



# **4-H CAMP CHERRY LAKE**

**Game on....**

## **Counselor Registration Packet 2016**



Hello Counselors and Parents!

Welcome to the 2016 summer camping season for 4-H! We are looking forward to a fun filled camp week June 6-10, 2016, at 4-H Camp Cherry Lake, near Madison, FL. We are glad you will be joining us this year! Campers and Counselors have an exciting week of outdoor recreational and educational activities planned for them this summer. There's fun on the horizon for your child at

Cherry Lake!

Enclosed you will find the necessary forms for camp. Please thoroughly read, complete, and return all forms included. A description of required forms is listed below. We appreciate your time and effort in this area! See you in June! All camp forms and more details about camp can be found at <http://taylor.ifas.ufl.edu>

**Reminder –  
Complete and Return:**

- 4-H Participation Form
- Registration Form
- Medication Administration
- Cell Phone Policy Agreement
- Cabin Assignment Request/Graffiti Policy Agreement
- Summer Food Service Form
- Dietary Needs Form
- 4-H Camp Release Form

**Deadline:**

All camp forms must be completed and received in the office on or before  
**5 pm, June 3rd**

**Camp Fee: \$115.00 for Counselors in Training  
\$100.00 for Counselors  
\$50 – nonrefundable deposit is required at registration.**

**Refunds will not be given after camper arrival on Monday.**

**Camper Orientation:**

Join us Thursday, June 2nd, at 5:30pm at the 4-H office. This will be your opportunity to meet the Counselors and ask questions about camp.

**Make check or money order payable to: Taylor County 4-H**

**Email questions to:**

[abbeytharpe@ufl.edu](mailto:abbeytharpe@ufl.edu) or

[jessedwards@ufl.edu](mailto:jessedwards@ufl.edu)

**Call: 850-838-3508**

**Forms Needed for Camp:**

➤ **4-H Registration Form**

➤ **4-H Participation Form** Brief health history, medicine that can be given at camp and Code of Conduct.

➤ **Permission Form For Administration of Medication**

Please turn in whether or not medicine is listed.

➤ **Cell Phone Policy Agreement**

➤ **Cabin Assignment Request/Graffiti Policy Agreement** – Counselor may request a buddy on the cabin request form. However, cabin assignments will be made by the 4-H Agent. This will be done prior to the arrival at camp.

➤ **Summer Food Service Form** - If you do not wish to participate, please write, “**DECLINED**” across the form. If participating, this form **must be completed** to be eligible to receive the free/reduced lunch discounted camp fee. **A signature is required on this form.**

➤ **Dietary Needs Form** – If your child has any food allergies or requires a special diet, complete this form.

➤ **4-H Camp Release Form** – On this form, you will need to let us know if someone other than a parent/guardian will be bringing and/or picking your child up from camp.

**Included is a Packing Checklist** - This will assist parents/guardians in helping their camper pack for camp.

***\*Please Note: All completed forms and camping fee must be received in the office on or before 5pm, June 3<sup>rd</sup>.***

Sincerely,

Abbey Tharpe

Taylor County 4-H Extension Agent I

# Frequently Asked Questions about Florida 4-H Camping



## **What is the 4-H camp mission, philosophy, and program emphasis?**

The mission of the Florida 4-H camping program is to help develop life skills in youth through experiential education in a camping environment. Research has shown camping helps kids build life skills in a safe atmosphere while having fun. We offer outdoor adventure, environmental education and more, geared toward the positive growth of our youth.

## **Who works at 4-H Camp?**

Each camp has a permanent Resident Director and seasonal program director to facilitate camp activities. Summer camp program staff are hired based on experience and qualifications, and screened through personal interviews, reference checks and background checks. All staff members participate in intensive pre-camp training to prepare them for the camping season. Program staff comes from the U.S. and overseas, bringing diversity and cultural richness to the 4-H camping experience. The Resident Directors are:

4-H Camp Cherry Lake: Neva Baltzell      4-H Camp Cloverleaf: Steve Cooper  
4-H Camp Ocala: Sarah Whitfield      4-H Camp Timpoochee: Jennifer Williams

## **How are behavioral and disciplinary problems handled at 4-H camp?**

Behavioral expectations and consequences are communicated through the 4-H Code-of-Conduct, which campers and parents/guardians must sign prior to camp. During camp, expectations for behavior are reviewed the first day, and good behavior is facilitated through positive reinforcement and role-modeling. Corporal punishment is never allowed at 4-H camp. Contact your local 4-H Extension Agent for more information regarding this question.

