

Clemson Extension



4-H2O

Exploring Lake Murray

Discover the treasures of Lake Murray!

Learn the history of Lake Murray, find out what a watershed is, study water pollution and get up close and personal with fish and aquatic critters. We will tour the lake on pontoon boats, swim, learn to fish, and go wild about water!

www.clemson.edu/extension/4H2O



To register, fill out and detach the form below. Please complete and sign all pages of the 4-H registration packet. Send all forms and payment to the address below.

Who:

Youth ages 10- 12 years

When:

June 9 - 13, 2014

8:30 am - 4:30 pm daily

Where:

SCE&G Recreation Area at Lake Murray, SC

Details:

Early Tuition: \$100.^{00*}

Class limited to 20 students.

Registration is on a first come first served basis.

Pre-registration is required.

*Early Bird Tuition: \$100 if received prior to May 26. \$120 if received after May 26.

For more information:

Contact Mary Caflisch

(803) 865-1216 ext. 122

mnevins@clemson.edu

605 West Main Street Suite 109
Lexington, S.C. 29072



4-H2O Exploring Lake Murray, June 9-13, 2014

Camper's Name: _____

Parent's Name: _____

Phone: (____) _____ - _____ Email: _____

(Please provide your email address to receive registration confirmation and additional information.)

T-Shirt Size: (circle one) Youth / Adult (circle one) Small / Medium / Large / X-Large

Mail registration to:
Lexington County Extension Office
605 West Main Street Suite 109
Lexington, S.C. 29072

**Make checks payable to
Clemson University**

Clemson University offers its programs to people of all ages, regardless of race, color, sex, religion, national origin, disability, political beliefs, sexual orientation, marital or family status and is an equal opportunity employer. Should you require accommodations due to a disability, please notify our office ten days prior to the event.



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, (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 _____ Birthdate _____
Address _____
City _____ State _____ Zip Code _____
Telephone number () _____ 4-H County _____ Grade _____
Parent/Guardian _____
Name of activity/event _____
Name of 4-H group sponsoring or participating in this event _____
Location of event _____ Date of event _____

Parent/Guardian Permission and Release of Liability

I hereby give permission to the youth named above to participate in the event listed. Although Clemson University Cooperative Extension Service 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/guardian: _____ Date: _____

Photography Consent Form/Model Release for Minors

I, (printed name) _____, parent or official guardian of (child's name) _____ hereby grant permission to Clemson University, its employees or representatives, to take and use: photographs, videotape and/or digital images of **my child** for use in promotional or educational materials as follows: printed publications or materials, electronic publications or presentations, websites. I agree that my child's name and identity:

- May be revealed
- May **NOT BE** revealed

in descriptive text or commentary in connection with the image(s). I authorize the use of these images indefinitely without compensation to me. All negatives, positives, prints, digital reproductions and videotape shall be the property of Clemson University.

Signature of parent/guardian: _____ Date: _____



INSTRUCTIONS: Please provide health information for determining appropriate supervision, support and accommodations for the 4-H activity or event listed. **A parent or guardian must sign.** If the participant is a person with a disability and desires any assistive devices, services or accommodations to participate in this activity, please contact your local Extension office during business hours at least 7 days prior to the event to discuss accommodations. **PLEASE PRINT ALL INFORMATION.** (Note: Both pages of this form must be completed.)

<i>Office Use Only</i>
Unit: _____
Date Received: _____

NAME OF 4-H ACTIVITY/EVENT: _____
 DATE(S) OF EVENT: _____ LOCATION: _____

PARTICIPANT IDENTIFICATION

NAME: _____ SOCIAL SECURITY #: _____
Last First Middle (Optional – may be necessary in the event of hospitalization.)

