Hello Campers and Parents!

Welcome to the 2018 summer camping season! Summertime is fast approaching and we are looking forward to a fun filled camp week June 18th through the 22nd at 4-H Camp Cloverleaf. We are glad that you will be joining us this year! Campers have an exciting week of outdoor recreation and educational activities planned for them this summer.

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 at camp!**

- 4-H Participation Form (Brief health history and Code of Conduct)

- Camp Authorization Form. This form contains the cell phone and authorized pick up information.

You are encouraged to write your child at camp. Address your letter to:
Name of Camper
126 Camp Cloverleaf
Cloverleaf Rd Lake Placid, FL 33852

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

For your convenience you may pay online with a credit card online at: [https://2018campcloverleaf.eventbrite.com](https://2018campcloverleaf.eventbrite.com)

You may also pay by check payable to Charlotte County 4-H Association.

*Please Note: All completed forms must be received in the office on or before 5pm on Friday, June 1st.*

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**-Reminder-**

- Complete and Return
  - Registration Form
  - 4-H Participation Form
  - Camp Authorization Form

**Deadline**
All camp forms and camp fee must be completed and received in the office before 5pm on Friday, June 1st.

**Camp Fee:**
- $300.00 4-H Members
- $315.00 Non-Members

Make check or money order payable to:
Charlotte County 4-H Association

Refunds will not be given after camper arrival on June 18th.

Drop off or mail forms to:
Charlotte County 4-H
25550 Harbor View Road,
Suite 3
Port Charlotte, FL 33880

An Equal Opportunity Institution
2018 Summer Camp
Youth & Adult Registration Form

June 18th – 22nd 2018

Indicate one: ADULT      YOUTH      COUNSELOR  4-H Age (Youth Only): __________

Name: __________________________________________ Gender: Male    Female

Address: _______________________________________________________________________ County: __________

City: ____________________________ State: _______ Zip: __________

Phone: ___________________________ Cell Phone: _________________________

Email: __________________________________________

Preferred T-Shirt Size (Indicate One): YS    YM    YL    S    M    L    XL    XXL

EMERGENCY CONTACT INFORMATION

Primary Contact: ______________________ Phone: (______)______________ Cell (______)____________

Secondary Contact: ____________________ Phone: (______)______________ Cell (______)____________

Tertiary Contact: ______________________ Phone: (______)______________ Cell (______)____________

Registration Deadline
All registration materials and payment must be received by June 1st.

Costs and Payment Information
The cost of camp is $300.00, $315.00 for non-4-H members. Completed registration packet must be returned to the Charlotte County Extension Office by June 1, 2017.
Checks should be made payable to: Charlotte County 4-H Association

Forms Needed
Your registration must consist of these completed forms: 4-H Participation form & Camp Authorization Form.
Rooming Request
Please indicate the name of a friend going to camp that you would like to have in your cabin (1 person of the same gender). We will do our best to accommodate your request but we cannot make guarantees. Please understand that we group campers in cabins based on age and your camper’s choice must be within two years of your camper’s age in order to be considered for placement.

NAME OF FRIEND GOING TO CAMP: ______________________________________________________

For More Information Contact:

Return/Send Registration Information to:
Charlotte County 4-H
25550 Harbor View Road, Suite 3
Port Charlotte, FL 33880
Last Name: ___________________________ First Name: ___________________ County: ___________ Age: ______

**Cell Phone Policy**
Camp is a unique environment. We are trying to help youth develop life skills at camp including independence and self-reliance. 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 they return to the County Office. I understand that in the case of emergency, my camper may be contacted by calling the office of the 4-H Camp my child is attending or by contacting their county agent directly while at camp.

___ YES    ____NO Participant: I have read the cell phone policy above and agree to live up to the expectations. I realize my failure to do so could result in the loss of privileges during the event and in the future.

___ YES    ____NO Verification by Parent/Guardian: By checking the box, I understand and agree to the cell phone policy above. Checking the box is considered a Parent/Guardian Signature.

**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.

**Camp Release**
This authorization for must be completed in full for someone other than the signing parent(s) to pick up a child from camp. 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.

