

ADULT REGISTRATION FORM

California 4-H Citizenship/Service Learning Study Travel Program

WA Focus - a \$700 deposit due to State 4-H Office by Novmeber 5, 2009

A second payment of \$500.00 is due by January 15, 2010

CA Focus - a \$150 deposit due to State 4-H Office by January 15, 2010

The balance for both programs is due to State 4-H Office by March 31, 2010

2010 CITIZENSHIP PROGRAM ENROLLMENT: (circle the appropriate program)

(A) California Focus, June 25 - 29, 2010

Washington Focus #1

Washington Focus #2

(B) Road to Democracy, June 27-July 5

(D) Global Journey, July 11-21

(C) Heritage Trail I, June 27-July 3

(E) Heritage Trail II, July 11-17

PERSONAL INFORMATION:

County: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Name: \_\_\_\_\_  
(as it appears on your official government ID)

Ethnic Origin (Optional)

American Indian \_\_\_\_\_

Asian/Pacific Islander \_\_\_\_\_

Black \_\_\_\_\_ Hispanic \_\_\_\_\_

White \_\_\_\_\_

What name should appear on your nametag? \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Telephone: (\_\_\_\_\_) \_\_\_\_\_ Evening Telephone: (\_\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

(provide an current, active e-mail address - several communications/resources will come by e-mail)

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month/year

Participants requiring special consideration, special meals or accommodations, check here \_\_\_\_\_ (Attach a letter detailing needs)

FOR WASHINGTON FOCUS ONLY

Choice of AIRPORT DEPARTURE location: Northern CA \_\_\_\_\_ Southern CA \_\_\_\_\_

Shirt Size for Washington Focus Polo Shirt (adult sizes) S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_

FOR CALIFORNIA FOCUS ONLY

Shirt size for California Focus T-shirt (adult sizes)

\_\_\_\_\_ Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ X-Large \_\_\_\_\_ XX-Large

STUDY TRAVEL PROGRAM DEPOSIT:

I understand that a \$150.00 deposit for California Focus and a \$700 deposit for Washington Focus that accompanies my individual registration form is a NON-REFUNDABLE deposit and secures my reservation for the above program.

Participant Signature

Date

TO BE COMPLETED BY COUNTY 4-H YOUTH DEVELOPMENT STAFF

The ADULT TEAM COACH who is traveling with the group and is responsible for the county delegation while participating at the above program is:

Name of Adult Team Coach

County

If that individual has not been identified at this time, please submit this important information to the California State 4-H office as soon as possible.

I have reviewed the registration for this individual, and approve his/her participation.

4-H Youth Development Advisor or Program Representative

Date

# California 4-H Code of Conduct

The following guidelines are designed to make your experience at 4-H events satisfying to you and to all others attending. This means that all participants — members, volunteers, and 4-H YDP staff — **shall adhere to the core values of the University of California 4-H Youth Development Program, respect the individual rights, safety, and property of others.** While attending 4-H events, you are representing all of 4-H:

## WHILE ATTENDING ALL 4-H MEETINGS, PROJECTS, PROGRAMS AND EVENTS:

1. Everyone is expected to attend all planned sessions, workshops, field trips, and meetings of the event, and to be in appropriate dress. Delegation chaperons and/or project volunteers are responsible for ensuring that members participate in all aspects of the planned program activities.
2. The possession and use of alcoholic beverages and/or drugs, or other than prescription medication is prohibited; participants are not to smoke in group meetings, or in sleeping areas.
3. Setting off fire alarms or tampering with fire extinguishing equipment or other emergency equipment is prohibited.
4. Gambling and betting by adults and youth representing 4-H is prohibited.
5. Obscene and discriminatory language, roughhousing, and insubordination will not be tolerated at any time.
6. Youth members and volunteers should demonstrate respect for one another.
7. Display of overly affectionate attention between participants is discouraged.

## WHILE ATTENDING OVERNIGHT CONFERENCES, CAMPS AND EVENTS, THE FOLLOWING WILL ALSO APPLY:

8. All participants are to be in their assigned area at curfew and to comply with the quiet hours, lights out, and other rules of the event.
9. No member or volunteer may leave the grounds unless permission is secured from the conference director or adult in charge. 4-H members must be accompanied by an adult. Adults must notify another adult in the delegation before leaving grounds.
10. At overnight events, only Conference participants may be in dormitory areas. No one will be in the sleeping areas of members of the opposite sex. Lounges may be used only for working committees and social activities.
11. Room service such as phone calls, food, laundry, or others will not be permitted.

