



2025 Summer Camp Registration

Last Name _____

First Name _____

Social Security # _____

School Name _____

Grade Completed 2025 _____

**Participants must have been at least 8 years old as of September 1, 2024, to attend camps (unless otherwise noted).*

T-SHIRT: Choose One(circle): YOUTH

SM MED LG XL

OR

ADULT SM MED LG XL 2XL 3XL

CASH CHECK CREDIT CARD

\$ _____ TOTAL AMOUNT PAID ALL CAMPS

\$ _____ Scholarship(s) applied type _____

_____ Receipt Number

_____ Check number _____ EO

Please mark all camp week choices with a ✓ or X

H₂O Encounter Environmental Education Camp

H₂O Camp \$175.00

☐ June 16 – 20 (week 1)

☐ July 14 – 18 (week 3)

☐ June 23 – 27 (week 2)

☐ July 21 – 25 (week 4)

☐ June 3 – 6 *Farm to Plate We Educate (Ag Camp)* \$150.00
(4-day camp)

☐ June 30 – July 2 **Fishing and Conservation Camp** \$150.00
(3-day camp)

 July 7 – 11 **Trek Through Florida History Camp** \$175.00

 **July 7 – 11 Countyline Camp** \$175.00
(culture and cooking camp with Highlands County) (Same week as Trek Through Florida History Camp)

 *July 14 – 18 Crafts with Friends Camp* (same week as H2O Camp week 3) \$150.00

 **July 28 – August 1 Shooting Sports and Conservation Camp** \$175.00
(participants must have been at least 10 years old as of September 1, 2024, to attend this camp)

All camps are made possible by support from Children's Services Council of Okeechobee.

An Equal Opportunity Institution. UF/IFAS Extension, University of Florida, Institute of Food and Agricultural Sciences, Andra Johnson, Dean. Single copies of UF/IFAS Extension publications (excluding 4-H and youth publications) are available free to Florida residents from county UF/IFAS Extension offices.

4-H Participation Form for Youth and Adults

Name: _____ Birthdate: ____/____/____ Youth's Age (As of Sept.1, 2024): _____
 Choose Gender: ☐ Male ☐ Female ☐ Gender Identity Not Listed ☐ Prefer Not to Respond
 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 (_____) _____

Residence:

Farm ____ Town under 10,000/rural non-farm ____ Town/City 10,000-50,000 ____ Suburb of city more than 50,000 ____
 City more than 50,000 ____

Ethnicity:

Are you of Hispanic Ethnicity? NO ____ YES ____ Prefer Not to State ____

Race: White ____ Black ____ Asian ____ American Indian or Alaskan ____ Native Hawaiian or Pacific Islander ____ Other ____

HEALTH FORM

Please provide relevant information for all "Yes" responses. Reporting conditions will not prevent a person from participating.

Does the participant have any special dietary restrictions or requirements? ☐ Yes ☐ No _____

Does the participant have any airborne food allergies? ☐ Yes ☐ No _____

Does the participant have any ingested food allergies? ☐ Yes ☐ No _____

Does the participant have any non-food allergies? ☐ Yes ☐ No _____

Does the participant have any health needs or recent medical issues, injuries and/or surgeries? ☐ Yes ☐ No _____

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

Do any specific activities need to be restricted for the participant? ☐ Yes ☐ No _____

Does the participant require accommodations for a disability and/or a special need to participate in 4-H programs? Please provide information about accommodations needed. ☐ Yes ☐ No _____

Are there any other health related comments you would like to share? ☐ Yes ☐ No _____

Health Insurance Company: _____ Policy #: _____

Name of Insured: _____ Relationship to Participant: _____

Date Tetanus Vaccination: ____/____/____

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 have provided. 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. *

☐ Yes ☐ No I understand and agree to the Medical Consents. I am a Parent/Guardian or Adult Participant. *

Parent/Guardian or Adult Participant Signature _____ Date: _____

* Consent is required to participate in Florida 4-H. Page 2 of 3

An Equal Opportunity Institution. Extension Service, University of Florida, Institute of Food and Agriculture Sciences.

4-H Participation Form for Youth and Adults: Authorizations/Consents

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. Report threats to the well-being of any participant immediately to the adult in charge.
4. Possession or use of tobacco, e-cigarettes or vaping devices, 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.
5. Possession or use of weapons or other dangerous objects is prohibited in accordance with Florida law, except when required as part of an approved educational program. Weapons are defined to include, but are not limited to, guns, knives and incendiary or explosive devices of any kind.
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. Dress appropriately for each 4-H function.
9. Use of any mobile electronic device during a scheduled 4-H activity is prohibited unless activity-specific rules otherwise allow. When permitted, they should be used only in a manner that is consistent with the approved activity and not discourteous or disruptive.
10. The belongings of youth participants, including but not limited to bags, purses, computers, other electronic devices, lockers, and vehicles, are subject to search and seizure by 4-H faculty/staff, and in some instances a volunteer designee, upon reasonable suspicion that a prohibited and/or illegally possessed substance or object is contained within that area. (If an adult is suspected, this will be handled by law enforcement.)

Failure to abide by the Code of Conduct 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.

Youth or Adult Agreement: ____ (Initials) ☐ 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: ____ (Initials) ☐ 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, faculty and staff 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 many 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, Inc. .

____ (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 and Evaluation Release: I hereby establish my willingness to participate as an adult (i.e. person age 18 or older, 4-H leader, other volunteer, parent/ guardian, site manager, etc.) and/or 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/or 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 (age 18 or older) 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 Participant Signature : _____ Date: _____

Parent/Guardian Signature: _____ Date: _____