__________________________________________
Signature of Parent or Legal Guardian Date _________

__________________________________________
Signature of 2\textsuperscript{nd} 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 the parent with sole custody needs to sign.*

Member Signature Date _________

Parent/Guardian Signature Date _________
What to Bring:
- Sheets and blanket, or sleeping bag
- Pillow
- Alarm clock
- Pajamas (or clothing to sleep in)
- Toothbrush and toothpaste
- Brush and comb
- Soap
- Shampoo
- Towels and washcloth
- Swimsuit (1 piece or worn with a t-shirt)
- Sweater or jacket
- Tennis shoes or sneakers
- Flip flops to go to the waterfront and shower
- Several changes of play clothing
- Under garments
- Postcards and stamps (if you would like them to write to someone)
- Sunscreen lotion (non-aerosol)
- Flashlight
- Camera
- Insect repellent (non-aerosol)
- Water bottle
- Clearly label all belongings!

What NOT to Bring
Electronic games
Cell phone
Radios or CD/tape players
Chewing gum
Food
Fireworks
Alcohol or tobacco products
Guns, knives (including pocket knives) or any other items that could cause harm to another camper
Florida 4-H Participation Form for Youth and Adults

Directions: This form, along with a Florida 4-H Youth Enrollment Form, must be completed by a parent or legal guardian in order for a youth to participate in the Florida 4-H Program. All items must be completed. Even if the response is not applicable – indicate by using N/A. Failure to complete this form in its entirety will result in the person being ineligible to participate in 4-H activities. Adult participants must also complete this form to volunteer with and/or participate in Florida 4-H.

Name: __________________________ Last First

Birthday: ___/___/___ Youth’s Age (As of Sept 1, 2017): ___ Male or Female: ___

Home Address: __________________________ 4-H County/District __________________________

City, ST, Zip: __________________________ Home Phone (_____ ) __________________________

Name of Parent/Guardian or Emergency Contact: __________________________ Relationship to Participant: __________________________

Emergency Contact Primary Phone (_____ ) __________________________

Name of Family Doctor: __________________________ Doctor’s Office Phone: (_____ ) __________________________

Health Insurance Company: __________________________ Policy #: __________________________

Name of Insured: __________________________ Relationship to Participant: __________________________

HEALTH FORM

Does the participant have, or at any time had, any of the following? Check “Yes” or “No” to each item. Please explain any “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.

<table>
<thead>
<tr>
<th>Conditions</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1) Asthma</td>
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<td>2) Bronchitis</td>
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<td>3) Convulsions</td>
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<td>4) Diabetes</td>
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<td>5) Ear Infection</td>
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<td>6) Fainting</td>
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<td>7) Heart Condition</td>
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<td>8) Headaches</td>
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<td>9) Hypoglycemia</td>
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<tr>
<td>10) Serious Insect Stings</td>
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<tr>
<td>11) Wear Glasses</td>
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<td>12) Wear Contact Lenses</td>
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<tr>
<td>13) Penicillin Allergy</td>
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<td>14) Aspirin Allergy</td>
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<td>15) Tetanus Allergy</td>
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<tr>
<td>16) Other Drug Allergies</td>
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<td>17) Food Allergies</td>
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<td>18) Serious Ivy, Oak, or Sumac</td>
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<tr>
<td>19) Sunscreen Allergies</td>
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<tr>
<td>20) Other Allergies</td>
<td></td>
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<tr>
<td>21) Other Health Conditions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

☐ Antihistamine
☐ Antacid
☐ Ibuprofen (Advil)
☐ Acetaminophen (Tylenol)
☐ Hydrocortisone
☐ Decongestant
☐ Dramamine
☐ Polysporin (topical antibiotics)
☐ Aloe Vera Gel for Sunburn
☐ Please contact me for permission to administer ANY over-the-counter medications.

Date of Last Tetanus Shot __/___/_____

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

Does the participant use an inhaler and/or an EpiPen? □ Yes □ No □ Yes, mark which is used: □ Inhaler □ EpiPen

Disabilities: If the participant requires accommodations for a disability to participate in 4-H programs, please provide information about the disability.

Special Needs: If the participant requires accommodations for special needs to participate in 4-H programs, please provide information about the special needs.

Medical Consents

First Aid Consent: I give UF/IFAS Extension Florida 4-H my consent and permission to render general first aid treatment to my child or myself for any injuries or illnesses occurring during any Florida 4-H activity. I understand that if a medical emergency arises, Florida 4-H will contact emergency medical personnel [911] for assistance.

Medication Consent: I authorize Florida 4-H to administer medication (over the counter and/or prescribed) to my child as specified in the physician’s written instructions or instructions on packaging. I understand that if my child needs medication to be administered while attending a Florida 4-H activity, I MUST complete the Florida 4-H Medication Form in addition to signing this consent.