## PENALTIES FOR INFRACTIONS

Infractions of this Code of Conduct must be reported promptly by anyone observing them to the adult in charge of the delegation/project and to the person in charge of the event who will bear final responsibility for disciplinary action. Penalties may include any or all of the following:

Sending a participant home; barring that participant from future 4-H events; assessing the participant the cost of damages and repairs in the event of damage/destruction of property; releasing the participant to nearest law enforcement agency and/or the proper authorities; and termination of 4-H membership (youth and adult).

Parents and the county 4-H office will be notified of action taken. If a participant is sent home, fees will not be refunded, and will be at the participant's own expense.

I, \_\_\_\_\_ have read the California 4-H Code of Conduct and agree to abide by its  
*please print*

rules. I understand that infractions of this Code will result in any or all of the penalties listed above.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

## Health and Emergency Medical Release

Participant Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

### Emergency Contact Information:

#### Contact #1:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

#### Contact #2:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

In case of emergency, I (We) hereby authorize designated representatives of the Citizenship Washington Focus program to consent on my behalf to medical treatment and/or hospital care as advised and deemed necessary by emergency medical staff, physicians or surgeons. I (We) also understand that all financial obligations incurred, if not covered by insurance, will be my responsibility.

Additionally, I (We) have also read and noted that in case of emergency while attending Citizenship Washington Focus, participants may be contacted as follows:

**Delegate's Name**

**CWF Week 7**

**National 4-H Youth Conference Center**

**7100 Connecticut Avenue**

**Chevy Chase, MD 20815**

**Phone: (301) 961-2801.**

I (We) agree that this participant can safely attend Citizenship Washington Focus.

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participant Name:** \_\_\_\_\_

## Citizenship Focus Adult Health Information

Last Name		Birth Date (month & year)		Gender
Street Address		City	State	Zip
Insurance Co.		Policy Number		
In Case of Emergency Notify		Phone ( )		
Relationship to Participant:      Spouse ~      Parent ~      Other ~				
Family Physician or Clinic		Phone: ( )		
Date of Last Tetanus		Date of Last Flu Shot		

Condition	Yes	No
1. Respiratory problems: (asthma, persistent cough, abnormal chest x-ray, T.B., etc.)		
2. Heart Disease (high/low blood pressure, murmurs, chest pain, rheumatic fever, etc.)		
3. Stomach or intestinal problems (ulcers, jaundice, hernia, colitis, indigestion, etc.)		
4. Kidney, gall bladder, or liver disease		
5. Diabetes or hypoglycemia (low blood sugar)		
6. Muscular/skeletal problems (arthritis, recent fracture, etc.)		
7. Eye, Ear nose, or throat problems (hay fever, ear infection, impaired sight or hearing)		
8. Skin diseases		
9. Nervous disorders (convulsions, epilepsy, dizziness, etc)		
10. Emotional or mental disorders (frequent anxiety, excessive fears, etc.)		
11. Surgical operations, accidents or injuries in the past 2 years requiring hospitalization		
12. Recent exposure to a contagious disease		
13. Allergies		
14. Are you currently under a doctor's care?		
15. Are you currently taking any medication? What?		
16. Do you have any special dietary needs?		
17. Do you have any limiting physical conditions?		

**Explanations: (use other side if necessary)**

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**I can participate in Citizenship Focus. I declare that I have no physical, mental, or communicable conditions that will interfere with participation in this program. I consider my health to be (please circle one):**

Poor
Fair
Good
Excellent

**Signature**

**Date**

# For Washington Focus Delegates Only

## Media and Information Release

**Participant Name:** \_\_\_\_\_

I give to the National 4-H Youth Conference Center and National 4-H Council, unlimited permissions to copyright and use, publish, and republish for purposes of advertising, public relations, trade, or any other lawful use, information about me and reproductions of my likeness (photographic or otherwise) and my voice, only related to 4-H and only using my first name. I hereby waive any right that I may have to inspect or approve the copy and/or finished product or products that may be used in connection therewith or the use to which it may be applied.

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Questions? Contact Jeunice Salita-Lim:

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