

# Virginia Cooperative Extension

A partnership of Virginia Tech and Virginia State University

 **VirginiaTech**  
College of Agriculture  
and Life Sciences



School of Agriculture  
Virginia State University



## Prince George 4-H 2011 Summer Camp July 2-6, 2012

Prince George County Extension Office  
P.O. Box 68  
Prince George, VA 23875  
Phone: 804-733-2686 Fax: 804-733-2676  
E-mail: hmaclin@vt.edu

DATE: February 1, 2012  
TO: Parents of 4-H Campers  
FROM:   
Hermon Maclin, Extension Agent 4-H Youth Development

Dear Parents:

We are delighted to offer a positive learning experience for children ages 9 to 14 through our **Prince George 4-H Summer Camp Program, July 2-6, 2012.**

- ✿ Attached are the required 4-H Camp enrollment forms. Please complete all forms, sign where indicated and return to: **Virginia Cooperative Extension, ATTN: 4-H CAMP, P.O. Box 68, Prince George, Virginia, 23875.**
- ✿ **Rooms will be assigned on a first come, first served basis upon receipt of completed registration forms and payment. Each camper will be allowed 1 (one) roommate request. We will make every effort to honor your roommate request, but it is not guaranteed.**
- ✿ Please bring your camper(s) to Airfield 4-H Center in Wakefield, Virginia at 10:00 a.m. on Monday July 2, 2012 and pick up camper(s) Friday, July 6 at 11:00 a.m.
- ✿ Campers will be pre-registered so they go directly to their assigned room upon arrival.
- ✿ If a child has to leave camp for any reason, he/she, along with a parent or guardian, is required to see the 4-H Center Program Director and 4-H Agent to complete a Parent Release Form.
- ✿ **The 2012 registration fee for campers is \$200.00. You may pay the fee in full with your registration, or pay a deposit of \$100.00 to register, with the remaining balance due on or before 5:00 p.m., Friday, June 15, 2012. Room assignments/requests will not be guaranteed if the registration fee is not paid in full by the due date. Registration fees are non-refundable after June 15, 2012. Refunds requested prior to the June 15, 2012 deadline may require a 30-60 day waiting period. There will be a \$50.00 service charge for returned checks. Camp scholarship applications are available at the 4-H office.**
- ✿ Campers may bring extra money for snacks and souvenirs. Each camper should bring no more than \$25.00 and it should be in quarters and \$1.00 bills. Campers are encouraged to deposit spending money directly with the designated banker while at camp for safekeeping. Any camper who decides to keep their money will be responsible for it in the event it is lost or stolen. Campers should pick up any remaining bank funds prior to departing camp on Friday.

[www.ext.vt.edu](http://www.ext.vt.edu)

Extension is a joint program of Virginia Tech, Virginia State University, the U.S. Department of Agriculture, and state and local governments.

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**PRINCE GEORGE 4-H  
CAMPER APPLICATION**



