

4-H CAMP APPLICATION

June 28-30, 2016

Beacon Bible Camp • Frazer, MT



WHO CAN GO TO CAMP?

If you are interested in attending 4-H Camp:

1. You must be enrolled in 4-H for the 2015-2016 4-H year as a full-fledged member (not a Cloverbud) in Roosevelt, Valley, Daniels, Sheridan or Richland County.
2. Applicants must be ages 9-14 by October 1, 2015.

APPLICATION PROCESS:

1. Complete the 4-H Camp Application Form
2. Including Code of Conduct, Medical and Media Release forms.
3. Due by June 6, 2016
4. Send this application with the registration fee to your local County Extension Office
5. Information regarding camp details (what to bring, where to meet, arrival times, etc.) will be mailed to each camper family after registration and are available on the camp web site.

REGISTRATION FEE: **\$80 Camper \$40 Counselor \$40 Leader**
Make checks payable to: **Richland County 4-H Council**

CAMP LOCATION: The camp is located just 2 miles North of Frazer, MT.



MEMBER INFORMATION:

Name: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Age (as of today) _____ Male / Female (circle one)

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

T-SHIRT ORDER:

A souvenir t-shirt will be available for this year's 4-H camp. The t-shirt is included in the registration fee.

YOUTH SIZES

_____ Medium (10-12)

_____ Large (14-16)

_____ X-Large/Adult Small (18)

ADULT SIZES

_____ Medium _____ X-Large

_____ Large _____ XX-Large

CAMP INFORMATION:

Has your child attended an overnight camp before? Yes _____ No _____

Mark any of these supervised activities that will be at camp in which the camper is NOT allowed to participate:

_____ Swimming _____ Climbing Wall _____ Other activity not specified

_____ Nature Hikes _____ Team Building Please list activity below:

_____ Challenge Course _____ Archery _____

My Child has permission to engage in all camp activities except those noted above.

Parent/Guardian Signature: _____ Date _____

NOTE - Camp will be filled on a first-come, first served basis. Each camper accepted to camp will receive a confirmation letter after June 15. It will include more details and a list of what to bring to camp. Camp web site: <http://msuextension.org/richland/4HCamp.html>

My child will be picked up at camp at 2: 30 on Thursday, June 30th by: _____

Phone #: _____

For Office Use

Check# _____ Cash _____ Amount _____ Received By _____ Date _____
Received _____

CODE OF CONDUCT FOR 4-H MEMBERS

Name _____ County _____

The 4-H Center & Montana State University Extension wants your participation in 4-H programs, events and activities to be filled with exciting experiences, new friendships and fun. To ensure a positive experience for all participants, it is expected that all 4-H'ers be considerate of others, participate fully in the programming and observe the following expectations. If a situation or question arises which is not clearly covered by this list, ask an Extension Faculty/Staff member, volunteer leader, or chaperone before acting.

While attending 4-H activities and events, I will:

- Obey all rules established by the 4-H program, the local 4-H program and all local, state and federal laws.
- Conduct myself at all times in order to be a credit to the club, school and community.
- Dress neatly and appropriately for the occasion and in accordance with the activity dress code.
- Show respect for the rights and property of others; be courteous at all times.
- Be honest and not take unfair advantage of others.
- Refrain from disruptive behavior and swearing.
- Demonstrate sportsmanship, modesty in winning and generosity in defeat.
- Attend meetings and sessions promptly and respect the opinion of others in discussion.
- Be respectful of the authority of adult volunteers, youth leaders, 4-H staff and others in leadership roles.
- Not use, accept or carry alcohol, drugs or tobacco, or associate with others using the substances.

While attending overnight events, I will also:

- Not leave the activity or event unless permission is secured from my agent or chaperone.
- Not use my personal vehicle when it is not allowed by an event or trip.
- Care for the lodging property and respect the rights of other guests of the facility and observe all rules instituted by the property.
- Be in my sleeping area and stay there after curfew time and be out each day by the set time.
- Not enter the sleeping areas of members of the opposite gender and not invite non 4-H participants to the sleeping areas.
- Respect supervision at all times, being responsible to all adults connected with the trip or event.
- Be prepared to report to my local 4-H program knowledge gained by attending these activities.

I have read the 4-H Code of Conduct and agree to live up to these expectations while participating in 4-H programs and events. I am aware that my actions and decisions affect others. I understand that my failure to do so could result in consequences, including dismissal from the event or program. I am willing to accept appropriate consequences of my actions.

Member Signature _____ Date _____

I have read the 4-H Code of Conduct and I support my child living up to the expectations it outlines. I will support the individual(s) in charge in maintaining appropriate behavior.

Parent/Guardian Signature _____ Date _____



Media Release Form
Montana State University Extension

Name of participant: _____

County: _____

Event: 4-H Camp 2016

MSU Extension - 4-H would like to use photos or video of your child during 4-H events or activities to use in press releases and other publicity. The photo or film may be used for the following purposes:

- Website
- Press Release
- News Story
- Marketing Materials
- Other

CONDITIONS OF USE:

1. We will not use personal details or full names (first name and last name) of any child in a photograph on our web site.
2. We will not include personal e-mail or postal addresses or telephone numbers on our web site or in other printed publications.
3. We may use the name of the child in accompanying text or a photo caption.

