

NC 4-H Camp Enrollment Form



NC STATE
EXTENSION

Year: _____ County: _____

Youth Information

Youth Name: _____
First Middle Last

Address: _____
Street Address City State Zip Code

Phone: () _____ Email: _____

Date of Birth: _____ Grade: _____ School Attending: _____

Gender*: Male Female Non-Binary Gender Identity not listed Prefer Not to Answer

If a 4-H participant, 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

Are you of Hispanic or Latino Ethnicity? Hispanic or Latino Non-hispanic or Latino Prefer not to state
Race*:

- White Asian
- Black or African-American Balance (other combinations)
- American Indian or Alaska Native Prefer Not to State
- Native Hawaiian or other Pacific Islander

Parent/Guardian/Emergency Contact Information

Emergency Contact: _____ / _____
Full name Relationship to participant

Contact Phone: _____ Contact Email: _____

Parent/Guardian 1: _____ Phone: () _____ Email: _____
First Name Last Name

Address: _____
Street Address City State Zip Code

Parent/Guardian 2: _____ Phone: () _____ Email: _____
First Name Last Name

Address: _____
Street Address City State Zip Code

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

North Carolina State University & North Carolina A&T State University commit themselves to positive action to secure equal opportunity regardless of race, color, creed, national origin, religion, sex, age, disability. In addition, the two Universities welcome all persons without regard to sexual orientation. North Carolina State University, North Carolina A&T State University, U.S. Department of Agriculture and local governments cooperating.

**NORTH CAROLINA 4-H YOUTH DEVELOPMENT PROGRAM
LIABILITY WAIVER, ASSUMPTION OF THE RISK, PHOTO & MEDIA RELEASE,
AND INDEMNIFICATION YOUTH AGREEMENT**

In consideration of NC State University and/or NC A&T State University allowing my minor child to participate in the North Carolina 4-H Program, (hereinafter “Program”), I, for myself and/or on behalf of the minor child listed below (“Minor”), agree as follows:

I affirm and acknowledge that the Minor is participating in the Program for their 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 completely 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 the Minor’s participation in reliance upon my own judgment and knowledge of the Minor’s experience and capabilities.

Additionally, I understand that the coronavirus (“COVID-19”) has been declared a worldwide pandemic by the World Health Organization and has become more widespread, including within North Carolina. COVID-19 is very contagious and believed to be spread mainly from person-to-person contact. I understand and appreciate that there are known and potential dangers of utilizing the Program’s facilities, services and programs, and I acknowledge that the use of these facilities and services may, despite the Program’s reasonable efforts to mitigate the dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability and/or death. The Center for Disease Control and state and local health departments, are reviewing and updating their respective guidance on the pandemic and its impact nearly every day.

I represent that I am acting on my behalf or as 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.

On behalf of myself and the Minor, I hereby agree to indemnify and hold harmless NC Cooperative Extension, NC State University, NC A&T State University, the NC 4-H Youth Development Program, and their trustees, officers, directors, employees 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.

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/or the NC 4-H Volunteer Standard of Behavior and any safety regulations established for the benefit of all participants. I accept sole responsibility for the conduct and actions of the Minor while they are participating in the Program.

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.

____ YES, I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, AND I AGREE TO BE BOUND BY IT.

Signature of Parent/Guardian:

Date:

Printed Name:

Name of Minor:

North Carolina 4-H Photo & Media Release

I agree to allow NC Cooperative Extension, the 4-H Youth Development Program, NC State University, and/or NC A&T State University or their agents 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 broadcasting or posting on the Internet. I agree that the use described herein may be without compensation to me or the Minor. On behalf of myself and 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 Cooperative Extension, North Carolina 4-H Youth Development, NC State University, NC A&T State University, their 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.

Check one:

I agree to photo/media use for any use described herein.

I do not agree to photo/media use for any use described herein.

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.

