



# 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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Please explain "yes" answers, noting the number of the questions.

Special medical concerns or conditions that event supervisors should know about, including contagious illnesses, epilepsy, asthma, diabetes, previous injuries to bones/joints, etc:

Which of the following has the participant had?

- Measles
- Chicken pox
- German measles
- Mumps
- Hepatitis A
- Hepatitis B
- Hepatitis C

TB Mantoux Test Date of last test \_\_\_\_\_  
Result:  Positive  Negative

Use this space to provide any additional information about the participant's behavior and physical, emotional or mental health about which the NC 4-H should be made aware.

Name of family physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
*Street Address City State Zip Code*

Name of family dentist/orthodontist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
*Street Address City State Zip Code*

**Insurance Information**

The 4-H program purchases accident insurance for youth participants for many sponsored events. This coverage is not a substitute for personal health insurance, and may not cover all accident or medical expenses. Therefore, medical providers may find it necessary to bill the family or your insurance company for medical services rendered. Please provide the following information:

Health Insurance Company \_\_\_\_\_  
Health Insurance Policy # \_\_\_\_\_  
Company Address \_\_\_\_\_  
Company Telephone Number (\_\_\_\_) \_\_\_\_\_

**Field Trip Permission** – The above named camper has permission to go on any field trip(s) planned as part of the summer 4-H program. Camps with field trips have different hours from normal. Notes will be sent home during that week of camp with details for the field trips with times of departure and return. If this changes while on the field trip, parents will be called if possible or Cooperative Extension staff will come to the camp to give parents updated details.

**Camper's Personal Property** – Neither the 4-H Center nor the camp staff shall be responsible for the loss of or damage to the personal property of the camper. Campers should not bring electronic devices or any other expensive items.

**Damage** – Parents will be responsible for and pay for any damage done by the camper either alone or with others.

**No One** is to leave camp without the prior permission of the Camp Director.

**Telephone** usage is for authorized emergencies only and should only be used with the permission of the Camp Director.  
**\*\*Cell phones are not permitted at camp without prior permission of the Camp Director.\*\***

**4-H Code of Conduct and Disciplinary Procedures** – Please review this policy with the camper to ensure he / she is bound by it. It is below and you can keep it copy for your records. It does not have to be returned with this application.

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

In consideration for being allowed by 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 do hereby affirm and acknowledge that my child is participating in the Camp for his/her own personal benefit, and have been fully informed of the inherent and potential hazards and risks to them associated with participation in sports, recreational, outdoor activities and any physical exertion required therein. I understand and acknowledge that the inherent dangers and physical risks involved in these activities are such that that no amount of care, caution, instruction or expertise can eliminate. These hazards and risks include, but are not limited to, loss or damage of personal property, mental or emotional distress, broken bones, strains, sprains, bruises, heart attacks, heat exhaustion, concussions, and other personal injuries, or even death, that could result from falling from heights, tripping due to uneven terrain, contact with other individuals, drowning, allergic reactions to foods, flora or insects, exposure to temperature extremes or inclement weather, sun hazards, equipment failure, hypothermia, and vehicle accidents while traveling to and from the activity site. I assume responsibility for all risks, known and unknown, involved to my child and their property in the aforementioned activities, and I voluntarily authorize my child's participation in reliance upon my own judgment and knowledge of my child's experience and capabilities.

I understand that the determination of my child's ability to participate in the Camp should be made by my child's physician if necessary. I understand that I need the approval of a physician if I am uncertain as to his/her physical fitness for the rigors of this Camp. I understand that I may be required to seek approval from a physician if there is a health or safety question relative to my child's condition before being allowed to participate in the Camp. In addition, I give permission to any doctor, hospital, or other medical facility to release confidentially to the treating physician(s) for my child 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 my child. A photocopy of this permission is to be considered valid as the original. I further understand that treatment for any medical problems my child may suffer is my responsibility and will be paid by me and/or covered by my insurance.

I shall indemnify and hold harmless NC State, its trustees, officers, employees and agents from any liability, losses, costs, damages, claims or causes of action of any kind or nature whatsoever, and expenses, including attorney's fees, arising from or proximately caused by my child's participation in this Camp, including any travel. I further agree to accept and assume for myself, my assigns, executors, and heirs any and all such risks and losses that may occur.

I have read the Camp's rules and regulations and hereby accept the regulations of the Camp described therein. I understand that the Camp has the authority to establish and enforce other regulations in addition to these.

I do hereby agree to allow my child to be photographed, audio or videotaped by NC State. I further agree that my child'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 herein may be without compensation to me or my child. I hereby waive any right to inspect or approve the finished electronic, photograph, or printed matter that may be used in conjunction with them now or in the future. I am expressly releasing NC State, its agents, employees, licensees and assigns from any and all claims which I may have for invasion of my child's 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.

Check only if: I do not agree to photo/media use for any public release by NC State

I further agree that this agreement shall be governed by and interpreted in accordance with the laws of the State of North Carolina. The terms of this agreement are severable such that if one or more provisions are declared illegal, void or unenforceable, the remainder of the provisions shall continue to be valid, enforceable, and binding upon the parties.

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 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)				

<p><b>Screening Record: For camp use only</b> Date _____ Time _____</p> <p>Meds received _____</p> <p>Updates/additions to Health History _____</p> <p>Current Health needs identified _____</p> <p>Screened by _____</p>
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## 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, 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.