



4-H Rural Life Center

Camper Summer Camp Application



Attach Photo Here

4-H Camper's Name: _____
Last Name First Name Middle Initial
Birth Date ____/____/____ Age ____ Gender: Female Male Email: _____ Grade ____

Address: _____
Street City State Zip Code

4-H County: Halifax Year: _____ (Must be updated each year)

Camp Name(s) _____ Camp Number(s) _____ Camp Date(s) _____

Custodial Parent/Guardian Name: _____ Phone: (____) _____

Second Parent/Guardian or Emergency Name: _____

Address: _____ Phone: (____) _____

If not available in an emergency, notify (Name): _____

Relationship: _____ Phone: (____) _____

Health History

The following information should be filled in by the parent/guardian, or adult. Update required annually. For residential camp attendance, health exam must be completed by an approved licensed medical personnel within 24 months of participation in the camp. The intent of this information is to provide NC 4-H health care personnel the background to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to NC 4-H. Provide complete information so that the NC 4-H can be aware of your needs.

MEDICATIONS

Please list ALL medications, even over-the-counter or nonprescription drugs, including Tylenol, Pepto-Bismol, Benadryl, etc. that may be taken. If attending out of county events, bring enough medication to last the entire time you are away. Keep it in the original packaging/bottle that identifies the prescribing physician (if prescription drug), the name of medication, the dosage, and the frequency of administration.

This person takes NO medications on a routine basis

This person takes medications as follows:

Med#1 _____ Reason _____ Dosage _____ Time taken _____

Med#2 _____ Reason _____ Dosage _____ Time taken _____

Med#3 _____ Reason _____ Dosage _____ Time taken _____

Med#4 _____ Reason _____ Dosage _____ Time taken _____

This person may take the following medications as needed:

Aspirin Tylenol Ibuprofen Benadryl Pepto-Bismol Other _____

Known allergies to foods, drugs, insect stings or bites, etc: _____

Restrictions - The following restrictions apply to this individual:

Dietary

Vegetarian

Vegan

Other (describe) _____

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary): _____

General Questions (Explain "yes" answers.)

Has/does the participant:

- Had any recent injury, illness or infectious disease?
- Have a chronic or recurring illness/condition?
- Ever been hospitalized?
- Ever had surgery?
- Have frequent headaches?
- Ever had a head injury?
- Ever been knocked unconscious?
- Wear glasses, contacts or protective eye wear?
- Ever had frequent ear infections?
- Ever been dizzy/passed out during or after exercise?
- Ever had seizures
- Ever had chest pain during or after exercise?

Yes No

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- Ever had high blood pressure?
- Ever been diagnosed with a heart murmur?
- Ever had back problems?
- Ever had joint problems?
- Have any skin problems?
- Have diabetes?
- Have asthma?
- Had mononucleosis in the past 12 months?
- Have problems sleepwalking?
- Have a history of bed wetting?
- Ever had an eating disorder?

Yes No

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**LIABILITY WAIVER, ASSUMPTION OF THE RISK,
PHOTO & MEDIA RELEASE, AND
INDEMNIFICATION AGREEMENT**

In consideration for being allowed by Halifax County, NC State and its NC Cooperative Extension Service ("NC State") to participate and use the facilities, services, and/or programs of the 4-H Camp (hereinafter "Camp") the undersigned custodial parent/guardian hereby agrees as follows:

I affirm and acknowledge that the Minor is participating in the Program for his/her own personal benefit. I understand that the Minor will participate in recreational and other activities as part of the Program, and that such activities have inherent dangers and physical risks. I understand and acknowledge that the inherent dangers and physical risks involved in these activities are such that no amount of care, caution, instruction or expertise can eliminate them. These dangers and risks include, but are not limited to, loss of or damage to personal property, strains, sprains, bruises, heat exhaustion, and other personal injuries, or even death, that could result from tripping, falling, contact with other individuals, and equipment failure, among other causes. I assume responsibility for all risks, known and unknown, involving the Minor's participation in the aforementioned activities, and I voluntarily authorize his/her participation in reliance upon my own judgment and knowledge of the Minor's experience and capabilities.