## **How do I send mail to my child at camp?**

Camper mail is distributed every day, usually during mealtimes. To ensure mail is received before the end of the camp week, please place items in the mail the *weekend before* your child attends camp, no later than the Monday of camp week. Camper names should be clearly legible. All mail arriving later than your child's Friday departure from camp will be returned to sender. The Camp address is listed below.

4-H Camp Cherry Lake    3601 NE Cherry Lake Circle    Madison, FL 32340    (850) 929-4429

## **In the event of an emergency at home, how do I contact my child?**

Please call the camp's main office number listed above in the event of an emergency. County extension staff will be able to bring your child to the office for the call. Each facility's voicemail offers a secondary phone number to call for emergencies occurring outside of normal office hours.

## **Can I pick my child up early from camp?**

For safety reasons and so all campers may enjoy the entire 4-H camping experience, campers are encouraged to arrive on time, not miss mid-week days, or leave camp early. We enjoy having each camper fully participate from the beginning to the closing of each camp week.

## **Why aren't cell phones, MP3's, IPODs, Gameboys and other electronics allowed at camp?**

Use of personal electronic devices during camp encourages campers to be solitary and sedentary, which clashes with what camp is all about -- developing social skills, building new relationships, sharing traditions, appreciating nature, and being physically active. At camp, these expensive items get lost, broken, stolen or dropped in the water and in the case of phones shared with other campers, resulting in charges you weren't expecting. More importantly, a child who is focused on using the device may miss out on learning something new, or worse, may lose concentration during an activity and be injured. We believe camp without electronics is the best policy for everyone involved.

For more information, please visit the Florida 4-H Camping website at <http://www.florida4h.org/camps/>



## 4-H Camp Packing Check List

### SUGGESTED ITEMS FOR CAMP



**Clothes should be modest and appropriate for active play in an outdoor setting.**

1. Girls **must** wear one piece bathing suits or tankini's that do not show your stomach.  
Boys must wear a bathing suit, Speedo swimsuits are not allowed.
2. No underwear of any kind showing (this includes bra straps), pants/shorts must be worn at reasonable waist length
3. No see through clothing without a shirt underneath
4. Shorts must be mid thigh or longer
5. No bare midriffs

Comfortable Clothes (appropriate for casual dress)

- \_\_\_\_\_ shorts, jeans, t-shirts- no tank tops allowed (at least five (5) changes)
- \_\_\_\_\_ Closed toe shoes (tennis shoes, crocs)
- \_\_\_\_\_ underclothing
- \_\_\_\_\_ one (1) sweater/light jacket/sweatshirt (for cool nights)
- \_\_\_\_\_ bathing suit / swim clothes – 2
- \_\_\_\_\_ rain gear
- \_\_\_\_\_ Socks
- \_\_\_\_\_ Pajamas

Personal Articles (for 5 days)

- |                                   |   |
|-----------------------------------|---|
| _____ wash cloths                 | _____ shower shoes                      |
| _____ towels (swimming & bathing) | _____ comb or brush                     |
| _____ toothbrush, toothpaste      | _____ insect repellent                  |
| _____ soap & shampoo              | _____ plastic bag for wet/dirty clothes |
| _____ Deodorant                   | _____ Sunscreen                         |

Bedding (for bunk-style beds)

- \_\_\_\_\_ pillow and case
- \_\_\_\_\_ two (2) sheets & light blanket or sleeping bag

Other items (optional) label items clearly with campers name

- |                                     |                                 |
|-------------------------------------|---------------------------------|
| _____ athletic attire (for sports)  | _____ camera                    |
| _____ water shoes or flip flops     | _____ water bottle              |
| _____ Hat                           | _____ Flashlight                |
| _____ alarm clock (only counselors) | _____ Sunglasses                |
| _____ pen, paper & stamps           | _____ Mask & snorkel or goggles |

HELPFUL HINTS:

- Do not** bring expensive items to camp such a electronic games, jewelry, radios etc.
- No** money, candy, gum, snacks, knives or fireworks should be taken to camp.
- For identification purposes, we encourage parents to mark initials or name of the child on all personal items.
- When packing don't forget your child will need to be able to carry their suitcases to their cabins.



