



Escambia County 4-H Camp Timpoochee Registration Form June 4-8, 2018



Name: _____ Sex: ☐ Male ☐ Female
Address: _____ County: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell Phone: _____
Email: _____ Age: _____ Birthdate: _____

Choose one t-shirt size:

Adult Size T-shirt: S M L XL XXL OR **Youth Size T-shirt:** M L XL

Emergency Contact Information:

Primary Contact: _____ Phone: _____
Secondary Contact: _____ Phone: _____

Camp Costs:

Camp fees are **\$125.00** for campers and include lodging, bus transportation, meals, and all activities.

\$50 non-refundable deposit must be included with this form to hold a camp spot.

Remaining camp fees are due May 18, 2018.

Make checks payable to Escambia County 4-H Foundation (Put the camper's name in the memo on the check).

Please note the following:

Cell phones, MP3's, IPODs, Gameboys, and other electronics are not allowed at camp. Neither the county nor the camp is responsible for lost, stolen or damaged items.

Registration Packet will be sent out once camp spot is reserved. This will include all forms needed for attendance (health form, medication form, code of conduct agreement, electronic device policy agreement, etc.), and information sheets.

For More Information Contact:

Escambia County 4-H
Phone: 850-475-5230
Email: besteveez@ufl.edu

4-H Office use only

_____ Registration Form

_____ \$50 Deposit

Last Name: _____ First Name: _____ County: _____ Age: _____

Florida 4-H Camping Official Authorizations

Cell Phone Policy: I know in this technological age it is difficult for youth to not be in contact via cell phone. Camp is a unique environment. We are trying to help youth develop life skills at camp including independence and self-reliance. Campers are not allowed to bring cell phones or any other electronic devices to camp. If a cell phone is brought with a camper it will be held by the County Agent until they return to the county office. I understand that my camper maybe contacted by calling the office of the 4-H Camp my child is attending or by contacting their county agent directly while at camp.

Yes ☐ No ☐ Participant: I have read the cell phone policy above and agree to live up to the expectations. I realize my failure to do so could result in a loss of privileges during the event and in the future.

Yes ☐ No ☐ Verification by Parent/Guardian: By checking the box I understand and agree to the cell phone policy above. Checking the box is considered a Parent/Guardian Signature.

Graffiti Policy: Graffiti is defined as words or images that are written, scratched, painted or sprayed on walls or surfaces. Campers are not allowed to defame or deface **ANY** camp property. Campers/County will be held responsible for any and all graffiti and may be subject to any costs associated with the cleanup and/or repair of said graffiti.

Special Dietary Needs:

In the space provided please list all **food allergies** for the person listed above and any necessary precautions that should be taken:

In the space provided indicate any **food restrictions (non-allergy)** for the person listed above and food substitutes that may be considered:

Cabin Assignments: Please indicate the name of a friend going to camp that you would like to be in the cabin with (1 person of the same sex). We will do our best to accommodate your request. Please understand that we group campers in cabins based on age and your camper's choice must be within two years of your camper's age in order to be considered.

NAME OF FRIEND GOING TO CAMP: _____

Camp Release

This authorization form must be completed in full for someone other than the signing parent(s) to pick up a child from camp. Persons leaving camp will be required to check out and show their license or other picture ID as proof of identification. If a teen drives themselves or other friends be sure to list the teen driver as an authorized release person.

X

Signature of Parent or Legal Guardian Date _____

Signature of 2nd Parent or Legal Guardian Date _____

* If married, or divorced but having joint custody of the youth, both parents must sign. If divorced and having sole custody of the youth, only that parent with sole custody needs to sign.

Member Signature: _____ **Date:** _____

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



Florida 4-H Camp Participation Form for Youth and Adults

Directions: This form, along with a Florida 4-H Youth Enrollment Form, must be completed by a parent or legal guardian in order for a youth to participate in the Florida 4-H Program. All items must be completed. Even if the response is not applicable – indicate by using N/A. Failure to complete this form in its entirety will result in the person being ineligible to participate in 4-H activities. Adult participants must also complete this form to volunteer with and/or participate in Florida 4-H.