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

Signature of Parent/Guardian:

Date:

Printed Name:

Name of Minor:

North Carolina 4-H Code of Conduct and Disciplinary Procedure

The NC 4-H Youth Development Program has established standards of conduct for all participants. It is the responsibility of the parent/legal guardian and the participant to review the Code of Conduct and Disciplinary Procedures.

I. Purpose and Application:

- A. The 4-H Code of Conduct is intended to foster safe face-to-face and online environments that are conducive to optimal learning and growth. Toward that end, youth participants are expected to behave in a way that respects the dignity, 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. Bullying, harassing or using derogatory language towards another person or group of people is prohibited
- D. Harassment will not be tolerated. Hazing is prohibited. Cyberbullying is prohibited
- E. Recording, taking, sharing screenshots or images is prohibited unless directed to do so for Program purposes
- F. Sharing links or passwords for Programs or content is prohibited unless directed to do so for Program purposes
- G. Possession of weapons or firearms (except while participating in a 4-H Shooting Sports Event)
- H. Behavior that violates state or local laws
- I. Damage to property of others
- J. Theft, misuse or abuse of public or personal property
- K. Conduct that jeopardizes the safety of self or others
- L. Conduct that disrupts or interferes with 4-H programming
- M. Using Program content, contacts, images or video for personal use outside the scope of the Program
- N. Sharing personal information, email, or social media accounts with individuals outside the scope of the Program
- O. Leaving a program or facility without permission of parents or 4-H staff (including authorized volunteers)
- P. Inappropriate dress, including but not limited to clothing that is disruptive to the operations or goals of 4-H. Examples

may include, but are not limited to, clothing with negative or hateful language or symbols and shirts or pants that fail to appropriately fit or to cover a participant's body and undergarments. Clothing should meet the standards expected in public schools. Specific clothing requirements may be implemented where appropriate for a particular event.

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 should take place before imposing any adverse consequences:
 - 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 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
 - 8) Dismissed participants may not be eligible for a refund of any fees or expenses
 - 9) 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 State 4-H Youth Development Program. The County Director and or 4-H Agent's appeal decision shall constitute the final agency action unless the Head of the State 4-H Youth Development Program chooses to exercise further review.

2) Disciplinary action for regional or state-level events may be appealed to the Head of the State 4-H Youth Development Program, Cooperative Extension Service, Box 7655, NC State University, Raleigh NC 27695-7655; telephone (919) 513-3059. All appeals must in writing and must be received by the Head within 30 days of the disciplinary action. The State 4-H Youth Development Program Head or designee shall review the appeal statement, any written response from the decision maker, and may review other relevant information. The Head shall send a written decision to the appellant and the 4-H staff member who made the initial decision, and the 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.

Member Printed Name:

Signature of Member:

Printed Name of Parent/Guardian:

Signature of Parent/Guardian:

Date:



Member Name: _____
First Name Last Name Middle Initial Preferred Name (if needed)

Birth Date: ____/____/____

HEALTH HISTORY

The following information should be completed by the parent/guardian, or adult. The intent of this information is to provide NC 4-H the background to provide appropriate care and to assist health care personnel in the case of an emergency. Any changes to this form should be provided to NC 4-H. The 4-H Health History form is **required annually**. Provide complete information so that the NC 4-H can be aware of your needs.

Note: Youth who register to attend a "Residential 4-H Camp" must have a health exam completed by an approved licensed medical personnel within 24 months of camp participation and submit the completed "Health Care Recommendations by Licensed Medical Personnel for 4-H Camp Participants form."

EXPOSURE: Has the participant previously had:

Chicken Pox: Yes No Measles: Yes No Tuberculosis: Yes No

List Any Other Infectious Exposure (if yes, provide details): Yes No

VACCINATIONS

Date of last Flu Shot: _____ Date of last Tetanus Shot: _____

CARE: Please complete this section with the participant's medial and dental physician information. *This information will only be utilized if there is a medical / dental emergency.