# 2016 Summer Camp Youth Counselor Registration Form Taylor County – June 6-10, 2016

Indicate One:  ADULT       YOUTH       COUNSELOR      # of training hours \_\_\_\_\_

Name: \_\_\_\_\_ Gender:  Male  Female

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ 4-H Age (youth only): \_\_\_\_\_

Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_

**T-shirt Size:    S      M      L      XL      XXL (Adult Sizes)**

**Emergency Contact Information:**

Primary Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Tertiary Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

**Costs:**

**Registration DEPOSIT of \$50.00 is due at registration along with** a completed registration packet and return to Taylor County Extension Office. Remaining balances are due by June 3rd. Scholarships are available and a completed scholarship application is due at the time of registration if you intend to apply this year.

Checks must be made payable to Taylor County 4-H.

**Forms Needed:**

Your registration must consist of these **completed** forms: registration, participation, dietary needs, medication administration, cabin assignment/graffiti policy, cell phone policy, camp release, and summer food service.

**Registration Deadline:**

All registration materials and payments must be **received** by June 3rd. Camp slots are filled on a first-come basis and if spaces are full, a waiting list will be created and utilized as necessary to fill slots if they become available.

**For More Information Contact:**

**Abbey Tharpe**  
Phone: 850-838-3508  
Email: [abbeytharpe@ufl.edu](mailto:abbeytharpe@ufl.edu)

**Return/Send Registration Information to:**

Taylor County Extension Office, 203 Forest Park Drive, Perry FL 32348

**Please note the following:**

**Cell phones, MP3's, IPODs, Gameboys, and other electronics are not allowed at camp.**  
Neither the county nor the camp is responsible for lost, stolen or damaged items.

# TAYLOR COUNTY 4-H CAMP COUNSELOR CONTRACT OF AGREEMENT

I, \_\_\_\_\_, hereby agree to the following guidelines and rules as 4-H Camp Counselor at Camp Cherry Lake:

- ψ to demonstrate maturity and stability to guide in decision-making,
- ψ to show an ability to work under indirect supervision without someone over my shoulder,
- ψ to attend all camp activities and events,
- ψ to be friendly, but not partial, to all campers, adults, and staff,
- ψ to understand and obey all camp rules and health regulations,
- ψ to respect all adults and campers,
- ψ to be firm without being bossy, being tactful and kind in what I say,
- ψ to be patient with campers. I will not hit or in any way mistreat campers. I will leave all discipline to the agents,
- ψ to work with campers to maintain a clean camp and to fulfill duties, assignments, and jobs given us by the adults,
- ψ to be aware of the camper=s welfare, both physically and mentally, and to be aware of the adjustments that the campers must make to the new surroundings,
- ψ to always control my actions and words as I realize that I am a role model for the campers;
- ψ and, above all, I will maintain a positive attitude and complete my assigned tasks with diligence and enthusiasm.

I, as a counselor, fully understand that **under no circumstances** are males allowed in the female cabins or the females in the male cabins.

**Note to Parents:** I, as the parent of a counselor, understand that if my child fails to follow these rules and guidelines, he/she will be demoted to a camper or I will be called and be expected to come to camp and pick up my child immediately.

Your signatures below indicate that you have read and understand the guidelines and rules of being a Camp Counselor as a Taylor County 4-H-er.

\_\_\_\_\_  
Signature of the Counselor

\_\_\_\_\_  
Signature of the Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



I am applying to be a FULL COUNSELOR



I am applying to be a COUNSELOR-IN-TRAINING

### 4-H CAMP COUNSELOR APPLICATION Summer 2016

The standards for a camp counselor are high. We are looking for individuals who have:

- \*good judgment
- \*emotional maturity
- \*enthusiasm
- \*patience

- \* a sense of humor
- \*dependability
- \*adaptability
- \*leadership skills

AND, who sincerely enjoy the company of children, even when they are noisy, impulsive, uncooperative and complaining.

NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

ARE YOU ENROLLED IN 4-H? \_\_\_\_\_ NAME OF 4-H CLUB/GROUP \_\_\_\_\_

HOW MANY YEARS HAVE YOU GONE TO 4-H CAMP? \_\_\_\_\_ E-mail address \_\_\_\_\_

HAVE YOU BEEN A CAMP COUNSELOR BEFORE? \_\_\_\_\_ IF YES, WHEN? \_\_\_\_\_

Please answer the following questions completely. Use the back of the page or additional paper if necessary.