I represent that I am the parent or legal guardian of the Minor and I have authority to enter this Agreement. I also represent that the Minor is in proper physical and other condition to participate in the Program. I understand that it is my sole responsibility to determine whether the Minor is sufficiently fit and healthy enough to participate in the Program, and if necessary, I will consult with the Minor's physician for appropriate guidance.

I give permission to any doctor, hospital, or other medical facility to release confidentially to the treating physician(s) for the Minor any information they may have concerning his/her medical condition and their professional contact with him/her for treatment purposes. I hereby grant my permission for such diagnostic, therapeutic, and operative procedures as deemed necessary for the Minor. I further understand that treatment for any medical problems the Minor may suffer is my responsibility and will be paid by me and/or covered by my insurance. A photocopy of this permission is to be considered valid as the original.

On behalf of myself and the Minor, I hereby agree to indemnify and hold harmless Halifax County, NC State University and its trustees, officers, directors, employees, volunteers, and agents (the "Released Parties") from any liability, losses, costs, damages, claims or causes of action of any kind or nature whatsoever, and expenses, including attorneys' fees, arising from, resulting from, or relating in any way to the Minor's participation in the Program. I further agree that if, despite this Agreement, the Minor, or anyone on the Minor's behalf, makes a claim against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any liabilities which may be incurred as a result of such claim to the fullest extent allowed by law.

I understand that the Minor and I are required to be familiar with and abide by the Program's rules and regulations, including, the 4-H Code of Conduct and any safety regulations established for the benefit of all participants. I accept sole responsibility for the conduct and actions of the Minor while s/he is participating in the Program.

I agree to allow Halifax County, NC State or its agents/associates to photograph or record the Minor during the Program. I further agree that the Minor's image or likeness in photographs, videos, or audio may be used for educational or promotional purposes, including posting on the Internet. I agree that the use described herein may be without compensation to me or the Minor. I waive any right to inspect or approve the finished electronic, photograph, or printed matter that may be used in conjunction with the printed matter now or in the future. I expressly release NC State, its agents, employees, licensees and assigns from any and all claims which I or the Minor may have for invasion of privacy, right of publicity, defamation, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast or exhibition of such recordings. **[If you do NOT agree to allow Halifax County, NC State or its agents/associates to photograph or record the Minor during the Program, please cross out this paragraph.]**

I understand that this is a legal document which is binding on me, my heirs and assigns and on those who may claim by or through me. I am eighteen years of age or older, and have full capacity to enter into this agreement and do so voluntarily.

If re-enrolling in 4-H, how many years have you been in 4-H: _____

Do you live*: Farm City over 50,000 people
(Choose only one) Town under 10,000 people or rural non-farm Suburbs of city over 50,000 people
 City 10,000-50,000 people Military installation: _____

Do you have parent/guardian(s) active in the military? Yes ___ No ___

If yes, circle all that apply: **Army Air Force Navy Marines Coast Guard National Guard (Air & Army) Reserves**

Ethnic group*: A. Choose One: Hispanic or Latino Non-Hispanic or Latino
B. Choose all that apply:
 White or Caucasian Asian
 Black or African-American Native Hawaiian or other Pacific Islander
 American Indian or Alaska Native Other _____

**This information is required for all federally assisted programs and is solely used for the purpose of determining compliance with Federal civil rights laws; your responses will not affect consideration of your application. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.*

Health Care Recommendations by Licensed Medical Personnel for 4-H Overnight Camp Participants Only

I examined (Camper's Name) _____ on _____. BP _____ Wt _____ Ht _____

In my opinion, the above applicant is is not able to participate in an active camp program.

