



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.*

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



Santa Cruz County 2014 Summer Camp



1

Adult Camper Registration

Camper's Name: _____

Home Address: _____

Mailing Address: _____

If Different Than _____

Home Ph: _____ Other Ph: _____

Work Ph: _____ Age: _____

Email: _____

Male Female

Doctor: _____

City of Practice: _____ Phone _____

I will help at camp in the following ways:

2

Emergency contacts:

1st: Contact: _____

3

Relationship: _____ Phone: _____

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 _____			



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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

<input type="checkbox"/> Help Out at Camp	<input type="checkbox"/> Teen Counselor (training included)	<input type="checkbox"/> Pre-Camp Assistance
<input checked="" type="checkbox"/> 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

Santa Cruz County 2014 Summer Camp

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 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: _____



**University of California Division of Agriculture and Natural Resources
4-H Youth Development Program
Adult Volunteer 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)

First Name	Last Name	Club/Unit Name
County and State	Dates (From / To) _____ 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
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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
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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, DANR 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.

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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 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.

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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: _____
Zip: _____ Club: _____

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

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

SUGGESTIONS FOR CLASSES: BBQ Pit (Outdoor). Tie Dye, Hiking, Windsock, Candle making, Fine Art, Horseshoes, Cooking, Needlework, Knitting/Crochet, Checkers, Chess, Jewelry, Basketball, Volleyball, Badminton, Archery, Candles, Leather craft, Lanyards, Woodworking, Drawing, Sachets, or Dance.

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.

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

Send back with registration