1) Describe your previous camping experience(s). What did you like most about your experience(s) and why?

2) Describe any experiences you have had working with small groups of children.

3) Describe any leadership roles you have had in 4-H, school, church, etc?

4) List your skills and talents that will help you in performing counselor duties (ex: leading games, building campfire, etc).

5) Why would you like to serve as a camp counselor for Taylor County 4-H Summer Camp?

6) Why should you be selected to serve as a camp counselor?

7) List any previous work experience you have had.

8) This year's theme is "Game On...". Give me a few ideas that you might have for activities or games that tie in with this theme. How has your experience with 4-H been "Game On?"

I certify that the above application is true and accurate.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Return the completed application to:  
Abbey Tharpe, 4-H Coordinator  
Taylor County Extension Service  
203 Forest Park Drive  
Perry, Florida 32338  
Phone: (850) 838-3508

E-mail: [abbeytharpe@ufl.edu](mailto:abbeytharpe@ufl.edu)  
Website: [taylor.ifas.ufl.edu](http://taylor.ifas.ufl.edu)



Applicant # \_\_\_\_\_

# 2016 4-H Summer Camp Scholarship Application

(Complete both pages of the application separately for EACH CHILD)

**DEADLINE FOR SCHOLARSHIP APPLICATION IS May 20, 2016**

*Applicants will be notified by Friday, May 27, 2016 if they have received a camp scholarship and will be expected to pay the remaining balance on or before June 3, 2016.*

Scholarships to camp are offered to those participants and their families who have expressed a sincere financial need for assistance and will be evaluated based on the following criteria by an outside panel of volunteers. Scholarships are based exclusively on need and available funds. It is likely that not every family/child who applies will be eligible or will be granted a scholarship. It is the intention of the Taylor County 4-H program to have as many qualified and deserving participants find some assistance to be able to go to camp.

**Family income/member ratio:**

# Family members: \_\_\_\_\_ # children 8-18 years old living at home: \_\_\_\_\_

# Of children from same family applying to attend camp: \_\_\_\_\_  
Household income combined: \$ \_\_\_\_\_

**4-H club participation/status – How are you currently involved in Taylor County 4-H?  
(Check ALL that apply)**

- \_\_\_\_\_ Active (as defined by club charter) Club Member in \_\_\_\_\_ Club.
- \_\_\_\_\_ Club Officer in \_\_\_\_\_ Club
- \_\_\_\_\_ Parent/Volunteer with \_\_\_\_\_ Club
- \_\_\_\_\_ My child/I are not currently participating in any Taylor County 4-H Activities or Clubs.

**Amount Requested:**

Please indicate the camps to which you are applying for a scholarship:

**4-H Camp Weeks  
Camp is open to youth**

TOTAL Amount Requested: \_\_\_\_\_  Full Cost

Scholarship Amount: \_\_\_\_\_

**My child(ren)/family qualify to receive Free and Reduced Lunch through the district school system.**

**YES\*** If you indicate yes, there is additional paperwork to include in your camp registration packet.

**NO**

**Please explain to the committee in your own words any compelling need for the assistance in going to camp. Examples would be: grandparent raising grandchild, job loss, home loss, military family, motivational factor for student to achieve in school, etc. (attach additional sheets as needed)**

All information that requires a name or other confidential information is concealed or not included in what the volunteer scholarship committee will see. Scholarships will consist of a credit (up to ½ the cost of each camp) to the balance due and full payment of the remaining balance\* is due on or before June 3, 2016.

\*Remaining balance is dependent on whether applicant is a camper or counselor and which camp(s) they are participating in.

# Cabin Assignment Request / Graffiti Policy Form

## CABIN ASSIGNMENTS

Please indicate the name of a friend going to camp that you would like to be in the cabin with (1 person of the same sex). We will do our best to accommodate your request.



NAME OF FRIEND GOING TO CAMP: \_\_\_\_\_  
(Also have your friend put your name on his/her blue form)

NAME OF COUNSELOR YOU WOULD YOU'RE YOUR CHILD PLACED  
WITH: \_\_\_\_\_

## GRAFFITI POLICY

Graffiti is defined as words or images that are written, scratched, painted or sprayed on walls or surfaces.

