

2009 NJ 4-H Teen Leadership Camp



Sponsored by NJ 4-H State Teen Action
Council & NJ Speak Out for Military Kids

Who: 4-H and Military Youth, grades 6 – 12
(*Grade you just finished*)
Middle School and High School Track
Adult and Collegiate facilitators



What: Leadership, teambuilding, swimming,
hiking, boating and more....all set in a
beautiful outdoor environment.

Where: Monmouth County Park System – Nomoco
Family
Campground (tent camping) - Freehold, NJ

When: 5:00pm Friday, August 21 to
10:00am Sunday, August 23, 2009



Required: Registration form below plus a 4-H Event Permission
Form (attached) and Health form.

Come ready to explore outdoor adventures, participate in building life
skills and best of all, make new friends!

You will receive a confirmation letter with directions once you have registered.

REGISTRATION FORM – NJ 4-H TEEN LEADERSHIP CAMP – AUG. 09

For questions, contact Macy Compton at 732-932-5000, x598

Name _____ County _____

Phone _____ Cell _____

Address _____

Town _____ Zip _____ Email _____

Organization _____ Grade 08/09 _____

Return with health and permission forms by August 14th, 2009 to:

Macy Compton

Rutgers Cooperative Extension, 4-H

329 Martin Hall, 88 Lipman Dr., New Brunswick, NJ 08901

2009 NJ 4-H Teen Leadership Camp

Health Information and Consent for Emergency Treatment

Last Name _____ Birth Date _____ Gender M ___ F ___
 Street Address _____
 City _____ State _____ ZIP _____
 Insurance Company: _____
 Policy Number: _____
 In Case of Emergency Notify: _____
 Phone: home () _____ youth cell () _____
 Parent cell: () _____

Circle Relationship to Participant: Parent Guardian Other _____
 Family Physician or Clinic: _____
 Phone: () _____
 Date of Last Tetanus Shot: _____

CONDITION **YES** **NO**

	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, hernia, recent fractures, 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?.....		
16. Do you have any special dietary needs?.....		
17. Do you have any limiting physical conditions?.....		

Explanations: (use other side, if necessary)

I am of the opinion that _____ can participate in the Leadership Camp.
 I further 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 at the camp, permission is
 given for physicians to perform needed treatment.

Signature of Parent/Guardian _____ Date _____

Both sides of this form must be completed by all youth participating in overnight activities, field trips, events requiring group transportation, and any other events sponsored through the 4-H Youth Development Program where it is deemed necessary by the adults (paid 4-H staff and/or registered 4-H volunteer leaders) responsible for the youth participants. The form should be submitted prior to the event and kept by the chaperone for at least 90 days after the event. The form has five parts: (1) information about the participant and activity, (2) parental permission and liability release, (3) medical emergency authorization and health information, and (4) behavior agreement and (5) media policy. *Be sure to complete all five parts and sign where requested!*

Information about the Youth Participant and Activity

Name of youth participant: _____ Birthdate: _____

Address: _____

Telephone number: _____ 4-H county: _____ Grade: _____

Name of parent/guardian: _____

Name of activity/event: _____

Name of 4-H group sponsoring or participating in this event: _____

Location of event: _____

Date and time of participation of individual named above: _____

Parent Permission and Release of Liability

I hereby give my son/daughter named above permission to participate in the event listed. Although Rutgers Cooperative Extension and its chaperones will use the utmost precaution in guarding the health of the above participant and preventing accidents, I release them from any liability in case of illness or injury as a result of this activity. Furthermore, I release the owner and driver of the car transporting my child to and from the event, from any liability in case of illness or injury.

Signature of parent or guardian: _____

Medical Emergency Authorization and Health Information

I authorize the 4-H chaperone(s) to dispense the prescription drugs and/or over the counter medications listed below in accordance with the instructions provided on the label (prescription drugs) or below (over-the-counter medications). In case of sudden illness or an accident to the above named participant requiring immediate treatment or surgery while he/she is a participant in this activity, I authorize the 4-H chaperone(s) to take such action as seems appropriate to protect the health and physical well-being of the above participant. This authority extends to any physician(s) and/or surgeon(s) selected by the chaperone(s) to perform medical and/or surgical procedures including examinations and tests necessary to preserve the health and physical well-being of the above named participant. All efforts will be made to contact the parent(s) or guardian(s) in case of emergency.

