



2009 4-H Camp Shehaqua Registration Form

Please complete this form and send with full payment, your child's health form, and a small photo of your child to:

Helaine Brown, 4-H Educator, Delaware County 4-H, 20 Paper Mill Rd, Springfield, PA 19064

Please make checks payable to Delaware County 4-H or you may pay by credit card. Payment in full must accompany registration unless prior arrangements are made. Camp registration will be accepted until May 22, or until camp is filled, on a first come, first serve basis. Confirmations and a packing list will be sent after June 10.

Charge the fee I have indicated to my credit card: _____

Cardholder's name (please print exactly as it appears on card) _____

Cardholder's signature _____

Credit Card (indicate one) ___ VISA ___ MasterCard Number: _____

Exp. Date (mo./yr.) _____ E-mail address (to send copy of charge receipt) _____

Credit card cannot be processed without signature and expiration date.

We _____ will _____ will not attend the New Camper Orientation on June 24.

Camper's Name _____ Birth date _____

Address _____

Age As of 1/1/08 _____ Sex _____ Race* _____ Present grade _____

* All of the information requested is required by law to document 4-H programs and to follow affirmative action guidelines. All information is kept strictly confidential.

This is my son/daughter's _____ year at 4-H Camp Shehaqua (1st, 2nd, 3rd, etc.)

Parents' Name(s) _____

Home Phone # _____ cell Phone # _____

Work # _____ E-mail address _____

(Please put a * next to the number you are most likely to be reached at in an emergency!)

Emergency Contact Person _____

Emergency Contact Phone# _____

PHOTO RELEASE

_____ I will allow photographs to be taken of my son/daughter that have the potential to be used in Penn State Cooperative Extension exhibits, published in local newspapers and in Penn State publications, or published on Penn State web sites or in other digital media.

_____ I will not allow photographs to be taken of my son/daughter for use by Penn State Cooperative Extension.

Name of 4-H Member (Print) _____

Signature of parent/guardian _____ Date _____

Penn State encourages persons with disabilities to participate in its programs and activities. If you anticipate needing any type of accommodation or have questions about the physical access provided, please contact Helaine Brown at (610) 690-2655 before sending in this form.

CODE AGREEMENT

My parent/guardian and I have read and discussed the PENNSYLVANIA 4-H YOUTH DEVELOPMENT PROGRAM BEHAVIORAL EXPECTATIONS and the PENNSYLVANIA 4-H CODE OF CONDUCT. I am aware that my actions and decisions affect me and others and may result in the loss of privileges during 4-H events and for future events. We agree that I will conduct myself in accordance with the intent of the Behavioral Expectations and the Code of Conduct. I will accept the appropriate and logical consequences of my actions if I fail to do so. Furthermore, if it is determined by the adults in charge that my behavior violated the code, I agree to place a collect call to my parents/guardian. If further action requires me to return home, my parents/guardian and I will arrange for transportation at my expense.

Signature of 4-H youth/participant _____ Date _____

Signature of parent or guardian _____ Date _____

I give permission for _____ (name of camper) to participate in the 4-H Camp Shehaqua general program, which may include group workshops and activities, crafts, swimming, volleyball, ropes course, hike to the public state park beach for a swim and picnic, archery and air rifle. Certified adult leaders supervise the ropes course, archery and air rifle activities.

I, the undersigned, individually and as parent(s) or guardian(s) of _____, a minor, ask that he/she be admitted to participate in this camp sponsored by The Pennsylvania State University. In consideration of such admission, I do hereby agree to release, discharge, and hold harmless The Pennsylvania State University, its officers, agents, and employees of and from all causes, liabilities, damages, claims or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the camp or in the course of competition and/or activities held in connection with the camp.

Parent/guardian signature _____ Date _____

Transportation Statement (please sign if/where applicable)

I hereby give permission for my son/daughter to be transported to this 4-H event by the Extension staff or designated adult.

Yes _____ No _____

In the event of alternate transportation due to a situation such as overcrowding, I hereby give permission for my son/daughter to be transported by a licensed driver under the age of 21. Yes _____ No _____

If your child is not riding on a bus to or from camp and home, or in the event of a situation arising that requires another adult to transport your child home, please specify who has permission to transport him/her.

Name of adult _____ Phone _____

Relationship to child _____

Signature of parent/guardian _____ Date _____

Transportation Statement - Parent Notification

In the event of a delay in your child's return home from camp (i.e., weather conditions, traffic delay, vehicle problems), the Camp Director will notify a representative of the County Extension Office who will immediately go to the pick-up point to alert parents of the delay or change of plans. The Camp Director will be notified by the bus chaperone, which is required for group transportation. If the Camp Director cannot be notified, the bus chaperone will call the contact person in the home county, and he/she will alert parents waiting at the pick-up point.

