

C.A.L. 2010
Creating A Leader
The 20th Anniversary
Find Your
Inner Treasure!
January 22, 23, 24, 2010
Registration Form

Due to your County Extension Office by **November 27, 2009**

Name _____

Address _____ Male ___ Female ___

City _____ Zip _____ County _____

Phone Number (____) _____ - _____ Age: _____ Grade _____ No. Yrs Attending CAL _____

E-mail _____

Do you have any food allergies?

Yes ___ No ___

If yes, please explain on the back of this sheet. It is difficult to meet all of the needs of guests with specific food requirements (i.e., wheat allergies, vegan, etc.) We will do what we can in cooperation with Walker Creek Ranch.

Yes ___ No ___ Will you bring medication? If yes, please explain in detail on the back of this sheet.

Yes ___ No ___ I would like to be a County Contact. (I would like to help lead my county's orientation and be the main youth contact from the CAL Staff to my county.)

Yes ___ No ___ I would like to be a cabin leader. Contact Molly Carlson at kandfcarlson@yahoo.com or Taylor-Leigh Walters at looney_lovegood@sbcglobal.net (I will attend a training meeting on Saturday, Nov. 21, 09 or Jan. 2, 10.)

Yes ___ No ___ I am willing to help present an education workshop. (I will attend a training meeting on Saturday, January 2, 2010 @ Solano UCCE office 501 Texas St. Fairfield, CA 94533)

Yes ___ No ___ I would like a CAL Conference T-shirt for an additional \$10. My size: _____ (Adult) OR _____ (Youth)

I will travel to the Conference with _____

Signature of CAL Conference Delegate Date

Signature of County 4-H Youth Development Program Rep. Mary Meyer Date

The fee for the weekend is \$75 .00 (\$85 if you would like a shirt) This is a special **ONE-TIME ONLY** discounted fee for the 20th year of CAL Conference.

Make checks payable to San Mateo County 4-H Council

Check List:

- _____ 1. Registration Form
- _____ 2. Check for \$75.00 (or \$85 to include shirt)
- _____ 4. Signed Medical Release
- _____ 4. Completed Health History
- _____ 5. Signed Code of Conduct

Send to:
UCCE 4-H YDP
CAL Conference
80 Stone Pine Rd. Ste.100
Half Moon Bay, CA 94019

Due: November 27, 2009

**University of California Division of Agriculture and Natural Resources
4-H Youth Development Program
Youth Medical Release Form**

This Medical Release Form is authorized for all 4-H Youth Development meetings and activities during the dates specified below:

_____	_____	_____
First Name	Last Name	Club/Unit Name
_____		_____ to _____
County and State	Dates (From / To)	

While my child is attending or traveling to or from this 4-H function, I HEREBY AUTHORIZE THE ADULT 4-H VOLUNTEER LEADER OR 4-H STAFF MEMBER, or in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR:

Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code Section 2000 et seq.; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code Section 1600 et seq.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until my child completes his/her activities in this program unless sooner revoked in writing. I understand that as a parent/guardian, I will be responsible for the cost of any service or treatment provided not covered by the 4-H Accident/Sickness Insurance Program sponsored by UC Cooperative Extension.

EMERGENCY CONTACT INFORMATION

_____	_____		
Name	Relationship to Youth Identified Above		
(_____) _____	(_____) _____		
Emergency Day Phone (with area code)	Emergency Night Phone (with area code)		

Mailing Address	City	State	Zip

AUTHORIZATION AND CONSENT AND RELEASE

I hereby certify that my child is in good health and can travel to and participate in all functions of the 4-H Youth Development Program as described above. I understand it is my responsibility to keep the information on this form updated (including Health History and parent/guardian status) by contacting the State 4-H Office.

_____	_____
Signature of Parent/Guardian	Date

NON-CONSENT

I do not desire to sign this authorization and understand that this will prohibit my child from receiving any non-life threatening medical attention in the event of illness or accident.

_____	_____
Signature of Parent/Guardian	Date

University policy and the State of California Information Practices Act of 1977 require the following information be provided when collecting personal information from you: The information entered on this form is collected under authority of the Smith-Lever Act. Submission of the medical data is voluntary. However, a signature is required on one or the other of the two signature lines above. Failure to provide the medical information and authorization may result in our inability to provide necessary medical treatment. You have the right to review University records containing personal information about you/your child, with certain exceptions as set forth in policy and statute. Copies of University policies pertaining to the collection, use, or release of personal data are available for your examination from the local UCCE County Director, 4-H Youth Development Advisor, 4-H Program Representative, or the State 4-H Director at the California 4-H Youth Development Program, University of California, DANR Building, One Hopkins Road, Davis, CA 95616-8575, (530) 754-8518. Only your own/your child's records are open to your review.

Any known or foreseeable intergovernmental transfer that may be made of the information is as follows: None.