Name of parent/guardian	Phone number	Name of additional emergency contact	Phone number
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The following information is provided as an aid to the chaperone(s) in dealing with the well-being of the participant. The participant has the following health conditions: (include allergies, handicaps, diabetes, pregnancy, asthma, medications needed, etc.).

Health conditions: _____

Medications/Instructions: _____

Health Insurance: Company _____

Group# _____

ID# _____

Signature of parent or guardian

- Continued on other side -



Behavior Agreement

The 4-H Code of Conduct outlined below is in effect for all youth activities involving Rutgers Cooperative Extension and the Department of 4-H Youth Development. It applies to all participants in 4-H activities, with participants defined as 4-H members of any age or grade, all other registered youth and adults, and all other individuals who take part and/or attend 4-H events.

Participants who fail to adhere to the 4-H Code of Conduct may be subject to a range of disciplinary actions. Immediate corrective action will be taken to ensure the safety and welfare of all participants at the event. Additional disciplinary action may be taken upon further investigation of the infraction or incident. Participants in county events shall be subject to policies developed at the county level. Participants in state and national events shall be subject to the policy and process outlined in the "4-H Event and Activities Disciplinary Policy," which can be found at www.nj4h.rutgers.edu/policies.

If an individual continually disrupts the group or engages in illegal behavior, he or she will be given an opportunity to discuss the problem with the chaperones before more drastic action is taken. If, after discussion, the behavior continues, or in the opinion of the chaperones it would be detrimental for the individual to continue with the group, he or she will be sent home **at the participant's expense**.

4-H Code of Conduct

1. The health, safety, and welfare of others must be respected at all times.
2. Appropriate language and behavior are expected at all times. Profanity, foul or abusive language, inflammatory statements, derogatory comments, or physical altercations toward any group or individual are not permitted.
3. Participants are expected to be present and participate at all scheduled program activities. Participants are required to wear nametags when dispensed.
4. All participants are expected to be on the site of the event at all times. Unauthorized use of vehicles during an event is prohibited.
5. Participants are responsible for following the instructions of all 4-H staff and event chaperones.
6. All behavior or language of a sexual nature at 4-H events is inappropriate and unacceptable. Dignified and respectable behavior is expected at all times.
7. Curfew hours must be strictly followed.
8. Behavior during unscheduled free time is subject to the supervision of 4-H staff and chaperones.
9. Dress code standards previously set for the event must be met by all participants (i.e., no sexually suggestive, culturally insensitive, tobacco or alcohol industry sponsored shirts, inappropriately cut shirts, shorts, pants or skirts, etc.).
10. Possession, distribution, or use of alcoholic beverages or illegal drugs is prohibited. Prescription drugs and over-the-counter medications may be dispensed by adult chaperones only with written authorization provided by the parent/guardian on the 4-H Event Permission Form for Youth filed for the event.
11. With the concern for the well being of self and others, smoking and the use of other tobacco products is prohibited.
12. Care and respect for property, personal and institutional, is expected at all times. Theft, possession of missing property or damage to property is prohibited.
13. Unauthorized possession, distribution or use of weapons, ammunition or fireworks is prohibited.
14. Honesty is expected at all times from 4-H members. Dishonesty, cheating, plagiarism and forgery are inappropriate actions.

I HAVE READ the **Behavior Agreement** and **4-H Code of Conduct** above and discussed it with my son/daughter. I understand and agree to the conditions set forth. I accept the cost and responsibility of having my son/daughter returned in the event it is necessary.

Signature of participant in event

Date

Signature of parent or guardian

Date

New Jersey 4-H Media Policy and Release:

The 4-H program routinely promotes activities through various media. This includes, but is not limited to newsletters, newspapers, brochures, and displays. In doing so, the names and photos of members may be included to help tell the 4-H story. However, New Jersey 4-H policy is that on web sites, youth in photos will not be identified by name(s).

- No, do not use my individual picture for any purpose.** I will make an effort to avoid opportunities to be in group photos.
- No, do not use my name for any purpose.**

By Keith Diem, Ph.D., 1990. Revised by Rita Natale Saathoff, 2003. Revised by Annette Devitt, 2004.

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N.J. AGRICULTURAL EXPERIMENT STATION
RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY
NEW BRUNSWICK**

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