



Santa Cruz County
2012 Summer Camp

Camp Registration instructions

- Print these forms (6 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)
- Make sure the camper (your child) has read and understands the 4H code of conduct.
- When they have acknowledged their understanding they should sign and date it.
- When you feel they understand it then you should sign and date it also.
- Fill out the Medical forms (2 pages)
- After all is completed place this sheet over all the papers and fold in half and staple your check in between them all and mail.

Santa Cruz County 4H Camp
c/o Robin Turnquist
1528 Wishire Dr.
Aptos, CA 95003



Santa Cruz County 2012 Summer Camp

Camper Registration



Camper's Name: _____

Home Address: _____

1 Mailing Address: _____

If Different Than Above _____

Home Ph: _____ Other Ph: _____

Age: _____ Birth date: _____ Grade completed: _____

Boy Girl Email _____

Parent Guardian

Name(s) _____

2 Address _____

if different than above _____

Email: _____

Doctor: _____

City of Practice: _____ Phone _____

Emergency contacts:

1st: Contact: _____

3 Relationship: _____ Phone: _____

2nd contact: _____

Relationship: _____ Phone: _____

Parent or Guardian's

4 Signature: _____

4-H Club Name: _____

5 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 _____

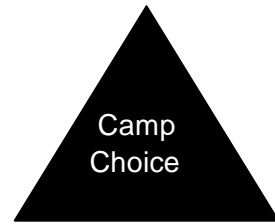
Cash ___ Check ___

Code of Conduct _____

Medical Form _____



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Choose Your Style of Camp

Choose which camp will be right for your child.

Be aware each camp may have a different pick-up and drop-off date and time.

(check only one box)

#1 **FULL CAMP:** \$100.00

Friday 3:00 pm thru Monday Noon

#2: **WEEKEND ONLY** \$ 90.00

Friday 3:00 - Sunday 4:00 PM Note the cleaning deposit below.

You may forfeit your cleaning deposit by leaving prior to camp closing and clean up.

#3: **DAYTIME ONLY** \$ 70.00

Saturday and Sunday only, from 8:30 to 4:00,
includes classes and lunch

#4: **LEADERSHIP TEAM CAMP:** \$100.00

Thursday to Monday at Noon, My Job is _____

NOTE: you must be assigned a camp job and have graduated 8th grade, in order to attend this camp

Total Camp fee _____

Late Registration fee \$ 20.00

If registration is postmarked or delivered after June 22nd

Cleaning Deposit *Mandatory* ... \$ 20.00

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.

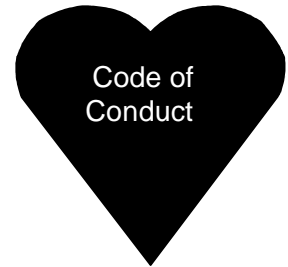
Registrations recieved after July 6 will be charged a \$50 late fee!

Total Fees Enclosed . _____

Return forms only as addressed on the top cover sheet
(DO NOT return these forms to the 4H office)

If you have questions you may contact
Robin Turnquist 688-4750

July						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				



4-H Code of Conduct

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 staff.

CAMPER: _____ Date: _____

PARENT/GUARDIAN: _____ Date: _____

CAMP STAFF: _____ Date: _____



MEDICAL TREATMENT FORM – MINOR
University of California 4-H Youth Development Program

I hereby certify that my child is in good health and can travel to and participate in this 4-H function.

My Child _____ has my permission to attend the
name of child
located at or near _____
name of 4-H club, activity or event _____ city or town _____
in _____ between the dates of _____ And _____
state or county

While my child is attending or traveling to or from this 4-H function, **I HEREBY AUTHORIZE THE ADULT 4-H LEADER OR 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/legal guardian, I will be responsible for the cost of any service or treatment provided not covered by the 4-H Youth Accident Insurance Program sponsored by the University of California Cooperative Extension.

AUTHORIZATION AND CONSENT AND RELEASE

_____ date _____ signature of parent/legal guardian _____ emergency phone DAY
_____ mailing address _____ Zip code _____ emergency phone NIGHT

Should there be any changes in the status of parent/legal guardian, it will be my responsibility to keep the County 4-H Office informed.

NON-CONSENT

I do not desire to sign this authorization and understand that this will prohibit my child from receiving any medical attention in the event of illness or accident.

_____ SIGNATURE _____ DATE

PLEASE COMPLETE THE HEALTH HISTORY INFORMATION ON THE REVERSE SIDE.

University policy and the State of California Information Practices Act of 1977 requires 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 needed medical treatment. You have the right to review University records containing personal information about you/your child, 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 at the Division of Agriculture and Natural Resources, 4-H, DANR, One Shields Avenue, University of California, Davis, California 95616-8565. Only your own/your child's records are open to your review. Any known or foreseeable intergovernmental transfer which may be made of the information is as follows: None.

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HEALTH HISTORY INFORMATION

(This information is confidential and will be used only in case of emergency.)

Name of 4-H Member: _____

Social Security Number: _____ Date of Birth: _____ / _____ / _____
(Optional) Month Day Year

Is your child subject to:	Yes	No	Does your child have or has ever 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 ?		

Is the child currently under any type of medical treatment? Yes No

Is there any history of behavior disorders or emotional disturbances, such as difficulties in relationships with authority figures or peers, or abnormally severe moodiness? Yes No

Has the child been under psychiatric treatment within the past three years? Yes No

Date of Child's last Tetanus Vaccination: _____

M D Y

Please identify over-the-counter medications that we may administer. For example: Antacid, Aspirin.

Please identify child's allergies, including allergies to food, medications, or drug reactions you know about:

Please list any disabilities or disorders that may affect your child's participation at this 4-H function, such as eyesight, hearing, speech, paralysis, diabetes, ulcer, etc.

Please list all medications that child is presently taking:

Name of Medication	Dosage	Times Taken

Remarks and any special instructions. Please explain "Yes" answers on this page. Attach another sheet if necessary

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