Restrictions/Recommendations: _____

Treatment to be continued at camp or medications to be administered at camp (name, dosage, frequency)

Additional information for health care staff at camp: _____

Signature of Licensed Medical Personnel: _____ **Date:** _____

Printed: _____ Title: _____

Address: _____ Phone: (____) _____
Street City State Zip Code

Please give dates of immunizations for:
 (Immunization records may be attached to this form)

Vaccine	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Ry
DTP				
TD (tetanus/diphtheria)				
Tetanus				
Polio				
MMR				
Or Measles				
Or Mumps				
Or Rubella				
Haemophilus influenzae				
Hepatitis B				
Varicella (chicken pox)				

Screening Record: For camp use only	Date _____ Time _____
Meds received _____	
Updates/additions to Health History _____	
Current Health needs identified _____	
Screened by _____	

Authorization Form

Custody Release: You may be asked to produce photo ID at check-out. This is for your child's safety. Please be aware of this policy before picking up your child. I hereby give permission for my child, _____, to be allowed to leave the 4-H program after the activity. My child will be released into the custody of:

(Names of Individuals authorized to pick up your child)

If it is necessary for my child to leave before the end of the program due to illness, injury, or behavioral issues, and I cannot be reached, I hereby give permission for my child to be released into the custody of:

(Emergency contact or other individual authorized to pick up your child)

For 4-H Use Only: 4-H'er picked up by: _____ Staff Signature _____

Parent/Guardian Authorization: This health history and all additional information is correct and complete as far as I know. The person herein described has permission to engage in all 4-H activities except as noted.

I hereby give permission to the NC 4-H to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to NC 4-H to arrange necessary related transportation for me/my child.

The person herein described has permission to engage in all 4-H activities except as noted here: _____

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by NC 4-H to secure and administer treatment including hospitalization, for the person named above. This completed form may be photocopied for trips out of county.

I HAVE READ THIS ENTIRE AGREEMENT/APPLICATION, I UNDERSTAND IT AND I AGREE TO BE BOUND BY IT.

Signature of parent/guardian: _____

Printed Name: _____ Date: _____

****The 4-H Rural Life Center will not refund any fees without a two week notice of cancellation prior to the camp being attended or if the camper returns home voluntarily or is dismissed. There will be a charge for all returned checks.****

Please fill out completely and sign the application above, then mail it with the appropriate fees to: (Make Checks Out to Halifax County)

4-H Rural Life Center
P.O. Box 37
Halifax, NC 27839
1-252-583-5161



As a public institution, and instrumentality of the State of North Carolina, NC State University is subject to the NC Public Records laws. This means that records provided to the university may be subject to public disclosure. For more information regarding public records, please visit the Office of General Counsel webpage on public records, accessible at <https://generalcounsel.ncsu.edu/legal-topics/records/public-records/>.

NC State University and N.C. A&T State University are collectively committed to positive action to secure equal opportunity and prohibit discrimination and harassment regardless of race, color, national origin, religion, political beliefs, family and marital status, sex, age, veteran status, sexual identity, sexual orientation, genetic information, or disability. North Carolina State University, North Carolina A&T State University, U.S. Department of Agriculture, and local governments cooperating.



(Keep this for your records. Do not return with this application.)



**4-H Code of Conduct and Disciplinary
Procedure North Carolina Cooperative
Extension Service
Department of 4-H Youth Development**

I. Purpose and Application:

- A. The 4-H Code of Conduct is intended to foster a safe environment that is conducive to optimal learning and growth. Toward that end, youth participants are expected to behave in a way that respects the rights and property of others, and that will not disrupt or interfere with 4-H program goals.
- B. This 4-H Code of Conduct and Disciplinary Procedure is a condition of participation in any North Carolina 4-H activities or programs.