Parent/guardian signature _____ Date _____

Checklist for parents: Have you included your ___Health form ___Registration form ___Camper photo

Club: _____ County: _____ Name: _____

Pennsylvania 4-H and Youth Development

MEDICAL INFORMATION

Name: _____ Date of Birth: _____
Last First Middle

Home Address: _____ Home Phone: (_____) _____

IN CASE OF EMERGENCY CONTACT:

Name: _____ Home Phone:(_____) _____
Last First Middle

Address: _____ Office Phone: (_____) _____
_____ Other: (_____) _____

Name: _____ Home Phone:(_____) _____
Last First Middle

Address: _____ Office Phone: (_____) _____
_____ Other: (_____) _____

HEALTH INFORMATION: (Please state the facts in connection with the following)

Describe any condition requiring medication as a treatment: _____

List any allergies and your child's reaction (Ex: penicillin/rash; peanuts/swelling-requires epi-pen)

To medications: _____

To foods: _____

To environment (i.e. stings, dust, pollen, grass, animals): _____

Any surgery in the past year? _____ If yes, please state nature: _____

Name of Family Physician: _____ Phone: (_____) _____

Indicate health history information below. A check means yes. Please explain any checks in the space provided.

- | | |
|--|--|
| <input type="checkbox"/> Respiratory problems-Asthma, Tuberculosis, persistent cough, etc. | <input type="checkbox"/> Skin diseases |
| <input type="checkbox"/> Heart problems-high or low blood pressure, Rheumatic Fever, etc. | <input type="checkbox"/> Emotional or mental disorders |
| <input type="checkbox"/> Stomach or intestinal problems-ulcers, jaundice, hernia, colitis, indigestion, etc. | <input type="checkbox"/> Recent exposure to a contagious disease |
| <input type="checkbox"/> Eye, Ear, Nose, Throat-Hay fever, ear infections, impaired sight or hearing | <input type="checkbox"/> Currently under a doctor's care |
| <input type="checkbox"/> Nervous disorders-convulsions, epilepsy, dizziness, etc. | <input type="checkbox"/> Physical limitations |
| | <input type="checkbox"/> Kidney, gall bladder or liver disease |
| | <input type="checkbox"/> Diabetes or hypoglycemia |
| | <input type="checkbox"/> Muscular/Skeletal-arthritis, recent fractures |
- Approximate date of last physical: _____

Please explain any checks: _____

Club: _____ County: _____ Name: _____

IMMUNIZATION INFORMATION:

Diphtheria: _____ Pertussis: _____ Poliomyelitis: _____ MMR: _____

Other(s): Date (required) of last Tetanus injection: _____

RECOMMENDATIONS AND RESTRICTIONS

Any treatment to be continued _____

Any medically prescribed meal plan or dietary restrictions _____

Is there any other information that staff need to know about your child? _____

List any special accommodations that are needed in order to participate in the program: _____

PARENTAL AUTHORIZATION FOR EMERGENCY MEDICAL CARE ONLY
MUST BE SIGNED BY PARENT/GUARDIAN

If medical information changes I agree to notify the Extension Office. I hereby authorize you, in the event of an emergency, that is, when you are unable to reach me for authorization or when circumstances require immediate action, to proceed according to good medical practice with treatment of my daughter/son. Also, I authorize the hospital attending physician, or other health care specialist administering the treatment to release pertinent information to the insurance company assuming coverage for the same. **I understand that follow-up care is my responsibility, and I may be required to pick up my child from the emergency room.**

Parent's/Guardian's Signature Print Name Date

Insurance Company Name: _____ Policy Number: _____

Insurance Company Address _____

Insurance Company Phone Number: _____ Subscriber Name: _____

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Note: Some hospitals may require that this form be notarized in order for them to accept the parent's or guardian's signature. Please check with the hospital in your area or where your event will be held.

The Pennsylvania State University is committed to the policy that all persons shall have equal access to programs, facilities, admission, and employment without regard to personal characteristics not related to ability, performance, or qualifications as determined by University policy or by state or federal authorities. The Pennsylvania State University does not discriminate against any person because of age, ancestry, color, disability or handicap, national origin, race, religious creed, sex, sexual orientation, gender identity, or veteran status. Direct all inquiries regarding the nondiscrimination policy to the Affirmative Action Director, The Pennsylvania State University, 328 Boucke Building, University Park, PA 16802-2801; tel. (814) 865-4700/V; (814) 863-1150/TTY.