_________ (Initials) □ Yes □ No I understand and agree to the Medical Consents. I am a Parent/Guardian or Adult Participant. *

* Consent is required to participate in Florida 4-H.

Revised July 25, 2017 for the 2017-2018 4-H Year
4-H Participation Form for Youth and Adults: Authorizations

Florida 4-H Code of Conduct for Youth and Adults: As a participant in 4-H at the local, state, or national level, I have the responsibility of representing the UF/IFAS Extension 4-H Youth Development Program to the public. Therefore, I am expected to conduct myself in a manner that will bring honor to me, my family, my community, and 4-H. To do that, I must abide by the following rules:

1. Obey local, state, and federal laws. Follow county, district, state and/or national 4-H policies. Abide by any special rules for a 4-H event or activity.
2. Speak and act in a responsible, courteous, and respectful way. Harassment, threats or bullying of any type is prohibited.
3. Act responsibly to maintain a safe environment for all participants. Acting in a manner that could endanger the health, safety or welfare of yourself or others is prohibited.
4. Report threats to the well-being of any participant immediately to the adult in charge.
5. Possession or use of tobacco, alcohol, or illegal drugs is prohibited. Possession or use of approved medications by youth during a 4-H function must be reported to the adult in charge and must not be accessible to other participants.
6. Respect all property, facilities, equipment, and vehicles. I will be responsible for any damage or other consequences resulting from my behavior.
7. Participate fully in 4-H functions. Be in the assigned program areas (example—dorms, cabins, programs, etc.) on time. If I am unable to attend or participate, I will tell the adult in charge. Help others have a pleasant experience by making every attempt to include all participants in activities.
8. Participate in the conduct of 4-H activities, not as a spectator, in the proper attire:
   □ Yes □ No

Youth or Adult Agreement: □ Yes □ No I have read the Florida 4-H Code of Conduct above and agree to abide by it in its entirety. I realize my failure to do so could result in a loss of privileges during a 4-H event and in the future; including but not limited to suspension or termination of 4-H membership or volunteer service.**

Parent/Guardian Agreement: □ Yes □ No I understand and agree to the Florida 4-H Code of Conduct above.**

General Release: In consideration for my and/or my child’s participation in Florida 4-H, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Florida 4-H, the Florida 4-H Club Foundation, Inc., UF IFAS Extension, the University of Florida, the University of Florida Board of Trustees, and their respective employees, agents, representatives and volunteers (hereinafter referred to as “RELEASEES”) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise, while participating in a Florida 4-H activity or while in, on or upon the premises where a Florida 4-H activity is being conducted.

I am fully aware of the risks and potential hazards connected with participating in Florida 4-H activities and programs and I hereby elect to voluntarily participate and engage in such activities knowing that these activities may be hazardous to me, my child and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, that may be sustained by myself, my child, or any loss or damage to property owned by me, as a result of engaging in such activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.

__ (Initials) □ Yes □ No I understand and agree to the General Release. I am a Parent/Guardian or Adult Participant **

Transportation Policy: I understand that all volunteers and/or parents who transport Florida 4-H participants as a part of any 4-H activity are required to be 18 years or older, possess a valid driver’s license with a safe driving record and automobile insurance, and otherwise comply with state and local laws. Additionally, Florida 4-H requires that drivers utilize a transport vehicle that is in good repair and working order. I understand that transportation to and from any Florida 4-H activities, not a part of the activity, is the responsibility of the participant and his/her family. Florida 4-H has no ownership or control over any privately owned vehicles and relies on the drivers’ compliance to 4-H policies and procedures.

__ (Initials) □ Yes □ No I understand and agree to the Transportation Policy. I am a Parent/Guardian or Adult Participant **

Publicity Release: I authorize UF/IFAS Extension and the Florida 4-H Club Foundation, Inc. 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 Club Foundation.

__ (Initials) □ Yes □ No I authorize use of my—or my child’s individual image and voice. I am a Parent/Guardian or Adult Participant ***

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.

__ (Initials) □ Yes □ No I am willing to participate—or give permission for my child to participate—in any program evaluation. I am a Parent/Guardian or Adult Participant ***

**Consent is required. Marking “No” for the Code of Conduct, General Release and Transportation Policy will prevent the individual from participating in Florida 4-H.

***Consent is not required to participate in Florida 4-H.

Youth or Adult Member Signature: __________________________ Date: ________________

Parent/Guardian Signature: __________________________ Date: ________________

Revised July 25, 2017 for the 2017-2018 4-H Year