HOME ADDRESS: _____ HOME PHONE: (____) _____

CITY: _____ STATE: _____ ZIP: _____ HOME EMAIL: _____

AGE: _____ BIRTHDATE: _____ FEMALE: _____ MALE: _____

PARENT/GUARDIAN IDENTIFICATION

FATHER’S NAME (OR GUARDIAN): _____

FATHER’S PHONES: WORK: (____) _____ HOME: (____) _____ OTHER: (____) _____

MOTHER’S NAME (OR GUARDIAN): _____

MOTHER’S PHONES: WORK: (____) _____ HOME: (____) _____ OTHER: (____) _____

WHO HAS PRIMARY CUSTODY OF PARTICIPANT?: _____

EMERGENCY CONTACT INFORMATION		
IF YOU CANNOT BE REACHED IN CASE OF EMERGENCY, WHOM SHOULD BE NOTIFY?		
NAME: _____	RELATIONSHIP: _____	
HOME ADDRESS: _____		
CITY: _____	STATE: _____	ZIP: _____
HOME PHONE: (____) _____	WORK PHONE: (____) _____	
WORK ADDRESS: _____		
CITY: _____	STATE: _____	ZIP: _____

FAMILY PHYSICIAN: _____ PHONE: (____) _____

DENTIST’S NAME: _____ PHONE: (____) _____

DO YOU CARRY FAMILY MEDICAL/HOSPITAL INSURANCE? (Check one) YES _____ NO _____

CARRIER: _____ POLICY/GROUP NUMBER: _____

PARTICIPANT HEALTH AND MEDICAL HISTORY (*Questions 1-6 MUST be completed*)

1. Does the participant have any known allergies? (*Including food, medicine, plants, animals, insects, etc.*)

YES NO *If YES, please explain:* _____

2. Is the participant experiencing or has he/she ever experienced (or had special needs in) any of the following?
(*Circle all that apply.*)

Asthma	Bleeding Disorder	Attention Disorders (ADHD)	Eating Disorders	Heart Condition
Diabetes	Wears Contacts	Seizures/Convulsions	Fainting Spells	Other

Please describe/explain any condition or need that you circled: _____

3. Is the participant currently taking medication?

YES NO *If YES, please list medication and dosage rate:* _____

4. Has the participant undergone surgery or experienced any injury, illness, allergy, or change in health status any time during the last year? Is there any reason that participation in a program or activity should be restricted?

YES NO *If YES, please explain:* _____

5. Does the participant require special diet (including vegetarian, dietary restriction, dietary allergies, etc.)

YES NO *If YES, please explain:* _____

6. Is there any necessary, additional information staff should know (including behavioral/physical/emotional disabilities, medication instructions, and/or special restrictions) in order to identify and provide appropriate supervision, support, and accommodations for the participant?

YES NO *If YES, please explain:* _____

Immunization History

(*For each of the following, write the date.*)

(*For each of the following, write the **date** of the vaccination **and/or** the disease*)

Immunizations Received	Last Year Received	Vaccination	Disease
Tetanus _____	_____	Measles _____	_____
Diphtheria _____	_____	Mumps _____	_____
Polio _____	_____	Rubella _____	_____
Other _____	_____	Pertussis _____	_____
		Chicken Pox _____	_____

APPROVAL/EMERGENCY NOTIFICATION AUTHORIZATION

I have read the above 4-H Health Form and accept the provisions. I give permission to the physician selected by 4-H to order X-rays, routine tests, and treatment for the health of my child, in the event that I cannot be reached in an emergency. I also give permission to secure proper treatment for, hospitalize, order injections, anesthesia, and/or surgery for any emergency situation, and assume financial responsibility for such treatment.

Signature of Parent/Guardian: _____ Date: _____

South Carolina 4-H Behavior Agreement

The 4-H Code of Conduct outlined below is in effect for all youth activities involving Clemson University Cooperative Extension Service 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 below.

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**. Also, **participants/parents will be financially responsible for any damage caused by the participant**.

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 and to participate in assigned activities. 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: _____ Date: _____

Signature of parent/guardian: _____ Date: _____