Campers are not allowed to defame or deface **ANY** camp property. Campers/County will be held responsible for any and all graffiti and may be subject to any costs associated with the cleanup and/or repair of said graffiti.

I, \_\_\_\_\_, understand that I am not to deface or  
(Print name of 4-H'er)  
defame any camp property.

I, \_\_\_\_\_, understand the above 4H graffiti policy.  
(Print name of 4-H'er Parent/Legal Guardian)



# Florida 4-H Medication Form

**Parent or Guardian:** Please complete this form for any medication your child will be taking while attending any 4-H event, including non-prescription drugs, lotions, inhalers or any other items. This form **must** accompany your child's medication for camp. Write your child's name on a zip lock bag and place this form along with the medication inside the bag. **Thanks!**

4-Hers name: \_\_\_\_\_  
Parent/Guardian name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone (day): \_\_\_\_\_ Phone (evening): \_\_\_\_\_  
County/City: \_\_\_\_\_ Gender: \_\_\_\_\_

The following will need to be completed for each medication your child will be taking while at any 4-H event, including non-prescription medications such as allergy medicine.

Medication name: \_\_\_\_\_  
Dosage: \_\_\_\_\_  
Time of day for administration: \_\_\_\_\_  
Special instructions or warnings: \_\_\_\_\_

Medication name: \_\_\_\_\_  
Dosage: \_\_\_\_\_  
Time of day for administration: \_\_\_\_\_  
Special instructions or warnings: \_\_\_\_\_

Medication name: \_\_\_\_\_  
Dosage: \_\_\_\_\_  
Time of day for administration: \_\_\_\_\_  
Special instructions or warnings: \_\_\_\_\_

Medication name: \_\_\_\_\_  
Dosage: \_\_\_\_\_  
Time of day for administration: \_\_\_\_\_  
Special instructions or warnings: \_\_\_\_\_

# Cell Phone Policy Agreement Form

- Campers are not allowed to bring cell phones or any other electronic devices to camp.
- If a cell phone is brought with a camper it will be held by the County Agent until we return to the county office.

I, \_\_\_\_\_, understand that I am not to bring a cell  
(Print name of 4-H'er)  
phone to camp.

\_\_\_\_\_  
(Signature of 4-H'er)

\_\_\_\_\_  
(Date)

I know in this technology age it is difficult for youth to not be in contact via cell phone. Camp is a unique environment. We are trying to help youth develop life skills at camp including independence and self-reliance. Often times homesickness, which is a normal part of a week at camp, can be worsened by talking to mom and dad. We respect and appreciate the wonderful relationship youth and families have, but if our campers are to enjoy camp fully they must be able to develop this independence. If there is an emergency or we are concerned about the youth's well-being, campers will be allowed to call home.

I, \_\_\_\_\_, have read the above cell phone policy  
(Parent Name)  
and agree to the guidelines stated, including that the cell phone will be taken to be returned at the conclusion of Camp if the policy is violated. I understand that if there is an emergency and I cannot reach my child on their cell phone, I may contact the camp at Cherry Lake at 850-929-4429.

\_\_\_\_\_  
(Signature of Parent)

\_\_\_\_\_  
(Date)

# SPECIAL DIETARY NEEDS INFORMATION REQUEST

INSTRUCTIONS: The purpose of this form is to communicate special dietary needs, food allergies, etc. for any child, teen, or adult who will be attending 4-H camp.

Name: \_\_\_\_\_

County: \_\_\_\_\_

- Camper (8-12 years old)
- Teen Counselor (13-18 years old)       Adult volunteer or  
Extension faculty/staff

In the space provided below, please list all **food allergies** for the person listed above and any necessary precautions that should be taken:

In the space below, indicate and **food restrictions (non-allergy)** for the person listed above and food substitutes that may be considered:

# 4-H Camp Release Form

This authorization form must be completed in full for someone other than the signing parent to pick up a child from camp or at the 4-H office. Full time participation is strongly encouraged.

I \_\_\_\_\_ as parent/guardian of the person listed above authorize the persons listed below to pick up my child in the case of an unexpected emergency.

Names of person(s) who are authorized to pick up my child (Remember, we do not know you so list both parents/guardians names also). Persons leaving camp will be required to check out and show their license or other picture ID as proof of identification. If a teen drives themselves or other friends be sure to list the teen driver as an authorized release person.