**2012 SUMMER CAMP  
JULY 2-6, 2012**

**OPEN TO ALL YOUTH AGES 9-14 (MUST BE AGE 9 ON OR BEFORE SEPTEMBER 30, 2012)**

**(PLEASE PRINT CLEARLY)**

|  |  |                                  |                                    |  |                                |                            |   |   |
|--|--|----------------------------------|------------------------------------|--|--------------------------------|----------------------------|---|---|
| Last Name  |  | First Name                       |                                    |  | M.I.                           |                            |   |   |
| Street   |  | City                             |                                    | State  |                                | Zip                        |   |   |
| Home Phone   |  | Male<br><input type="checkbox"/> | Female<br><input type="checkbox"/> | Date of Birth<br>__/__/__                                    |                                | Age<br>(on 7/2/12)         |   |   |
| Email Address  |  |                                  |                                    |  |                                |                            |   |   |
| Race   | American Indian or Alaskan Native <input type="checkbox"/> |                                  |                                    | Asian <input type="checkbox"/>                               | White <input type="checkbox"/> |                            | Ethnicity                                       | Hispanic or Latino <input type="checkbox"/> |
|  | Black or African American <input type="checkbox"/>         |                                  |                                    | Native Hawaiian or Pacific Islander <input type="checkbox"/> |                                |                            | Not Hispanic or Latino <input type="checkbox"/> |   |
| School currently attending   |  |                                  |                                    |  |                                | Grade (2011/12)            |   |   |
| Prior number of years at 4-H camp  |  |                                  | T-shirt size (adult)               |  | S <input type="checkbox"/>     | M <input type="checkbox"/> | L <input type="checkbox"/>                      | XL <input type="checkbox"/>                 |
|  |  |                                  |                                    |  |                                |                            |   |   |
| Full names of sibling(s) also attending camp   |  |                                  |                                    |  |                                |                            |   |   |
| Roommate Request ( <u>one request per camper</u> )   |  |                                  |                                    |  |                                |                            |   |   |
| *****Every effort will be made to honor your roommate request, but it is NOT guaranteed***** |  |                                  |                                    |  |                                |                            |   |   |
| Parent/Guardian Daytime Phone Number   |  |                                  |                                    |  |                                |                            |   |   |
| Parent/Guardian Signature  |  |                                  |                                    |  |                                | Date                       |   |   |

Make checks payable to: VCE Prince George      Prince George Farm Bureau Voucher # \_\_\_\_\_

**Payment options: \$200.00 to pay in full or \$100.00 deposit due with application, and balance paid in full by June 15, 2012.**

|       |          |      |  |         |          |         |          |      |          |
|-------|----------|------|--|---------|----------|---------|----------|------|----------|
| Total | \$ _____ | Date |  | Voucher | \$ _____ | Check # | \$ _____ | Cash | \$ _____ |
| Total | \$ _____ | Date |  | Voucher | \$ _____ | Check # | \$ _____ | Cash | \$ _____ |
| Total | \$ _____ | Date |  | Voucher | \$ _____ | Check # | \$ _____ | Cash | \$ _____ |

**\*\*\*\*\*NO REFUNDS AFTER JUNE 15, 2012\*\*\*\*\***

Virginia Cooperative Extension programs and employment are open to all, regardless of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or marital or family status. An equal opportunity/affirmative action employer. Extension is a joint program of Virginia Tech, Virginia State University, the U.S. Department of Agriculture, and state and local governments. If you are a person with a disability and desire any assistive devices, services or other accommodations to participate in this activity, please contact Hermon Maclin at the Prince George Extension Office at 804-733-2686/TDD\* during business hours of 8:00 am and 5:00 pm to discuss accommodations 5 days prior to the event. \*TDD number is (800) 828-1120.

# CODE OF CONDUCT FOR VIRGINIA 4-H PROGRAMS/EVENTS\*



Name of participant (please print) \_\_\_\_\_

(This form covers any 4-H program/event from January to December 2012).

## Purpose

The purpose of the 4-H program is the positive development of youth. We believe in creating a safe learning environment that encourages the four-fold development of a young person (i.e., Head, Heart, Hands, and Health). We expect all persons involved in 4-H (youth members, parents, teen/adult volunteers) to practice behaviors that foster the total development of youth. Each 4-H member and associated individuals participating in 4-H activities must accept the responsibility of creating a positive image that reflects 4-H ideals. Furthermore, the Virginia 4-H program recognizes that "CHARACTER COUNTS!" All 4-H participants are representatives of the program and should always strive to uphold the following standards: Trustworthiness, Respect, Responsibility, Fairness, Caring, and Citizenship. In seeking uniformity in the conduct expected at 4-H programs/events, the following code of conduct has been developed to provide a clear understanding of expectations. Participants and parents/guardians must sign this form in order to participate.