University of California Division of Agriculture and Natural Resources

4-H Youth Development Program

Health History Information

_____	_____	_____	____/____/____
First Name	Last Name	County	Date of Birth

Subject to:	YES	No	Now Have or Have Had	Yes	No
Colds			Heart Trouble		
Sore Throat			Asthma		
Fainting Spells			Lung Trouble		
Bronchitis			Sinus Trouble		
Convulsions			Hernia (rupture)		
Cramps			Appendicitis		
Allergies			Has appendix been removed?		
Wear corrective lenses?			Do you walk in your sleep?		
Is hearing good?					

Date of last Tetanus Vaccination: _____

Please check over-the-counter medications that may be administered:

- | | | | | |
|----------------------------------|-------------------------------------|---|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Tylenol | <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Cough Syrup | <input type="checkbox"/> Decongestant | <input type="checkbox"/> Dramamine |
| <input type="checkbox"/> Antacid | <input type="checkbox"/> Polysporin | <input type="checkbox"/> Hydrocortisone | <input type="checkbox"/> Other: _____ | |

Please identify allergies including allergies to food, medications, and drug reactions:

Please list any disability accommodations you will need in order to participate in this program or activity.

Please list all current medications:

Name of Medication	Dosage	Times Taken

Please include any additional remarks and special instructions to better assist emergency service personnel.

Please explain "yes" answers on this page.

The University of California prohibits discrimination or harassment of any person on the basis of race, color, national origin, religion, sex, gender identity, pregnancy (including childbirth, and medical conditions related to pregnancy or childbirth), physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services (as defined by the Uniformed Services Employment and Reemployment Rights Act of 1994: service in the uniformed services includes membership, application for membership, performance of service, application for service, or obligation for service in the uniformed services) in any of its programs or activities. University policy also prohibits reprisal or retaliation against any person in any of its programs or activities for making a complaint of discrimination or sexual harassment or for using or participating in the investigation or resolution process of any such complaint. University policy is intended to be consistent with the provisions of applicable State and Federal laws. Inquiries regarding the University's nondiscrimination policies may be directed to the Affirmative Action/Equal Opportunity Director, University of California, Agriculture and Natural Resources, 1111 Franklin Street, 6th Floor, Oakland, CA 94607, (510) 987-0096.

California 4-H Youth Development Program
4-H Member Code of Conduct
University of California Cooperative Extension

The following behavior guidelines and expectations are designed to make everyone's experience at 4-H events satisfying to all attending. This means that all participants, members, adult volunteers, and 4-H YDP staff, shall adhere to the core values of the University of California 4-H Youth Development Program, respect the individual rights, safety, and property of others. Youth are expected to demonstrate the character traits of trustworthiness, respect, responsibility, fairness, caring and citizenship.

While attending all 4-H meetings, projects, programs, and events as a 4-H member I will:

1. Be courteous and respect others.
2. Obey all rules established by the California 4-H YDP, the local club/group and all local, state and federal laws.
3. Respect the authority of adult volunteers, youth leaders, 4-H YDP staff, and others in leadership roles.
4. Use appropriate language and wear acceptable clothing at 4-H activities and events.
5. Show kindness to others and give assistance when needed.
6. Be honest and honor commitments.
7. Not use tobacco products, alcohol or drugs (except those prescribed by a doctor).
8. Not carry a weapon or threaten another person with a weapon, bodily force or language.
9. Accept responsibility for personal choices.
10. Acknowledge that searches of personal property may take place when there is reasonable suspicion of violations of law or University policy in accordance with 4-H YDP policy.
11. Not display overly affectionate or sexual behavior.

While attending overnight events as a 4-H member, I will:

1. Be in my room when attending overnight events by the established hours.
2. Not leave the grounds unless permission is secured from the adult in charge and I am accompanied by two adults.
3. Not be in the sleeping areas of members of the opposite gender nor will I invite non 4-H participants to the sleeping areas.
4. Will be responsible for any damage caused by my actions.
5. Will comply with other rules of the event.

PENALTIES FOR INFRACTIONS

Infractions of the 4-H Code of Conduct must be reported promptly by anyone observing them to the adult in charge of the delegation/project and to the person in charge of the event who will bear final responsibility for disciplinary action. The parent/guardian and the County 4-H Office will be notified of action taken. Penalties may include any or all of the following:

- Notification of parents and appropriate staff members.
- Sending the participant home
- Barring the participant from future 4-H events
- Assessing the participant the cost of damages and repairs for damage or destruction of property
- Releasing the participant to the nearest law enforcement agency and/or the proper authorities
- Termination of 4-H membership

I have read the Code of Conduct and agree to abide by its rules. I understand that infraction of this Code will result in any or all of the penalties listed above.

County: San Mateo/San Francisco

Signature of Member: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____

Revised 4/17/2009