Name: _____ Birthdate: ____/____/____ Youth's Age (As of June 1, 2018): ____ Male or Female: ____
Last First

Home Address: _____ 4-H County/District _____

City, ST, Zip: _____ Home Phone (_____) _____

Name of Parent/Guardian or Emergency Contact: _____ Relationship to Participant: _____

Emergency Contact Primary Phone (_____) _____

Name of Family Doctor: _____ Doctor's Office Phone: (_____) _____

Health Insurance Company: _____ Policy #: _____

Name of Insured: _____ Relationship to Participant: _____

HEALTH FORM

Does the participant have, or at any time had, any of the following? Check "Yes" or "No" to each item. Please explain any "Yes" answers (noting the # of the item) in the space below or on an additional sheet of paper if necessary. Reporting conditions will not prevent a person from attending and will be kept confidential.

Conditions	Yes	No
1) Asthma		
2) Bronchitis		
3) Convulsions		
4) Diabetes		
5) Ear Infection		
6) Fainting		
7) Heart Condition		
8) Headaches		
9) Hypoglycemia		
10) Serious Insect Stings		
11) Wear Glasses		

Conditions	Yes	No
12) Wear Contact Lenses		
13) Penicillin Allergy		
14) Aspirin Allergy		
15) Tetanus Allergy		
16) Other Drug Allergies		
17) Food Allergies		
18) Serious Ivy, Oak, or Sumac		
19) Sunscreen Allergies		
20) Other Allergies		
21) Other Health Conditions		

The following over-the-counter medications may be administered to my child, without contacting me. Check all that apply.

- ☐ Antihistamine
- ☐ Antacid
- ☐ Ibuprofen (Advil)
- ☐ Acetaminophen (Tylenol)
- ☐ Hydrocortisone
- ☐ Decongestant
- ☐ Dramamine
- ☐ Polysporin (topical antibiotics)
- ☐ Aloe Vera Gel for Sunburn
- ☐ Please contact me for permission to administer ANY over-the counter medications.

Date of Last Tetanus Shot ____/____/____

Please explain "Yes" answers and provide information on recent medical issues (including injuries and surgeries), allergic reactions, special dietary regulations, present medications, any specific activities to be restricted and

other comments.

Does the participant use an inhaler and/or an EpiPen? ☐ Yes ☐ No **If yes, mark which is used:** ☐ Inhaler ☐ EpiPen

Disabilities: If the participant requires accommodations for a disability to participate in 4-H programs, please provide information about the disability.

Special Needs: If the participant requires accommodations for special needs to participate in 4-H programs, please provide information about the special needs.

Medical Consents

First Aid Consent: I give UF/IFAS Extension Florida 4-H my consent and permission to render general first aid treatment to my child or myself for any injuries or illnesses occurring during any Florida 4-H activity. I understand that if a medical emergency arises, Florida 4-H will contact emergency medical personnel [911] for assistance.

Medication Consent: I authorize Florida 4-H to administer medication (over the counter and/or prescribed) to my child as specified in the physician's written instructions or instructions on packaging. **I understand that if my child needs medication to be administered while attending a Florida 4-H activity, I MUST complete the Florida 4-H Medication Form in addition to signing this consent.**

____ (Initials) ☐ Yes ☐ No I understand and agree to the Medical Consents. I am a Parent/Guardian or Adult Participant. * *

Consent is required to participate in Florida 4-H.

4-H Participation Form for Youth and Adults: Authorizations

Florida 4-H Code of Conduct for Youth and Adults: As a participant in 4-H at the local, state, or national level, I have the responsibility of representing the UF/IFAS Extension 4-H Youth Development Program to the public. Therefore, I am expected to conduct myself in a manner that will bring honor to me, my family, my community, and 4-H. To do that, I must abide by the following rules:

- (1) Obey local, state, and federal laws. Follow county, district, state and/or national 4-H policies. Abide by any special rules for a 4-H event or activity.
- (2) Speak and act in a responsible, courteous, and respectful way. Harassment, threats or bullying of any type is prohibited.
- (3) Act responsibly to maintain a safe environment for all participants. Acting in a manner that could endanger the health, safety or welfare of yourself or others is prohibited. Report threats to the well-being of any participant immediately to the adult in charge.
- (4) Possession or use of tobacco, alcohol, or illegal drugs is prohibited. Possession or use of approved medications by youth during a 4-H function must be reported to the adult in charge and must not be accessible to other participants.
- (5) Possession or use of weapons or other dangerous objects is prohibited, except when required as part of an approved educational program. Weapons are defined to include, but are not limited to, guns, knives and incendiary or explosive devices of any kind.
- (6) Respect all property, facilities, equipment, and vehicles. I will be responsible for any damage or other consequences resulting from my behavior.
- (7) Participate fully in 4-H functions. Be in the assigned program areas (example—dorms, cabins, programs, etc.) on time. If I am unable to attend or participate, I will tell the adult in charge. Help others have a pleasant experience by making every attempt to include all participants in activities.
- (8) Dress appropriately for each 4-H function.
- (9) Use of any mobile electronic device during a scheduled 4-H activity is prohibited unless activity-specific rules otherwise allow. When permitted, they should be used only in a manner that is consistent with the approved activity and not discourteous or disruptive.
- (10) The belongings of youth participants, including but not limited to bags, purses, computers, other electronic devices, lockers and vehicles, are subject to search and seizure by 4-H faculty/staff, and in some instances a volunteer designee, upon reasonable suspicion that a prohibited and/or illegally possessed substance or object is contained within that area. (If an adult is suspected, this will be handled by law enforcement.)