## Code of Conduct

1. For the safety and wellness of all participants, a completed and signed 4-H Health History Report Form is required for participation in 4-H events. In addition, medications and medication forms (for all participants under 18 years old) must be turned in at the registration table upon arrival at the 4-H event (or according to another system outlined in the registration/orientation information).
2. Participants should attend and be actively involved in all scheduled activities as part of this 4-H program/event (unless under the supervision of a medical staff person.) Curfew is to be followed as specified in the schedule for overnight events. Failure to be in assigned locations may lead to dismissal from the 4-H event. Some areas are off-limits to participants (ex: swimming pool; bodies of water such as lakes and rivers; challenge course, etc.) unless under appropriate instructor supervision.
3. Visitors to a 4-H program/event must check-in with the Extension Agent, Program Director, or other adult in charge of the 4-H program/event upon arrival.
4. Participants should remain at a 4-H program/event until the program/event is scheduled to end. Participants may not leave a 4-H program/event without prior permission from Extension Agent, Program Director, or other adult in charge of the 4-H program/event. Participants may only be picked up from a 4-H program/event by the person designated on the 4-H Health History Report Form. Identification may be requested at the time of pick-up.
5. Participants are expected to follow the directions of 4-H volunteers and paid staff. All 4-H'ers are under the supervision of the Extension Agent, Program Director, or other adult 4-H leader responsible for the 4-H program/event.
6. Participants should respect the property of others and be responsible for themselves. Deliberate destruction or removal of facilities or equipment is not permitted. Financial responsibility for any damages caused by deliberate destruction will be assumed by the participant and/or parents/guardians. The same applies to the property and personal items of other participants.
7. Participants should treat all others and themselves with respect. Aggressive, abusive, vulgar, or violent language and behavior towards others (ex: fighting, threats, insults, cursing, discrimination, etc.) are not permitted.
8. Participants should respect the privacy of others. Girls are not permitted in boys' lodging rooms nor are boys permitted in girls' lodging rooms.
9. Participants are expected to dress appropriately based upon the guidelines established by the person in charge of the 4-H program/event.
10. Possession, distribution, or use of fireworks, weapons, knives, or other items that can be used as a weapon are not permitted at 4-H programs/events, except under adult supervision in scheduled instructional activities (ex: shooting education class supervised by a certified instructor, etc.).

11. Possession, distribution, or use of alcoholic beverages, illegal drugs, tobacco products, and unauthorized prescription drugs are not allowed at any 4-H sponsored program/event and must be reported to law enforcement. The Virginia 4-H program reserves the right to conduct a search of a participant's outer clothing, luggage, personal belongings, lodging rooms, and furniture being used by a participant(s) if there is "reasonable suspicion" that the participant has drugs, alcohol, or weapons.

12. Animals and pets are not allowed at 4-H programs/events unless needed to accommodate a disability or as part of an organized program, or through specific authorization from Extension Agent, Program Director, or other adult in charge of the 4-H program/event. Animals that are used as part of a 4-H program/event should always be provided with proper care.

13. Electronic and mechanical devices (ex: cellular phones, pagers, walkie-talkies, video games, radios, CD players, TV's, laptop computers, etc.) are not allowed at 4-H programs/events unless they are needed as part of an organized 4-H program/event, or with authorization from the Extension Agent, Program Director, or other adult in charge of the 4-H program/event. Without authorization, these items will be confiscated and returned to the participant (or the participants' parents/guardians) at the end of the program/event.

## Consequences

Unacceptable behavior during a 4-H program/event (as defined within this Code of Conduct or through a review process by 4-H staff/volunteer) will result in consequences to the participant.

Consequences may include:

1. early release from this 4-H program/event without refund,
2. restitution or repayment of damages,
3. denial of future participation in the 4-H program/event at the local, district, state and national levels for one or more years (as determined by the unit staff in charge of, or responsible for, the 4-H program/event),
4. forfeiture of financial support for a 4-H program/event
5. removal from 4-H offices held (if applicable), and
6. releasing the youth to the appropriate law enforcement agency and/or the proper authorities.