Primary Physician Name: _____ Primary Physician Phone: _(____)_____

Clinic Address: _____

Dentist Name: _____ Dentist Phone: _(____)_____

REMARKS: List any adaptations needed due to a disability (explain "yes" answers). Yes No

HISTORY: Does this participant's medial history include any of the following (explain "yes" answers):

Acute Chronic Illness: Yes No Concussions: Yes No Activity Restrictions / Limitations: Yes No
 Had a recent injury, illness or infectious disease : Yes No Ever been hospitalized or had surgery: Yes No

HEALTH INSURANCE: The 4-H program purchases 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:

Company Name: _____ **Policy / Group Number:** _____

CONDITIONS: Has or does the participant:

Have ADD-ADHD? Yes No

Have Anxiety? Yes No

Have Arthritis? Yes No

Have Asperger's? Yes No

Have Asthma? Yes No

Ever had an Auto-Immune Disease? Yes No

Ever had back problems? Yes No

Ever had Chest Pain During or After Exercise? Yes No

Ever had Joint problems? Yes No

Ever had Convulsion or Seizures? Yes No

Have Diabetes? Yes No

Ever had Dizziness During or After Exercise? Yes No

Ever had Frequent Infections? Yes No

Ever had an Eating Disorder? Yes No

Have a history of Bed Wetting? Yes No

Ever Been Dizzy / Passed Out During or After Exercise? Yes No

Have Frequent Headaches? Yes No

Ever had a Head Injury? Yes No

Ever been diagnosed with a Heart Murmur? Yes No

Had Hepatitis A, B or C? Yes No

Have Hypertension? Yes No

Had Mononucleosis in the past 12 months? Yes No

Had Mumps? Yes No

Ever had a Nervous Disorder? Yes No

Have frequent Nose Bleeds? Yes No

Sleep Walk? Yes No

Ever had a Mental Disorder? Yes No

Have Migraines? Yes No

Have Skin Problems? Yes No

Have Stomach Problems? Yes No

List any Program Activity Restrictions or Limitations (e.g. what cannot be done, what adaptations or limitations are necessary).

Yes No Explain "yes" answers.

DEVICES:

Wear Contact Lenses? Yes No

Epi-Pen (provide details)? Yes No

Wear Glasses or Protective Eye-Wear? Yes No

Hearing Aid? Yes No

Inhaler (provide details)? Yes No

List Any Other Devices (provide details)? Yes No

ALLERGIES: Please list known allergies here:

Aspirin Yes No

Insect Stings Yes No

Dairy Yes No

Eggs Yes No

Gluten Yes No

Nuts Yes No

Peanuts Yes No

Penicillin Yes No

Shellfish Yes No

Soy Yes No

Sulfa Yes No

Sunscreen Yes No

Tetanus Vaccine Yes No

Wheat Yes No

List any additional allergies here: Yes No

List any other Dietary Considerations here: Yes No

AUTHORIZED MEDICATIONS: The following over-the-counter, non-prescription, medications can be administered to my child, without contacting me.

Acetaminophen Yes No

Antacid Yes No

Antibiotic Ointment Yes No

Antihistamine Yes No

Aspirin Yes No

Ibuprofen Yes No

Imodium Yes No

Insect Bite /Sting Medication Yes No

Insect Repellant Yes No

Pepto Bismol Yes No

Sunscreen Yes No

MEDICAL RELEASE

This health history 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 North Carolina 4-H Youth Development Program to administer authorized / 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 the North Carolina 4-H Youth Development Program to arrange necessary related transportation for the person herein described.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by North Carolina 4-H Youth Development Program to secure and administer treatment including hospitalization, for the person herein described. This completed form may be photocopied for trips out of county or state.

Member Name: _____

Parent / Guardian Name: _____

Yes, I consent

No, I do NOT consent

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 _____

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

I examined this individual 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 _____	

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 _____