Craven County 4-H

2011 4-H SUMMER FUN

The Programs below will operate under the 4-H Code of Conduct

Craven County 4-H is offering the following 4-H programs to the public. Programs are filled on a first-come, first-served basis.

All fees must be paid in full upon registration and are non-refundable. Your child is registered when Craven County 4-H receives the registration fee.

Complete one registration form for each participating youth. Check the box to the program(s) you wish to enroll in, then mail or drop off your completed registration form, fees (cash or check made out to Craven County 4-H), and a completed 4-H Medical Release and Code of Conduct form (available online at http://www.nc4h.org/procedures_and_guidelines/index.html or in our office) to:

Craven County 4-H, 300 Industrial Drive, New Bern, NC 28562.

For Additional information, please call 252-633-1477.

Name (Attendee): ___________________________ Age: ___________
Parent/Guardian Name: ___________________________ Phone Number: ___________________________
Mailing Address: ___________________________ ___________________________ ___________________________
Email Address: ___________________________

Please list food allergies: ____________________________________________________________

SIGNATURE REQUIRED

Media Release: 4-H may take photos of my child for use in 4-H and other NC Cooperative Extension educational, promotional, and/or marketing materials. Neither individual addresses nor telephone numbers will be published with these materials.

I ___________________________ (parent signature) ___________________________ agree ____________ disagree

Please check the camps you are registering for

Unless otherwise noted, each child will need to bring a lunch and all programs will be held at the Craven County 4-H Office-300 Industrial Drive, New Bern, NC 28562.

<table>
<thead>
<tr>
<th>TIME</th>
<th>PROGRAM</th>
<th>AGES</th>
<th>FEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 21</td>
<td>A Day on the Farm (Kirkman Farm, Hwy 55)</td>
<td>5 &amp; Up</td>
<td>$10</td>
</tr>
<tr>
<td>June 22-23</td>
<td>Cloverbuds ‘R’ Us</td>
<td>5-8</td>
<td>$25</td>
</tr>
<tr>
<td>June 28-29</td>
<td>Outdoor Adventures</td>
<td>8 &amp; Up</td>
<td>$5</td>
</tr>
<tr>
<td>June 30</td>
<td>Scrapbooking 101</td>
<td>8 &amp; Up</td>
<td>$15</td>
</tr>
<tr>
<td>July 6</td>
<td>Advanced Kayaking</td>
<td>12 &amp; Up</td>
<td>$5</td>
</tr>
<tr>
<td>July 11-14</td>
<td>Cook Smart, Eat Smart</td>
<td>12 &amp; Up</td>
<td>$40</td>
</tr>
<tr>
<td>July 15</td>
<td>Time Travel with 4-H! (Tryon Palace, downtown New Bern)</td>
<td>8 and Up</td>
<td>$6</td>
</tr>
<tr>
<td>Date</td>
<td>Time</td>
<td>Event Description</td>
<td>Age</td>
</tr>
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<tr>
<td>July 18-21</td>
<td>TBA</td>
<td>NC 4-H Congress @ NC State University in Raleigh</td>
<td>13 &amp; Up</td>
</tr>
<tr>
<td>July 26</td>
<td>10:00-3:00</td>
<td>4-H “Cloverology” for Kids</td>
<td>5-8</td>
</tr>
<tr>
<td>July 27</td>
<td>10:00-3:00</td>
<td>Cloverology: A Scientific Solution</td>
<td>9 &amp; Up</td>
</tr>
<tr>
<td>August 2</td>
<td>8:30-2:00</td>
<td>Common Ground @ Camp Don Lee</td>
<td>12 &amp; Up</td>
</tr>
<tr>
<td>August 3</td>
<td>9:00-3:00</td>
<td>Sewing Fun</td>
<td>8 &amp; Up</td>
</tr>
<tr>
<td>August 5</td>
<td>9:30-3:30</td>
<td>Snorkeling the Sea @ Radio Island</td>
<td>10 &amp; Up</td>
</tr>
<tr>
<td>August 16</td>
<td>10:00-4:00</td>
<td>Do Goats &amp; Water Mix?</td>
<td>5 &amp; Up</td>
</tr>
<tr>
<td>August 18</td>
<td>9:00-4:00</td>
<td>Bugs and Bees</td>
<td>5 &amp; Up</td>
</tr>
<tr>
<td>August 19</td>
<td>4:00-7:00</td>
<td>End Of Summer Cookout – For all summer participants and 4-Her’s. It will be at Creekside Park at the Congleton Picnic Shelter Please register by August 16th, if you would like to attend!</td>
<td>All Ages</td>
</tr>
</tbody>
</table>

**TOTAL FEES**

**FOR OFFICE USE ONLY**

Registration Received: __________________

Amount of Payment: __________________

Cash/Check No.: __________________

Medical Form: __________________

Notes: _______________________________________

_____________________________________________

_____________________________________________

_____________________________________________


*Employment and program opportunities are offered to all people regardless of race, color, national origin, sex, age or 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.*
4-H MEDICAL INFORMATION AND INFORMED CONSENT FOR TREATMENT FOR NC 4-H SPONSORED EVENTS

THIS FORM IS REQUIRED FOR PARTICIPATION
(Parent/Guardian’s signature on back must be notarized)

Free notary available at the Craven County Ag Building. Please call first.