*NOTE: Any conduct not specifically covered by this Code of Conduct, but deemed inappropriate by those responsible for the 4-H program/event will be viewed as a violation and appropriate action will be taken. If an infraction occurs, the person in charge of the 4-H program/event will provide appropriate communication to parents/guardians.*

## Signature(s) (Both signatures are required for participants under 18 years old.)

*I have read and understand the above "Code of Conduct" and will abide by the expectations described in the Code-of-Conduct. I understand that if I act inappropriately I will have to accept responsibility for my actions that may result in the consequences listed above.*

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature (for participant under 18 years old)

\_\_\_\_\_ Date \_\_\_\_\_

(\* Approved by 4-H Leadership Council on August 16, 2002)

*I have discussed and reviewed this Code of Conduct with my child. I understand that failure to abide by this Code of Conduct may result in the consequences listed above which includes no refund. In the event that this code is violated, I agree to come to the 4-H program/event to pick up my child at the request of the adult in charge of the 4-H program/event. I further understand that I refuse to pick up my child, am unavailable, or fail to make timely arrangements to retrieve my child, 4-H program/event staff may contact law enforcement or social services to provide necessary protection for a child in need of services. I acknowledge responsibility for all fees/charges that may result from said services.*

# Virginia Cooperative Extension

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**INSTRUCTIONS:** Please provide detailed health information for determining appropriate supervision, support, and accommodations for the 4-H activity or event listed. **A parent or guardian must sign.** If the participant is a person with a disability and desires any assistive devices, services or other accommodations to participate in this activity, please contact your local Extension office during business hours at least 7 days prior to the event to discuss accommodations. **PLEASE PRINT ALL INFORMATION.** (NOTE: Both sides of this form must be completed.)

NAME OF 4-H EVENT IN WHICH YOU WISH TO PARTICIPATE: \_\_\_\_\_

DATE(S) OF EVENT: \_\_\_\_\_ LOCATION: \_\_\_\_\_

## PARTICIPANT IDENTIFICATION

NAME: \_\_\_\_\_ FEMALE:  MALE:

*Last First (Underline name by which you like to be called) Middle*

MAILING ADDRESS: \_\_\_\_\_ PARTICIPANT CELL PHONE: (\_\_\_\_) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ HOME EMAIL: \_\_\_\_\_

RACE: (Optional) WHITE  HISPANIC  BLACK  AMERICAN INDIAN  ASIAN  MULTICULTURAL

## PARENT / GUARDIAN IDENTIFICATION (Place a check beside who to reach in the event of an emergency.)

FATHER'S NAME (OR GUARDIAN): \_\_\_\_\_ FATHER'S EMAIL: \_\_\_\_\_

FATHER'S PHONE DAYTIME: \_\_\_\_\_ EVENING: \_\_\_\_\_ CELL: \_\_\_\_\_

MOTHER'S NAME (OR GUARDIAN): \_\_\_\_\_ MOTHER'S EMAIL: \_\_\_\_\_

MOTHER'S PHONE DAYTIME: \_\_\_\_\_ EVENING: \_\_\_\_\_ CELL: \_\_\_\_\_

WHO HAS PRIMARY CUSTODY OF THE PARTICIPANT? \_\_\_\_\_

ADDRESS, IF DIFFERENT THAN CHILD: \_\_\_\_\_

## PHYSICIAN / INSURANCE INFORMATION

FAMILY PHYSICIAN NAME: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

DENTIST / ORTHODONTIST NAME: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

DO YOU CARRY FAMILY MEDICAL / HOSPITAL INSURANCE?: YES  NO

(Check  one)

CARRIER: \_\_\_\_\_

POLICY ID #: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION (Parts 1 and 2 should be completed)

1. WHERE CAN YOU BE REACHED IN THE EVENT OF AN EMERGENCY?

LOCATION: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

CELL PHONE: (\_\_\_\_) \_\_\_\_\_

2. IF YOU **CANNOT** BE REACHED, WHO SHOULD BE NOTIFIED?

NAME: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_

WORK PHONE: (\_\_\_\_) \_\_\_\_\_

CELL PHONE: (\_\_\_\_) \_\_\_\_\_

(continued on back)

## 4-H PARTICIPANT MEDIA RELEASE

The Virginia Polytechnic Institute and State University/College of Agriculture and Life Sciences (CAL S) periodically uses electronic and traditional media (e.g., photographs, video, audio footage, testimonials) for publicity and educational purposes. By my signature on this form, I acknowledge receipt of this document and give permission to the College of Agriculture and Life Sciences and its designee to use such reproductions for educational and publicity purposes in perpetuity without further consideration from me.