____ I DO authorize the use of photos or video of my child at 4-H events or activities.

____ I DO NOT authorize the use of photos or video of my child at 4-H events or activities.

I have read, consent, and agree, individually and, as a parent or guardian of the minor named above, to the foregoing terms and provisions. I warrant that I am of full legal age and have every right to contract for the minor in the above regard.

Parent or Guardian Signature: _____

Date _____



MONTANA
STATE UNIVERSITY

EXTENSION



Montana 4-H Center
FOR YOUTH DEVELOPMENT

Medical Release Form for 4-H Youth & Adults

PARTICIPANT INFORMATION:

Name: _____ County: _____

Address: _____

Name of Parent or Legal Guardian: (YOUTH ONLY): _____

Primary Physician: _____ Phone: _____

Dentist: _____ Phone: _____

IN CASE OF EMERGENCY:

Primary Contact: _____ Phone: _____

Relationship: _____ City: _____ State: _____

Alternate Contact: _____ Phone: _____

Relationship: _____ City: _____ State: _____

INSURANCE INFORMATION

Name of Insurance Carrier: _____

Policy Holder Name: _____ Policy #: _____

Date of Last:

Tetanus Shot: _____ Polio Shot: _____ Mumps Shot: _____ Measles Shot: _____ Rubella Shot: _____

Medical Information: (check all that apply and explain if necessary)

- | | |
|--|---|
| <input type="checkbox"/> Stomach or Intestinal problems | <input type="checkbox"/> Any allergies to food or plants |
| <input type="checkbox"/> Diabetes or hypoglycemia (low blood sugar) | <input type="checkbox"/> Special diet or food restrictions |
| <input type="checkbox"/> Nervous disorder (convulsions, epilepsy, dizziness, ect.) | <input type="checkbox"/> Are you currently under a doctor's care? |
| <input type="checkbox"/> Respiratory problems | <input type="checkbox"/> Are you currently taking medications? |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Are there any physical restrictions or medical problems that may require special considerations? |
| <input type="checkbox"/> Any allergies to medication | |

AUTHORIZATION FOR TREATMENT (YOUTH ONLY)

I, _____ do hereby give permission to _____

PARENT/GUARDIAN Name

CHAPERONE Name

to seek and obtain any medical care necessary for my child _____

YOUTH Participant Name

Parent/Guardian Signature _____ Date _____

ALL PARTICIPANTS

To the Best of my knowledge, accurate information has been provided in all areas of this form.

Participant Signature (youth/ adult) _____ Date _____

IF YOUTH: Parent/Guardian Signature _____ Date _____



EXTENSION



Montana 4-H Center
FOR YOUTH DEVELOPMENT

MONTANA STATE UNIVERSITY - EXTENSION 4-H

Permission to Travel by Personally Owned Auto or Permission to Travel with Others

Date: _____

County: _____

Name of Participant: _____

MSU Extension 4H programs schedule a number of activities and events which involve travel by way of motor vehicle. When part of the activity or event, the authorized organizers of these activities and events may coordinate, arrange, and/or provide transportation for 4H participants.

All participants are expected to utilize this transportation, as it is provided, unless written permission from the 4H participant's parent(s) or legal guardian is obtained by use of this form.

MSU Extension 4H recognizes that there are circumstances wherein the 4H participant may be required or chooses to provide his/her own transportation in conjunction with scheduled 4H activities or events.

MSU Extension 4H may allow 4H participants to opt out of the transportation provided by the authorized 4H event organizers. In order to opt out of the travel requirements set forth by the authorized 4H activity or event organizers, the participant and parent/legal guardian must authorize and request this alternative to 4H provided transportation by completion of the following:

As a Participant:

I hereby request to be allowed to provide for my own travel to any or all events or activities scheduled by _____. This includes operating my own vehicle, a vehicle provided by another, or traveling with an individual of my choice. By doing so, I understand the risks associated with this travel option and hereby agree to hold harmless, Montana State University, MSU Extension 4H, the State of Montana, 4H leaders, volunteers, officials, sponsors, supervisors or other MSU Extension 4H authorized individuals for any personal injury or claim resulting from my travel to or from any 4H activity or event.

Participant's Signature _____ **Date** _____

As Parent or Legal Guardian:

I hereby request and authorize my minor child to travel to any or all MSU Extension 4H activities or events organized, scheduled, or arranged by _____ by traveling with the person of my child's choice or by operating his/her own motor vehicle or a motor vehicle provided by another. In requesting and authorizing travel not arranged or provided by the authorized 4H activity or event organizers or officials, I clearly understand the risks associated with my child's travel and assume all risks thereof. I hereby agree to hold harmless, defend and indemnify Montana State University, MSU Extension 4H, the State of Montana, 4H leaders, volunteers, officials, sponsors, supervisors or other MSU Extension 4H authorized individuals for any personal injury or claim resulting from my child's travel to or from any 4H activity or event.

Parent/Legal Guardian Signature _____ **Date** _____

Both participant and parent/l