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\_\_\_\_\_  
Signature of Parent or Legal Guardian/ Date

\_\_\_\_\_  
Signature of 2<sup>nd</sup> Parent or Legal Guardian/Date

\* If married, or divorced but having joint custody of the youth, both parents must sign. If divorced and having sole custody of the youth, only that parent with sole custody needs to sign.

## SUMMER FOOD PROGRAM

January 2016

Once again Florida 4-H will be offering the Summer Food Service Program. Below you will find the rates for meal reimbursement. The individual meal rate as well as the total for a standard week of camp has been included.

Breakfast: \$1.88

Lunch/Dinner: \$3.29

11 Meals {Dinner Monday thru Breakfast Friday}:	\$30.56
12 Meals {Lunch Monday thru Breakfast Friday}:	\$33.86
13 Meals {Lunch Monday thru Lunch Friday}:	\$37.15

Meal benefit forms can be found on the Florida 4-H website by clicking on the link to the 4-H Camps.

Please remember that the campers' parent and/or legal guardian must sign and include their social security number for the form to be considered for reimbursement.

If you have any questions please feel free to contact me via email [campcherrylake@gmail.com](mailto:campcherrylake@gmail.com) or by calling me (850) 929-4429.

Thank you,

Neva Baltzell  
Summer Food Service Program Coordinator



Name: \_\_\_\_\_ 4-H County: \_\_\_\_\_ 4-H District: \_\_\_\_\_ Program Year: 20\_\_\_\_



## Florida 4-H Participation Form



**Note:** This form must be completed by the participant and/or parent/guardian in order to participate in the 4-H program. **All items must be completed, if the response is not applicable, indicate by using N/A.** This form must be present while traveling to, and during each event. Failure to complete this form in its entirety will result in the person being ineligible to participate in 4-H activities.

Name \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ 4-H Age: \_\_\_\_\_  
Last First

Home Address: \_\_\_\_\_  Youth  Adult  Female  Male  
 City, State, Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Primary Emergency Contact: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
 Email: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 Alternate Emergency Contact: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
 Name of Family Doctor: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
 Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 Name of Insured: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

### Health History

Does the participant, have, or at any time had, any of the following? Check "Yes" or "No" for each item. Please explain "Yes" answers (noting the # of the item) in the space below or on an additional sheet of paper if necessary. Reporting conditions will not prevent a person from attending and will be kept confidential.

- |                                    | Yes                      | No                       |
|------------------------------------|--------------------------|--------------------------|
| 1) Asthma _____                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Bronchitis _____                | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Convulsions _____               | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Diabetes _____                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Ear Infection _____             | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Fainting _____                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Heart Condition _____           | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Headaches _____                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) Hypoglycemia _____              | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) Serious Insect Stings _____    | <input type="checkbox"/> | <input type="checkbox"/> |
| 11) Wear Glasses _____             | <input type="checkbox"/> | <input type="checkbox"/> |
| 12) Wear Contact Lenses _____      | <input type="checkbox"/> | <input type="checkbox"/> |
| 13) Penicillin Allergy _____       | <input type="checkbox"/> | <input type="checkbox"/> |
| 14) Aspirin Allergy _____          | <input type="checkbox"/> | <input type="checkbox"/> |
| 15) Tetanus Allergy _____          | <input type="checkbox"/> | <input type="checkbox"/> |
| 16) Other Drug Allergies _____     | <input type="checkbox"/> | <input type="checkbox"/> |
| 17) Food Allergies _____           | <input type="checkbox"/> | <input type="checkbox"/> |
| 18) Poison Ivy, Oak or Sumac _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 19) Other Allergies _____          | <input type="checkbox"/> | <input type="checkbox"/> |
| 20) Other Health Conditions _____  | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain "Yes" answers and provide information on recent medical issues (including injuries and surgeries), allergies reactions, special dietary regulations, present medications, any specific activities to be restricted and other comments.

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Date of last Tetanus shot: \_\_\_\_\_

The following over-the-counter medications may be administered to my child, without contacting me.