I understand that I will need to notify Virginia Tech/College of Agriculture and Life Sciences if any changes to my situation occur that will impact this media release permission.

YES  NO



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VIRGINIA STATE UNIVERSITY

\* 18 U.S.C. 707

**PARTICIPANT HEALTH AND MEDICAL HISTORY**

*(Questions 1-5 must be completed.)*

**1. SPECIAL DIETARY NEEDS**

*INSTRUCTIONS: The purpose of this section is to communicate special dietary needs, food allergies, etc. for any child, teen, or adult who will be attending a 4-H event.*

In the space below, please list all **food allergies and/or other dietary restrictions** for the person listed above and any necessary precautions that should be taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Has the participant ever experienced (or had special needs in) any of the following?**

[Check (✓) all that apply]

- Asthma                       Bleeding disorders                       Attention disorders (ADHD)
- Eating disorders                       Seizures/Convulsions                       Wears contacts
- Diabetes                       Bed Wetting                       Behavior
- Fainting spells                       Non-food allergies                       Other: \_\_\_\_\_

*Please describe any condition or need that you checked:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Is the participant experiencing any current health problems, under medical care, receiving mental or behavioral services, or currently taking medication?**

YES    NO   If YES, *please explain:* \_\_\_\_\_

\_\_\_\_\_

**4. Has the participant undergone surgery, or experienced any injury, illness, allergy, or change in health status any time during the last year? Is there any reason that participation in a program or activity should be restricted?**

YES    NO   If YES, *please explain:* \_\_\_\_\_

\_\_\_\_\_

**5. What else should we know about your child?**

4-H programs include very rewarding, but sometimes challenging situations. Please inform us of any concerns that may arise related to your child's physical, mental, emotional, and/or social health in order that we may better provide appropriate supervision and support.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPROVAL / EMERGENCY AUTHORIZATION**

(Please read parts 1 and 2. If the participant is under 18, parents/guardians must sign in the space provided. If you are over the age of 18, please sign for yourself. If you cannot sign this due to religious reasons, you must contact your Extension office to obtain a legal waiver that must be signed. **If this section is not signed, participation in the 4-H event/activity will not be allowed.** You must contact your Extension office if there is a change in health status after submitting this form.

1. I give my permission for the participant named on this form to attend the designated 4-H program. He / She has permission to participate in all activities which may include swimming and other water sports under the supervision of lifeguard(s) and to take part in other scheduled activities such as firearm safety, horsemanship, archery, low ropes, physical activity/exercise and related activities under the supervision of instructors; subject to limitations noted herein.
2. I hereby give permission to the medical staff person selected by the event/activity director to order X-rays, routine tests and treatment for my child (or for myself if I am a participant over 18 years old) as medically necessary. I also give permission for the participant to receive over-the-counter medication as needed under the guidance of the medical staff person. I understand that all attempts will be made to notify parents/guardians of any serious injury or illness to their child. If I cannot be reached in an emergency, I hereby give permission to the medical staff person to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me/ or the participant named on this form. This form may be photocopied for use outside of the event/activity location.

ADULT PRINTED NAME:

\_\_\_\_\_

SIGNED: X \_\_\_\_\_  
(Parent / Legal Guardian or participant over 18 years old)

Date: \_\_\_\_\_

*I understand and agree to abide with any restrictions placed on my activities according to this form.*

YOUTH PRINTED NAME:

\_\_\_\_\_

SIGNED: X \_\_\_\_\_  
(Participant under 18 years old)

Date: \_\_\_\_\_

**IMMUNIZATION HISTORY (This must be completed)**

**Are your child's immunizations up to date?**    YES    NO   **Date of most recent tetanus shot:** (month/year) \_\_\_\_\_/\_\_\_\_\_

**RELEASE AUTHORIZATION**

I give permission to the following individual(s) to pick up my child at the conclusion of this 4-H event:

Name(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Sign below at time of pick up** (Receiving person must be pre-listed above):

Name (print): \_\_\_\_\_   Signature: \_\_\_\_\_   Date: \_\_\_\_\_