



**NORTH CAROLINA 4-H CENTERS
4-H CAMPERS CODE OF CONDUCT FORM**



Date of Camp _____

County _____

Camper's Name _____

Age _____ Phone _____

Address _____

Circle One: BOY GIRL

_____ City State Zip

I live: _____ on a farm
 _____ small town
 _____ city

*PARENTS/AGENTS: Please review this with campers prior to camp.

This is my _____ year to attend a 4-H Center in North Carolina. I am a 4-H member -(circle) Yes No

List 4-H Club or other 4-H Program attended _____ (prior participation is not required)

The 4-H program is planned, conducted, and supervised by the Cooperative Extension Service. All 4-H'ers are responsible for their conduct to Extension Personnel and/or 4-H leaders supervising the camping activity. Specific guidelines for conduct include:

- A. 4-H'ers shall be in their cabins and quiet at the time determined by Extension/camp personnel and leaders. Boys are not to go into girls' cabins and girls are not to go into boys' cabins at any time unless accompanied by authorized Extension/center personnel or adult 4-H leaders. Other specifics regarding facility boundaries will be reviewed on the first day of camp.
- B. 4-H'ers shall participate fully in all programs.
- C. 4-H'ers shall show respect for the personnel, property and facilities used and assume financial responsibility for any damages they cause.
- D. 4-H'ers' conduct at all times shall be appropriate to the standards and image of the 4-H program. Participants must abide by rules and regulations of their Extension Staff and of the 4-H Center.
- E. I understand that all medications are to be turned into the center health personnel and not kept in the cabin. Health forms will be collected at check-in. **Prescription medications should arrive at camp in the original containers with the name of the camper on that container.**
- F. Use and/or possession of drugs, alcohol, tobacco, firearms, knives, and other items deemed dangerous is strictly forbidden. Violation of this policy will result in immediate dismissal from camp.
- G. I understand that boom boxes (radios) and other expensive items should not be brought to the center. The center is not responsible for loss or damage to personal property.
- H. Failure to obey 4-H leaders, and center staff may result in immediate dismissal from camp.
- I. A part of the program for young people at camp includes cleaning and maintaining restrooms, dining hall, and living spaces.

I agree to abide by the above stated guidelines and specific rules of the center/county camping group and do my best at all times to be a good camper. I hereby apply to attend _____ center during the week of _____.

_____ CAMPER'S SIGNATURE

_____ DATE



PARENT'S AGREEMENT AND CONSENT FORM



1. **CHILD/STAFF RATIO:** Our structure is developed to work with young people who can succeed in a program of a 1:8 staff/child ratio. 4-H Camp is not a place for young people that have had frequent discipline problems.
2. **FEES:** Camp fees will be paid in advance and will not be refunded if my child returns home voluntarily or is dismissed.
3. **DISCIPLINE:** The Center staff, which includes summer camp staff, Extension Agents, adult and youth volunteer 4-H leaders, has my permission to discipline my child (no physical contact). However, the camp staff shall have the right to physically restrain my child when, in their opinion, the child is a danger to himself or others. I understand that the Extension Agent/Center Director reserves the right to dismiss my child if he or she, in the opinion of the Extension Agent/Director becomes a discipline problem or is disruptive to the program. Staff will counsel the campers whenever possible to avoid dismissal of any child.
4. **MEDICAL COST AND INSURANCE:** Neither the 4-H Center nor the camp staff shall be liable for the cost of any medical treatment. I understand that camp insurance covers only certain accidents and illnesses. I/We will be responsible for, and pay for, any medical charges not covered by insurance. Limit of camp insurance for accident is \$3,500.00 and for illness is \$1,000.00. Camper sickness and/or injury sustained while at camp must be reported and recorded while on site to be covered by the center's insurance. Pre-existing illness (asthma, diabetes, etc.) are not covered.
5. **CAMPER'S PERSONAL PROPERTY** - Neither the 4-H Center nor the camp staff shall be responsible for the loss of or damage to the personal property of the camper. Campers should not bring boom boxes and other expensive property to camp.
6. **DAMAGE** - I/We will be responsible for and pay for any damage done by my child either alone or with others.
7. **NO ONE** is to leave camp grounds without permission of the Center Director and/or the 4-H Agent. Permission must be secured **BEFORE** leaving the camp grounds.
8. I understand that medications are to be turned over to center health personnel and not kept by my child while attending camp.
9. **IN CASE OF MEDICAL EMERGENCY**, I understand every effort will be made to contact parents or guardian of campers. In the event I cannot be reached, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment, and to order injection, anesthesia or surgery for my child. I also give permission for first-aid treatment of my child at camp by designated personnel.
10. I am responsible for:
 - (a) Picking up my child in the case he/she is ill or dismissed from camp within 12 hours of notification.
 - (b) Providing proof of authorization to take custody of the child.
 - (c) Providing an emergency contact and phone number of someone who is responsible for the camper.
11. **Special needs/disabilities:** Please initial in the appropriate space. My child either
 - (1) does not have special needs/disabilities (_____) or
 - (2) I have contacted the camp and/or the 4-H Agents via the "Special Needs/Disability Form" regarding my child's disability prior to camp (_____)

I/We _____ have read and understand this entire form, front and back, and I/We agree to be bound by the conditions and agreement.

SIGNATURE OF PARENTS/GUARDIANS

Emergency Phone #: _____
Home Phone #: _____
Work Phone #: _____

EMERGENCY CONTACT: _____
(other than parent)

Home Phone #: _____
Work Phone #: _____