4-H’s Name__________________________________________

PLEASE READ AND COMPLETE THE FOLLOWING FORM. THIS FORM MUST BE PRESENTED AT THE OFFICIAL REGISTRATION FOR THE 4-H SPONSORED EVENT BEING ATTENDED.

I. Medical Information

Known allergies to foods, drugs, insect stings or bites, etc: ____________________________________________________________

Special medical concerns or conditions that event supervisors should know about, including contagious illnesses, epilepsy, asthma, diabetes, previous injuries to bones/joints, etc.: ____________________________________________________________

List special dietary needs: ____________________________________________________________________________________

Medications currently being taken (name of medication, dose, and frequency): ____________________________________________________________

Family Physician: Name __________________________ Phone # (____) ____________________
Address______________________________________________________

II. Insurance Information

The 4-H program purchases insurance for youth participants for many sponsored events. In some cases, this coverage will not pay for some medical expenses and it may be necessary to bill the family or your insurance company.

Health Insurance Company ____________________________________________
Health Insurance Policy # ____________________________________________
Company Address ____________________________________________
Company Telephone Number (____)___________________________________

III.

If you are a person with a disability and desire any assistive devices, services or other accommodations to participate in this activity, please contact the 4-H office at (252) 633-1477 during business hours of 8 a.m. and 5 p.m. to discuss accommodations at least 7 days prior to the activity.

Signatures Acknowledging Parts I, II, and III

Parent's/Guardian's signature __________ Date: __________
Participant's Signature: __________________________ Date: __________
Parent/Guardian telephone #: Home ____________________ Work ____________________
IV. Informed Consent

In the event that a participant needs minor medical care from 4-H or more significant medical care from a qualified health care provider, including in rare cases possible hospitalization and/or surgery, the parent/guardian is asked to sign the informed consent form below. In case of serious medical condition, 4-H will make every effort to notify the parents, but the first priority may be providing care to the participant.

Authorization to Consent to Health Care for Minor

I, __________________________, of Craven County, am the custodial parent having legal custody of __________________________, a minor child, age ________, born __________________________. I authorize any adult(s) acting as agents (including official volunteers) or employees of the Craven County 4-H program and in whose care the minor child has been entrusted, to do any acts which may be necessary or proper to provide for the health care of the minor child, including, but not limited to, the power (i) to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person for such health care, and (ii) to consent to and authorize any health care, including administration of anesthesia, X-ray examination, performance of operations, and other procedures by physicians, dentists, and other medical personnel except the withholding or withdrawal of life sustaining procedures.

This consent shall be effective for one year from the date of the execution.

Custodial Parent Signature_______________________________________Date____________

(MUST SIGN IN FRONT OF A NOTARY)

Section below to be completed by a Notary Public

STATE OF NORTH CAROLINA
COUNTY OF CRAVEN

On this _______ day of ____________, 2011, personally appeared before me the said named, __________________________, to me known and known to me to be the person described in and who executed the foregoing instrument and he (or she) acknowledged that he (or she) executed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

My commission expires ____________________________, 20_____.

Notary Public

(OFFICIAL SEAL)
I. Purpose and Application:

A. The 4-H Code of Conduct is intended to foster a safe environment that is conducive to optimal learning and growth. Toward that end, youth participants are expected to behave in a way that respects the 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. Possession of weapons or firearms (except while participating in a 4-H Shooting Sports Event)

D. Behavior that violates state or local laws

E. Damage to property of others

F. Theft, misuse or abuse of public or personal property

G. Conduct that jeopardizes the safety of self or others

H. Conduct that disrupts or interferes with 4-H programming

I. Leaving a program or facility without permission of parents or 4-H staff (including authorized volunteers)

J. Inappropriate dress, including but not limited to clothing that is sexually suggestive, indecent, or otherwise disruptive to the operations or goals of 4-H. Examples include clothing with negative or hateful language or symbols; see-through blouses, skirts or pants; sagging pants; exposed undergarments; bare midriff shirts; and excessively short or tight garments. Clothing should meet the standards expected in public schools. Specific clothing requirements may be required where appropriate for a particular event

K. Unruly behavior in hotels and public areas, particularly during overnight events. There should be no running in the halls, prank calls, unnecessary noise, excessively late hours, or visiting in rooms of the opposite sex

III. 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 must take place before there can be any finding or conclusion of guilt:
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 more likely than not 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) 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 Department of 4-H Youth Development. The County Director and or 4-H Agent’s appeal decision shall constitute the final agency action unless the Department Head chooses to exercise further review.

   2) Disciplinary action for regional or state-level events may be appealed to the Head of the Department of 4-H Youth Development, Cooperative Extension Service, Box 7606, NC State University, Raleigh NC 27695-7606; telephone (919) 515-3242. All appeals must in writing and must be received by the Department within 30 days of the disciplinary action. The Department Head or designee shall review the appeal statement, any written response from the decision maker, and may review other relevant information. The Department Head shall send a written decision to the appellant and the 4-H staff member who made the initial decision, and the Department 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.