Youth or Adult Agreement: _____ (Initials) ☐ Yes ☐ No I have read the Florida 4-H Code of Conduct above and agree to abide by it in its entirety. I realize my failure to do so could result in a loss of privileges during a 4-H event and in the future; including but not limited to suspension or termination of 4H membership or volunteer service.**

Parent/Guardian Agreement: _____ (Initials) ☐ Yes ☐ No I understand and agree to the Florida 4-H Code of Conduct above. **

General Release: In consideration for my and/or my child's participation in Florida 4-H, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Florida 4-H, the Florida 4-H Club Foundation, Inc., UF IFAS Extension, the University of Florida, the University of Florida Board of Trustees, and their respective employees, agents, representatives and volunteers (hereinafter referred to as "RELEASEES") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise, while participating in a Florida 4-H activity or while in, on or upon the premises where a Florida 4-H activity is being conducted.

I am fully aware of the risks and potential hazards connected with participating in Florida 4-H activities and programs and I hereby elect to voluntarily participate and engage in such activities knowing that these activities may be hazardous to me, my child and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, that may be sustained by myself, my child, or any loss or damage to property owned by me, as a result of engaging in such activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.

_____ (Initials) ☐ Yes ☐ No I understand and agree to the General Release. I am a Parent/Guardian or Adult Participant. **

Transportation Policy: I understand that all volunteers and/or parents who transport Florida 4-H participants as a part of any 4-H activity are required to be 18 years or older, possess a valid driver's license with a safe driving record and automobile insurance, and otherwise comply with state and local laws. Additionally, Florida 4H requires that drivers utilize a transport vehicle that is in good repair and working order. I understand that transportation to and from many Florida 4-H activities, not a part of the activity, is the responsibility of the participant and his/her family. Florida 4-H has no ownership or control over any privately owned vehicles and relies on the drivers' compliance to 4-H policies and procedures.

_____ (Initials) ☐ Yes ☐ No I understand and agree to the Transportation Policy. I am a Parent/Guardian or Adult Participant. **

Publicity Release: I authorize UF/IFAS Extension and the Florida 4-H Club Foundation, Inc. or their assignees to record and photograph my image and/or voice (or that of my child if under 18) for use in research, educational and promotional programs. I also recognize that these audio, video and image recordings are the property of UF IFAS Extension and the Florida 4-H Club Foundation.

_____ (Initials) ☐ Yes ☐ No I authorize use of my—or my child's individual image and voice. I am a Parent/Guardian or Adult Participant ***

Survey & Evaluation Release: I hereby establish my willingness to participate as an adult (i.e. 4-H leader, other volunteer, parent/ guardian, site manager, etc.) and give permission for my child (under 18 years of age) to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program. I understand that participation in surveys and evaluations is voluntary and that my child and I may choose not to participate and may withdraw from surveys and evaluations without impact on my or my child's eligibility to participate in the 4-H program. I understand that my child or I may be asked for consent before completing a survey or an evaluation.

_____ (Initials) ☐ Yes ☐ No I am willing to participate—or give permission for my child to participate—in any program evaluation. I am a Parent/Guardian or Adult Participant ***

**Consent is required. Marking "No" for the Code of Conduct, General Release and Transportation Policy will prevent the individual from participating in Florida 4-H.

***Consent is not required to participate in Florida 4-H.

Youth or Adult Member Signature : _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



Florida 4-H Medication Form

Youth Name: _____

4-H County: _____

Directions for Parents and Guardians: Please complete this form for any medication your child will be taking while attending any 4-H activity, including non-prescription drugs, lotions, inhalers or any other items. This form **must** accompany your child's medication for the activity. Any medication not meeting the following requirements will not be allowed at a Florida 4-H activity.

