

2022 Camp Participant Information

Last Name _____ First Name _____

School Name _____ Grade Completed 2022 _____

Social Security # _____

T-SHIRT: Choose One(circle):

YOUTH OR ADULT

AND

Choose One(circle):

SM MED LG XL 2XL 3XL



4-H Youth Development



"H₂O Encounter" Environmental Education Day Camp

Can the participant swim? Yes No

Dates	✓	Cost of Camp	Paid – Receipt Number
Week 1 – June 6-10	<input type="checkbox"/>	\$150	_____
Week 2 – June 20-24	<input type="checkbox"/>	\$150	_____
Week 3 – July 11-15	<input type="checkbox"/>	\$150	_____



"Trek Through Florida" Adventures in History Day Camp

Can the participant swim? Yes No

Dates	✓	Cost of Camp	Paid – Receipt Number
Week 1 – June 13-17	<input type="checkbox"/>	\$150	_____
Week 2 – June 27-July 1	<input type="checkbox"/>	\$150	_____



"Farm to Plate – We Educate"

Agriculture Awareness Day Camp

July 6-7-8 (this is a 3 day camp) \$75 Paid - Receipt Number



Fishing and Conservation Day Camp

June 20-24 \$150 Paid - Receipt Number



Crafting With Friends Day Camp

July 25-29 \$150 Paid-Receipt Number

Payment and registration forms are required to hold positions.

Please make checks payable to: Okeechobee 4-H Association

Participants must be at least 8 years old as of September 1, 2021 to attend camps.

4-H Participation Form for Youth and Adults

Name: _____ Birthdate: ____/____/____ Youth's Age (As of Sept.1, 2021): _____
 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 __

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

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.

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: _____