



4-H Junior Wildlife Stewards 2006 Camp

A Program of Oregon State University Extension 4-H

Please complete and mail or fax to:
 4-H Wildlife Stewards Camp
 17675 SW Farmington Road, Box 169
 Aloha, OR 97007
 (Fax: 503-916-2676)

YOUTH APPLICATION

Your Name: _____ (as you would like to be called at 4-H camp)
 Address: _____
 City: _____ State _____ Zip _____
 Daytime Phone: _____ Evening Phone _____
 Are you a Boy Girl Birth date ____ / ____ / ____ Grade completing June, 2006 ____ E-Mail _____
 Parent Name: _____ Work Phone _____ Occupation _____
 Parent Name: _____ Work Phone _____ Occupation _____
 Alternate Phone Numbers (Cell, pager, relatives) _____
 Emergency Contact Name _____ Phone _____
 How did you hear about 4-H Junior Wildlife Stewards Camp? _____

PERMISSION TO PHOTOGRAPH

Please note: Photos and/or videotape of campers may be taken during camp for general and promotional purposes. Nor is there any remuneration for photos used for displays or presentations. If you DO NOT want your child photographed, please sign this statement below

I DO NOT authorize camp staff and/or their designee(s) to record on videotape and/or still photography my child, (name) _____ nor use nor authorize others to use, such recordings and photographs for general educational and promotional purposes.

_____ parent/guardian signature _____ date

CAMPER BIOGRAPHY

A special note regarding personal information about your child: Some parents hesitate to provide camps with personal information about their child's behavior or past experience. Some fear the information may be misused, while others are concerned about their child being labeled, singled out or treated differently. All parents want to see their child have a strong, fresh start at camp, unencumbered by past problems.

Having prior knowledge about a learning difficulty, ADHD, a bed-wetting problem or a recent loss or major change in the family or child's life makes a tremendous difference in helping us be sensitive to your child's need for patience, understanding and reassurance - especially in the first few days of camp! This is especially true for children who have an attention problem or who are nervous about new situations. *Children need the camp staff to be partners with their parents in planning for a safe and successful camp experience.* Our commitment is to use such information only to help your child adjust to camp. It will never be used unnecessarily, and then only with the greatest discretion.

Does your child have hobbies? List: _____
 Does your child have brother(s) or sister(s)? List: _____
 Does your child have pets? List: _____
 Please write any other information that would be helpful to your child's counselor or camp staff; i.e. family situations, camper's strengths or possible challenges. Feel free to use additional sheets of paper.

PAYMENT INFORMATION

4-H Member Early Registration (\$250)- before June 1st	+\$ _____
4-H Member Fee (\$275)	+\$ _____
Non 4-H Member Early Registration (\$275) - before June 1st	+\$ _____
Non 4-H Member Registration (\$300)	+\$ _____
Sibling Discount (-\$20) – first child pays full	-\$ _____
No 4-H Camp Bag (\$-20)	-\$ _____

(however, campers who arrive at camp without their 4-H bag will be charged \$20)

TOTAL CHARGES: = \$ _____



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OREGON 4-H YOUTH HEALTH CARD

HEALTH STATEMENT

(to be completed by parent, physician or adult participant)

Is the participant currently under medical treatment? (describe)	Yes	No	Does the participant have any history of respiratory illness? (describe)	Yes	No
Is the participant diabetic?	Yes	No	Is the participant subject to seizures of any kind?	Yes	No
Date of last tetanus shot? _____					
Is there any medical condition (heart condition, ulcers, etc.) or malformation now existing that may require treatment or affect the participant's participation in this program?				Yes	No
Has the participant had recent surgical operations or accidents or been exposed to infectious disease within the last two weeks? (Please bring notification to the activity if this changes prior to the event)				Yes	No
Does the participant have any allergies or dietary restrictions? If yes, please describe: <input type="checkbox"/> Hay Fever <input type="checkbox"/> Vegetarian <input type="checkbox"/> Lactose Intolerant <input type="checkbox"/> Other (explain) _____				Yes	No
Name of all medications: _____					
Name and phone number of physician: _____					
Emergency Contact: _____ <div style="display: flex; justify-content: space-between;"> Name Relationship Daytime phone Evening phone </div>					

Youth Special Considerations

Sleepwalker
 Bed wetter
 Homesickness
 A.D.D./A.D.H
 Other _____
 (Hyperactivity Illness)

Any restrictions on physical activity? If so, please explain _____

IMPORTANT: Please notify us if this child is exposed to any communicable diseases or there is a change in the child's health status within 3 weeks prior to camp.

4-H ACTIVITIES CODE OF CONDUCT

Your participation in 4-H activities carries the responsibility of representing Oregon 4-H to the public. You are expected to conduct yourself in a manner that reflects well on your state, county, and club as well as yourself. Your contribution to the program is as important as what you receive from the program.

1. You are expected to attend all parts of the planned program. Inform those in charge if you are not feeling well or have a schedule conflict.
2. On overnight activities, observe hours established and be in your room when indicated. Boys are not allowed in "girls only" designated areas nor girls in "boys only" designated areas.
3. Dress appropriate to the occasion. At all times be courteous, clean and display good manners. Language must be appropriate and respectful of others. No swearing.
4. Participants are not to leave assigned program areas at any time without written permission of the person in charge of the group except as part of the planned program. (Example: dormitories, cabins, campus, campsite, etc.)
5. Participants will not use tobacco, alcohol, drugs (except those directed by doctor) or fireworks or remain in the immediate area where they are being used. Only 4-H Shooting Sports participants will handle firearms and only in secured designated areas under the direct supervision of a trained 4-H Shooting Sports leader.
6. Shoplifting or theft of public or personal property will NOT be tolerated.
7. Avoid roughness and damage to room furnishings, equipment, etc. Participants are financially responsible for any damage or misconduct.
8. 4-H events are to encourage interaction among all members of the group, but not exclusively with another person. Kissing and other sexual display of personal affection distract from the group, and are not appropriate behavior.

Violators may expect to: 1) have the opportunity to explain actions to staff in charge; 2) Behavior that is disruptive to the event will be noted and a letter describing such may be sent to parents and county 4-H leadership; 3) Violation may result in dismissal and the offender being sent home at parental expense; 4) Violations involving numbers 5 & 6 above will result in the offender being sent home at the earliest convenience at the parents' expense and can result in criminal charges.

Accommodations*: OSU and the 4-H Youth Development Program do not discriminate against otherwise qualified participants with disabilities on the basis of disability. Are there any accommodations that you are requesting for yourself or your child in order to participate in the 4-H Youth Development Program? Yes _____ No _____ If yes, please describe: _____

*Accommodations may include: speech, hearing or vision impairments that may effect participation, behavior disorders or emotional disturbances or abnormally severe moodiness, sleepwalking, and the ability to carry heavy objects, participate in strenuous travel or physical labor.

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

As parent or guardian, if my child needs medical attention, I understand every effort will be made to contact me. I hereby give permission to the medical personnel selected by the person in charge of the 4-H event to order x-rays, routine tests, treatment, release any records necessary, and to provide or arrange necessary related transportation for the person named on this form. I hereby give permission to the physician selected by the person in charge of the 4-H event to hospitalize, secure emergency treatment for, to order injection, anesthesia, and/or surgery for my child as named on this form. I will assume all financial obligations incurred if not covered by insurance.

I understand and agree to follow the health and safety guidelines of the camp.

_____ Date _____
Member Signature **Parent/Guardian or Adult Participant Signature**