All prescription medications **MUST**:

- Be in the original container with a prescription label
- Be properly labeled with the youth's name, dosage, & frequency
- Have directions that match what is prescribed ☐ Have the doctor's name and prescription number
- Not be expired
- Sample medications must have a written prescription from doctor

Special consideration for inhalers and/or Epinephrine ("EpiPen"):

- The inhalers and/or EpiPens should be in their prescription box with their prescription label. ☐ If you've thrown out the box, your pharmacy can print you a label to bring, but it must match the medication and still be in date.
- We **cannot** accept expired inhalers or EpiPens.

All over the counter medications (includes ear drops/swim ear, allergy meds, pain relievers, vitamins etc.) **MUST**: ☐

Be in the original container

- Marked with youth's name
- Not be expired

I request that a person designated by Florida 4-H give my child, _____ the following medication:

1) Name of medication: _____

Amount to be given: _____

Time of day to be given: _____

Directions, if to be given "as needed": _____

Dates medication is to be given: From ____/____/____ To ____/____/____

Prescribing doctor's name: _____

Illness or condition prescribed for: _____

If inhaler or EpiPen, does the youth have to carry on-person and self-medicate? Yes
_____ or **No** _____

I agree to furnish Florida 4-H with the medication(s) listed on this form per the guidelines above. I further understand that Florida 4-H's designated person will administer the medicine to my child in good faith, at request. I certify that I have signed the Florida 4-H Medication Consent provision in addition to this form.

Parent/Guardian

Signature Date

If you are sending more than one medication for your child, please complete the second page of this form. 

Additional Medications**2) Name of medication:** _____**Amount to be given:** _____**Time of day to be given:** _____**Directions, if to be given “as needed”:** _____**Dates medication is to be given:** From ____/____/____ To ____/____/____**Prescribing doctor’s name:** _____**Illness or condition prescribed for:** _____**If inhaler or EpiPen, does the youth have to carry on-person and self-medicate? Yes**
_____ or **No**_____**3) Name of medication:** _____**Amount to be given:** _____**Time of day to be given:** _____**Directions, if to be given “as needed”:** _____**Dates medication is to be given:** From ____/____/____ To ____/____/____**Prescribing doctor’s name:** _____**Illness or condition prescribed for:** _____**If inhaler or EpiPen, does the youth have to carry on-person and self-medicate? Yes**
_____ or **No**_____**4) Name of medication:** _____**Amount to be given:** _____**Time of day to be given:** _____**Directions, if to be given “as needed”:** _____**Dates medication is to be given:** From ____/____/____ To ____/____/____**Prescribing doctor’s name:** _____**Illness or condition prescribed for:** _____**If inhaler or EpiPen, does the youth have to carry on-person and self-medicate? Yes**
_____ or **No**_____

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

[illegible]

Write only one case number in this space

Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

	How often?			
	Weekly	Bi-Weekly	2x Month	Monthly
Child income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

[illegible]

Not sure what income to include here?

Flip the page and carefully review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available)	Apt #	City	State	Zip	Daytime Phone and Email (optional)
Printed name of adult completing the form					Today's date

SUMMER FOOD SERVICE PROGRAM

Prototype Household Application for Free and Reduced Price Summer Meals

Apply online at www.abccdefgh.edu

INSTRUCTIONS

Sources of Income

Source of Income for Children	
Sources of Child Income	Example(s)
- Earning from work	- A child has a job where they earn a salary or wages
- Social Security - Disability Payments - Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives social security benefits
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money
- Income from any other source	- A child receives income from a private pension fund, annuity, or trust

OPTIONAL

Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino
Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Program on Food Distribution Program on Indian Reservations (FDPRI) case number or other FDPRI identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs, are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Source of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (farm or business) - Strike benefits If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits	- Social Security (including railroad retirement and black lung benefits) - Private Pensions or disability - Income from trusts and estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotype, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
fax: (202) 690-7442, or
email: program.intake@usda.gov
This institution is an equal opportunity provider.

Do not fill out

For School Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income

How often?
☐ Weekly ☐ Bi-Weekly ☐ 2x Month ☐ Monthly

Household size

Categorical Eligibility ☐

Eligibility:
☐ Free ☐ Reduced ☐ Denied

Determining Official's Signature

Date

Confirming Official's Signature

Date

Verifying Official's Signature

Date