



## 4-H CAMP APPLICATION

June 6-8, 2017

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 2016-2017 4-H year as a full-fledged member (not a Cloverbud) in Roosevelt, Valley, Daniels, Sheridan or Richland County.
2. Applicants must be ages 8-12 by October 1, 2016.

### APPLICATION PROCESS:

1. Complete the 4-H Camp Application Form
2. Including Code of Conduct, Medical and Media Release forms.
3. Due by May 15, 2017
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 May 15th. 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 8<sup>th</sup> 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 2017

**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 4-H Center  
FOR YOUTH DEVELOPMENT



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# 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 \_\_\_\_\_



Montana 4-H Center  
FOR YOUTH DEVELOPMENT



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 the \_\_\_\_\_ 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**