-H Program staff.

MEMBER/VOLUNTEER ___________________________ COUNTY ___________________________

PARENT/GUARDIAN ___________________________ DATE: ___________________________
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)

First Name ______________ Last Name ______________ Club/Unit Name ____________________________ to ____________________________

County and State ______________ Dates (From / To) ____________________________

While I am attending or traveling to or from this 4-H function, I HEREBY AUTHORIZE THE ADULT 4-H 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 ME SHOULD I BE UNABLE TO MAKE A DECISION:

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 I complete my activities in this program unless sooner revoked in writing. I understand that 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

Name ______________________________ Relationship to Adult Identified Above ______________________________

(_____) _____________________________ (_____) _____________________________

Emergency Day Phone (with area code) Emergency Night Phone (with area code)

Mailing Address ______________________________ City ______________________________ State ______________________________ Zip ______________________________

AUTHORIZATION AND CONSENT AND RELEASE

I hereby certify that I am 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 ______________________________ Date ______________________________

NON-CONSENT

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

Signature ______________________________ 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 of the California 4-H Youth Development Program, University of California, DARN Building, One Shields Ave., Davis, CA 95616-8575, (530) 754-8518. Only your own records are open to your review.

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

PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER
**University of California Division of Agriculture and Natural Resources**

**4-H Youth Development Program**

**Health History Information**

<table>
<thead>
<tr>
<th>Subject to:</th>
<th>Yes</th>
<th>No</th>
<th>Now Have or Have Had</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colds</td>
<td></td>
<td></td>
<td>Heart Trouble</td>
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<td>Sore Throat</td>
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<td>Asthma</td>
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<tr>
<td>Painting Spells</td>
<td></td>
<td></td>
<td>Lung Trouble</td>
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<tr>
<td>Bronchitis</td>
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<td></td>
<td>Sinus Trouble</td>
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<tr>
<td>Convulsions</td>
<td></td>
<td></td>
<td>Hemia (rupture)</td>
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<td></td>
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<tr>
<td>Cramps</td>
<td></td>
<td></td>
<td>Appendicitis</td>
<td></td>
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<tr>
<td>Allergies</td>
<td></td>
<td></td>
<td>Has appendix been removed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wear corrective lenses?</td>
<td></td>
<td></td>
<td>Do you walk in your sleep?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is hearing good?</td>
<td></td>
<td></td>
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</tbody>
</table>

Date of last Tetanus Vaccination: __________________________

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:

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Dosage</th>
<th>Times Taken</th>
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<tbody>
<tr>
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</tr>
</tbody>
</table>

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 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.
CAMP ACTIVITY TEACHER
Santa Cruz County 4-H Camp July 18-20, 2014

Camp classes are typically one hour long, starting at 9:30 in the morning, with 3 classes each morning. If your camp class activity is longer than 1 hour, you may take up to two class sessions. Please indicate on form below.

*If you would like to help led an afternoon activity, please write in other.

Name: ____________________________ Phone: ____________________________
Address: __________________________ City: ____________________________
______________________________ Club: ____________________________
Zip: __________________________

I will teach a class at camp on the following days (please check):

☐ Saturday July 19 OR ☐ Sunday July 20
☐ 1 Class, 1 hour OR ☐ 1 Class, 1 hour
☐ Classes all morning OR ☐ Classes all morning

Please write in the name of the class you will teach below OR if you're not sure, indicate area you are interested in teaching.

Class title: ____________________________ Day(s)/Times: ____________________________
Class title: ____________________________ Day(s)/Times: ____________________________
Class title: ____________________________ Day(s)/Times: ____________________________
Other: __________________________________________________________

I will need a Jr. / or Teen Leader to assist me (Circle)

YES [ ] NO [ ]

If you would like to request a specific Jr/Teen Leader please write name below:

________________________________________________________________________


TIME: Classes are 1 hour in length. Class CAN be a 2 day project (i.e. Saturday and Sunday 9:30-11:30am). Classes run from approximately 9:30am-12:45pm, at one hour intervals (9:30, 10:30 and 11:30) on Saturday and Sunday. Please indicate if you a preference to time(s) for your class.

JR. LEADER: If you use a Jr. or Teen Leader, he/she can gain county level experience in leadership and can list the experience in his/her record book.

Questions, please contact the Camp Planning Committee or the 4-H office at sfontana@ucanr.edu
Summer Camp Activities Preferences

Name: __________________________ Age: ______

Who would you like to be in your sleeping group:

________________________________________

Please rate the following activities from 1 to 10 with 1 being your highest priority activity. You will be placed in three morning activities.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drip Candles</td>
<td></td>
</tr>
<tr>
<td>Sand Candles</td>
<td></td>
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<tr>
<td>Native animal drawing w/ chalk pastels</td>
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<tr>
<td>Pony care and grooming</td>
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<tr>
<td>Swimming</td>
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<tr>
<td>Creating a mobile wire animal or fairy</td>
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<tr>
<td>Archery</td>
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<tr>
<td>Knitting/Crochet</td>
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<tr>
<td>Modge Podge Crafts</td>
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<tr>
<td>Rock painting</td>
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<tr>
<td>Save the Redwoods collection/ Art</td>
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<tr>
<td>Mad Science</td>
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<tr>
<td>Tye Dye Shirt (or bring your own)</td>
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<tr>
<td>Paper mache' animals</td>
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<tr>
<td>Space Art/ spray paint</td>
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<tr>
<td>Memory boards</td>
<td></td>
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<tr>
<td>Braided bracelets</td>
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<tr>
<td>Wetlands map chalk pastel art</td>
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<tr>
<td>Native plant scavenger hunt</td>
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<tr>
<td>Hike – etymology</td>
<td></td>
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<tr>
<td>Water/ Ecology Study</td>
<td></td>
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<tr>
<td>Circuits/ solar energy (4H SET)</td>
<td></td>
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<tr>
<td>Inner tube water polo</td>
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<tr>
<td>Hike with Naturalist</td>
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<tr>
<td>Landyards</td>
<td></td>
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<tr>
<td>Soccer</td>
<td></td>
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</tbody>
</table>

***Send back with registration***