

4-H Teen Camp - Outer Banks 2015

June 22-25, 2015

This exciting camp for our teen 4-H members will take us to the coast! Join us as we learn about dune ecology, marine biology, North Carolina coastal history, team building, and leadership skills. Activities will include a dolphin research boat excursion, tours of the Bodie Lighthouse, Wright Brothers Memorial, Corolloa Lighthouse, and Jockey's Ridge. We are also planning some great leadership and team building workshops and much, much more!

Name:		Age:	Gender: F M	DOB:
Address:		County:		Grade:
City:			State:	Zip:
Home Phone:	Work Phone:		Cell:	
Email:				
Allergies:				
Dietary Needs:				
Parent(s)/Guardian(s):				

AGES: Participants must be 13 years old by January 1, 2015

COST \$200 (Registrations canceled by June 5th will receive a 50% refund. Cancellations after June 5th will not receive a refund, however same-gender substitutions can be made.)

Make Checks Payable To: "Buncombe County 4-H Program Enhancement Fun"

Registration Due: Return this as well as the following forms to your County 4-H Program/North Carolina Cooperative Extension office in your county by **June 1st**.

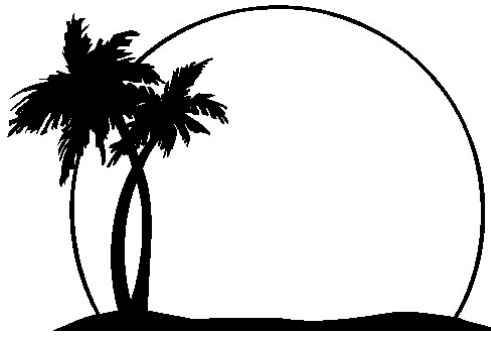
Forms to include:

- NC 4-H Medical Release Form (must be notarized)
- NC 4-H Media Release Form
- Water Activity Release

Please initial:

_____ I understand that compliance with the NC 4-H Code of Conduct and Disciplinary Procedure is a condition of participation in 4-H events.

**For questions or more information please contact Chad Ray at 828-652-8104 or chad_ray@ncsu.edu.
Co-Sponsored by the NC Agricultural Foundation, Inc.**



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Tentative Agenda



Monday, June 22, 2015

6:00 am	Travel to Kitty Hawk, NC (check with County Agent for departure time)
3:00 pm	Check in at hotel/unpack
4:00 pm	Bodie Lighthouse Tour
5:00 pm	Dinner
6:30 pm	Jockey's Ridge - Dune Program/Sunset viewing
10:00 pm	Return to hotel/Bed Time



Tuesday, June 23, 2015

8:00 am	Breakfast
9:15 am	Leave hotel for Dolphin Tour
10:00 am	Dolphin Research Boat Tour
1:00 pm	Lunch
2:00 pm	Free afternoon at beach
5:00 pm	Dinner - Low Country Boil
7:30 pm	Teen Leadership Activities
10:00 pm	In Rooms/ Bed Time



Wednesday, June 24, 2015

8:00 am	Breakfast
9:00 am	Wrights Brothers Memorial
11:30 am	Travel to Duck, NC
12:00 pm	Lunch
1:00 pm	Duck Boardwalk/Crabbing
3:00 pm	Corolla Lighthouse/Museum/ Whale head
5:00 pm	Return to Hotel
6:00 pm	Dinner
7:00 pm	Free Time
9:00 pm	Scavenger Hunt
10:00 pm	In Rooms/Bed Time



Tuesday, June 25, 2015

9:00 am	Breakfast
10:00 am	Pack up and Leave



**North Carolina 4-H and Buncombe County 4-H
Photographic, Video, and Audio
Optional Publicity Release**



I do _____ or do NOT _____ give permission to North Carolina State University, through its Cooperative Extension program for North Carolina 4-H, and Buncombe County Extension staff, to take photographs and/or record video and/or audio or otherwise record images and likenesses of me and/or my property and to use these for 4-H Youth Development nonprofit educational, promotional, and/or marketing materials. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I expressly release North Carolina State University, its agents, employees, licensees and assigns from and any and all claims which I may have for invasion of privacy, right of publicity, defamation, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast or exhibition of such recordings of my image, voice, or likeness.

I understand this permission is entirely optional, and that participants who do not give permission will remain eligible for 4-H services, benefits, and privileges the same as those who do give permission.

Participant Name (please print): _____

Participant Signature: _____ Date: _____

If individual is under the age of 18, consent of the legal parent or guardian is needed.

Parent/Guardian signature: _____

Parent/Guardian name (please print): _____



**4-H MEDICAL INFORMATION AND INFORMED CONSENT FOR TREATMENT
FOR NC 4-H SPONSORED EVENTS**

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: _____

Phone 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 _____ [name, office] at _____ [phone number/TTY] during business hours of 8 a.m. and 5 p.m. to discuss accommodations at least _____ [hours/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 _____
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
_____ 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 _____

STATE OF NORTH CAROLINA
COUNTY OF _____

On this _____ day of _____, 20____, 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)

WATER ACTIVITIES PERMISSION FORM

My child _____ has permission to participate in the following type of water activity: Swimming, boating, wading, exercise, fishing, crabbing, canoeing and other activities.

Location of activity

Outer Banks area, (including but not limited to Corolla, Duck, Kitty Hawk, Oregon Inlet, Nags Head and Kill Devil Hills inlets, sounds and beaches), **Monday, June 22nd - Thursday June 25th**. Please bring clothes to change into, towel, sunscreen & shoes for wading. _____

My child is: (Please check one)

- ☐ A Non Swimmer
- ☐ Intermediate
- ☐ Beginner
- ☐ Advanced

Please provide any additional information needed for your child to participate in our water activities: _____

Parent's Signature

Date

Parent's Printed Name