- |  |                                    |  |  |
|--|------------------------------------|--|--|
| <input type="checkbox"/> Antihistamine   | <input type="checkbox"/> Antacid   | <input type="checkbox"/> Ibuprofen (Advil) | <input type="checkbox"/> Acetaminophen (Tylenol)         |
| <input type="checkbox"/> Decongestant  | <input type="checkbox"/> Dramamine | <input type="checkbox"/> Hydrocortisone    | <input type="checkbox"/> Polysporin (topical antibiotic) |
| <input type="checkbox"/> Other _____ <input type="checkbox"/> Please contact me for permission to administer ANY over-the-counter medications. |                                    |  |  |

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**You must complete both sides.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ 4-H County: \_\_\_\_\_

## Florida 4-H Participation Form: Youth and Adults

### Official Authorizations

**Florida 4-H Events—Youth/Adult Code of Conduct:** As a participant in Florida 4-H Events, I have the responsibility of representing Florida 4-H programs to the public. I am expected to conduct myself in a manner that will bring honor to me, my family and 4-H. To do that I must: 1) obey local, state and federal laws. Follow policies set for county, district, state or national 4-H youth programs. I am responsible to know the rules for the event. 2) Speak and act in a responsible, courteous and respectful way. 3) Act responsibly to maintain a safe environment for all participants. Report threats to the well being of a participant. 4) Know that the use or possession of tobacco, alcohol and illegal drugs is prohibited at all 4-H events. 5) Know that the possession or use of firearms is prohibited, except when part of an approved shooting sports educational program. 6) Respect all persons, facilities and vehicles. I will be responsible for any damage caused resulting from my behavior. Know that harassment of any type is illegal. 7) Help others have a pleasant experience by making every attempt to include all participants in activities. 8) Be in the assigned program areas (example—dorms, cabins, programs etc.) at all times. If I am unable to attend, I will tell the adult in charge. 9) Dress appropriately for each event. 10) Not use a cell phone during any scheduled events.

**Participant:** Yes  No  I have read the Florida 4-H Code of Conduct above and agree to live up to the expectations. I realize my failure to do so could result in a loss of privileges during the event and in the future.

#### Verification by Parent/Guardian or Adult Participant—

Yes  No  I understand and agree to the Florida 4-H Events Youth/Adult Code of Conduct above—considered a Parent/Guardian or Adult Participant Signature.

**Medical Release:** I understand participants will be supervised and that, if serious illness or injury develops, medical and/or hospital care will be given. I hereby give my permission to the attending physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child, or myself and affirm that the information set forth in the Health History is true and correct to the best of my knowledge and belief. I realize the event's insurance will cover only a portion of the medical costs and I, or my personal insurance, may be responsible for the remaining expenses. *You must complete the medical information on the back of this sheet.*

Yes  No  I understand & Agree to the Medical Release, considered a Parent/Guardian or Adult Participant Signature.

**General Release:** I hereby release the Florida 4-H Foundation, local extension boards, the University of Florida, the State of Florida, and their agents, trustees, officers and employees, from all claims, demands and causes of actions of any kind, including the claims of negligence, which may arise from participation of myself or my minor child in any Florida 4-H sponsored activity, and this release is specifically granted in consideration of the services, programs and activities being provided by Florida 4-H.

Yes  No  I understand and agree to the General Release—considered a Parent/Adult or Adult Participant Signature.

If you, or your child, may not participate in any of the below items you must  "No".

**Publicity Release:** I authorize UF IFAS Extension and the Florida 4-H Foundation or their assignees to record and photograph my image and/or voice (or that of my child if under 18) for use in research, educational and promotional programs. I also recognize that these audio, video and image recordings are the property of UF IFAS Extension and the Florida 4-H Foundation.

No, I do not authorize use of my—or my child's individual image or voice.

**Survey & Evaluation Release:** I hereby establish my willingness to participate as an adult (i.e. 4-H leader, other volunteer, parent/guardian, site manager, etc.) and give permission for my child (under 18 years of age) to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program. I understand that participation in surveys and evaluations is voluntary and that my child and I may choose not to participate and may withdraw from surveys and evaluations without impact on my or my child's eligibility to participate in the 4-H program. I understand that my child or I may be asked for consent before completing a survey or an evaluation.

No, I am not willing to participate—or give permission for my child to participate—in any program evaluation.

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ 4-H County: \_\_\_\_\_

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**Participant:** Yes  No  I have read the Florida 4-H Code of Conduct above and agree to live up to the expectations. I realize my failure to do so could result in a loss of privileges during the event and in the future.

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Yes  No  I understand and agree to the General Release—considered a Parent/Adult or Adult Participant Signature.

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No, I am not willing to participate—or give permission for my child to participate—in any program evaluation.

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_