II. Behaviors Prohibited at 4-H program Activities:

- A. Possession, selling, and/or use of alcoholic beverages, tobacco products, and illegal drugs OR being present where individuals are using alcohol, tobacco products and/or any illegal substances
- B. Any kind of sexually related physical contact
- C. Possession of weapons or firearms (except while participating in a 4-H Shooting Sports Event)
- D. Behavior that violates state or local laws
- E. Damage to property of others
- F. Theft, misuse or abuse of public or personal property
- G. Conduct that jeopardizes the safety of self or others
- H. Conduct that disrupts or interferes with 4-H programming
- I. Leaving a program or facility without permission of parents or 4-H staff (including authorized volunteers)
- J. Inappropriate dress, including but not limited to clothing that is sexually suggestive, indecent, or otherwise disruptive to the operations or goals of 4-H. Examples include clothing with negative or hateful language or symbols; see-through blouses, skirts or pants; sagging pants; exposed undergarments; bare midriff shirts; and excessively short or tight garments. Clothing should meet the standards expected in public schools. Specific clothing requirements may be required where appropriate for a particular event
- K. Unruly behavior in hotels and public areas, particularly during overnight events. There should be no running in the halls, prank calls, unnecessary noise, excessively late hours, or visiting in rooms of the opposite sex

III. Additional Basis for Disciplinary Action

County or State Extension personnel may impose discipline pursuant to Part IV below in cases of misconduct by current, former, or prospective 4-H participants if, in the judgment of 4-H personnel or their supervisors, the misconduct poses a potential risk to the 4-H program. This includes risks to the safety or well-being of others and risks to the effective functioning or integrity of 4-H. This applies regardless of whether the misconduct occurred during a 4-H activity or in a setting unrelated to 4-H activity.



IV. Disciplinary Procedures:

- A. Discipline may be imposed by any 4-H staff or Cooperative Extension Service employee who has oversight responsibility for 4-H activities.
- B. Unless immediate action is required, the following procedures must take place before there can be any finding or conclusion of guilt:
 - 1) the accused participant shall be told the charge (which of the prohibited behaviors listed above he or she is accused of violating), and
 - 2) the accused participant is told what factual evidence supports the charge, and
 - 3) the accused participant has been given a chance to tell his/her side of the story.
- C. The 4-H staff person must be satisfied that the participant more likely than not engaged in the prohibited behavior before imposing a sanction.
- D. Sanctions may include some or all of the following:
 - 1) Verbal warning
 - 2) Notification to parents
 - 3) Immediate removal from the activity
 - 4) Being placed on a behavior contract
 - 5) Referral to local law enforcement and/or juvenile court
 - 6) Program suspension and/or
 - 7) Expulsion from program without any refund
 - 8) Other sanctions appropriate to the circumstances, as determined by 4-H.
- E. Appeals
 - 1) Disciplinary action for local or county-level events may be appealed to the County Director and or 4-H Agent. All appeals must in writing and must be received by the County Director and or 4-H Agent within 30 days of the disciplinary action. The County Director and or 4-H Agent or designee shall review the appeal statement, any written response from the decision maker, and may review other relevant information. The County Director and or 4-H Agent shall send a written decision to the appellant, the 4-H staff member who made the initial decision, and Head of the Department of 4-H Youth Development. The County Director and or 4-H Agent's appeal decision shall constitute the final agency action unless the Department Head chooses to exercise further review.
 - 2) Disciplinary action for regional or state-level events may be appealed to the Head of the Department of 4-H Youth Development, Cooperative Extension Service, Box 7606, NC State University, Raleigh NC 27695-7606; telephone (919) 515-3242. All appeals must in writing and must be received by the Department within 30 days of the disciplinary action. The Department Head or designee shall review the appeal statement, any written response from the decision maker, and may review other relevant information. The Department Head shall send a written decision to the appellant and the 4-H staff member who made the initial decision, and the Department Head's appeal decision shall constitute the final agency action.
- F. Immediate action situations:

4-H or Extension staff may take immediate action to remove a participant from an activity and other action as needed, where there is an emergency situation or significant risk of continuing misconduct. In those cases, the immediate action is temporary discipline and the 4-H or Extension staff must arrange for the procedures in parts B, C, D, and E above as soon as possible but in no event longer than seven days from the temporary discipline.