

YOUTH REGISTRATION FORM

California 4-H Citizenship/Service Learning Study Travel Program
WA Focus - a \$700 deposit due to State 4-H Office by November 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)

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: ____/____/____ Present Grade _____
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

You will receive a complimentary **California Focus T-shirt** when you arrive at the conference. Please indicate your size.

____ Small _____ Medium _____ Large _____ X-Large _____ XX-Large

STUDY TRAVEL PROGRAM DEPOSIT:

I understand that a \$150.00 deposit for California Focus and a \$700.00 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

Ethnic Origin (Optional)

American Indian _____

Asian/Pacific Islander _____

Black _____ Hispanic _____

White _____

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
please print

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

Signature *Date*

Parent's Signature for delegates under the age of 18 *Date*

California 4-H Youth Development Program
Youth Medical Release Form
University of California Cooperative Extension

This Medical Release Form is authorized for 4-H functions and activities for the Club/Unit and dates specified below:

First Name

Last Name

Club/Unit Name

County and State

_____ to _____
Dates (From / To)

While my child is attending or traveling to or from either California or Washington Focus, I HEREBY AUTHORIZE THE ADULT 4-H VOLUNTEER LEADER OR STAFF MEMBER, or in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR:

Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code Section 2000 et seq.; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code Section 1600 et seq.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until my child completes his/her activities in this program unless sooner revoked in writing. I understand that as a parent/guardian, I will be responsible for the cost of any service or treatment provided not covered by the 4-H Accident/Sickness Insurance Program sponsored by UC Cooperative Extension.

Authorization and Consent and Release

The California 4-H Citizenship Focus Program is a vigorous physical program involving long program days. I hereby certify that my child is in good health and can travel to and participate in all the functions of the 4-H Citizenship Focus Program. I understand it my responsibility to keep the information on this form updated (including Health History and parent/guardian status) by contacting the California State 4-H Office at 530-754-8520.

Signature of Parent/Guardian

Date

(_____) _____
Emergency Day Phone (with area code)

(_____) _____
Emergency Night Phone (with area code)

Mailing Address

City

State

Zip

Additional emergency contact name

Day Phone Number

Evening Phone Number

Non-Consent

I do not desire to sign this authorization and understand that this will prohibit my child from receiving any non-life threatening medical attention in the event of an accident or illness.

Signature of Parent/Guardian

Date

Please print an Additional emergency contact name

Day Phone Number

Evening Phone Number

University policy and the State of California Information Practices Act of 1977 require the following information be provided when collecting personal information from you: The information entered on this form is collected under authority of the Smith-Lever Act. Submission of the medical data is voluntary. However, a signature is required on one or the other of the two signature lines above. Failure to provide the medical information and authorization may result in our inability to provide necessary medical treatment. You have the right to review University records containing personal information about you/your child, with certain exceptions as set forth in policy and statute. Copies of University policies pertaining to the collection, use, or release of personal data are available for your examination from the local UCCE County Director, 4-H Youth Development Advisor, 4-H Program Representative, or the State 4-H Director at the California 4-H Youth Development Program, University of California, DANR Building, One Hopkins Road, Davis, CA 95616-8575, (530) 754-8518. Only your own/your child's records are open to your review.

Any known or foreseeable intergovernmental transfer that may be made of the information is as follows: None.

Citizenship Focus Youth 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 another paper if needed)

I am of the opinion that _____ can participate in Citizenship Focus. I declare that he/she has no physical, mental, or communicable conditions that will interfere with participation in this program. I consider his/her health to be:

Poor
Fair
Good
Excellent

If a medical emergency arises while my son/daughter is participating, permission is given for physicians to perform needed treatment.

Signature of Parent/Guardian

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 in relation 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:** _____

Consent of parent or legal guardian if above individual is a minor:

I consent and agree, individually and, as parent or legal guardian of the minor named above, to the foregoing terms and provisions. I hereby warrant that I am of full age and have every right to contract for the minor in the above regard. I state further that I have read the above information release and that I am fully familiar with the contents.

Name: _____ **Relationship:** _____

Parent/Guardian's Signature: _____ **Date:** _____

Questions? Contact Jeunice Salita-Lim:

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