



**Carteret Cooperative Extension  
4-H and Family Consumer Sciences  
Summer Adventures 2015 Registration**

All programs are available to the public and filled on a first-come, first-served basis and will operate under the 4-H Code of Conduct. To register, complete this registration form as well as the attached *4-H Medical Information and Informed Consent For Treatment* form for each participant, and return to our office along with payment (cash or check payable to Carteret County 4-H). Registration is not complete until full payment is received. For additional information call (252) 222-6352. Bring or mail payment to: Carteret County 4-H Summer Programs, Third Floor, CMAST Bldg., 303 College Circle, Morehead City, NC 28557

**PARTICIPANT INFORMATION**

Name (Attendee): \_\_\_\_\_ Age \_\_\_\_\_ Phone: \_\_\_\_\_ cell \_\_\_\_\_ home \_\_\_\_\_ other  
 \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_ White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic Latino \_\_\_\_\_ Am. Indian/Alaskan \_\_\_\_\_ Asian \_\_\_\_\_ Native Hawaiian/Pac Islander \_\_\_\_\_ Other  
 Street Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Food allergies/Special Needs: \_\_\_\_\_

**PARENT/GUARDIAN INFO & SIGNATURE REQUIRED FOR YOUTH PARTICIPANTS**

Parent/Guardian Name: \_\_\_\_\_ Emergency Contact Info: \_\_\_\_\_  
 (Please Print)  
 MEDIA RELEASE: 4-H may take photographs and/or videos of my child for use in 4-H and other NC Cooperative Extension educational, promotional, and/or marketing materials. No individual addresses or telephone numbers will be published within these materials. (Photos will be accessible on the Carteret County 4-H Facebook page.)  
 I \_\_\_\_\_, \_\_\_\_\_ agree \_\_\_\_\_ do not agree  
**Parent/Guardian Signature Required**

✓	DATE/TIME	YOUTH PROGRAMS Complete this form as well as a <i>4-H Medical Information and Informed Consent for Treatment</i> form (available in our office or online at <a href="http://carteret.ces.ncsu.edu">http://carteret.ces.ncsu.edu</a> ).	AGE	FEE
	<b>June 23</b> 9:00a - 3:00p	<b>Cooking with Abby – Farm Fresh Breakfast</b> (Room 320, CMAST Bldg.) Learn basic cooking skills and food safety. Participants will prepare their own lunch. <b>All participants will be expected to taste everything.</b>	9 & up	\$20
	<b>June 24, 25, 26</b> 9:00a - 3:00p	<b>Beginners Sewing</b> (Room 320, CMAST Bldg.) Learn sewing basics including following a pattern (provided) and using a sewing machine as you make pajama bottoms. Bring a bag lunch, beverages & snacks provided. Must be 9 years of age by date of class. <b>A letter will be sent detailing what you need to bring.</b> <b>Please indicate sizes here:</b> _____ child size _____ adult size _____ XS _____ S _____ M _____ L _____ XL	9 & up	\$35
	<b>July 14</b> 9:00a - 3:00p	<b>Cooking with Abby – Healthier Italian</b> (Room 320, CMAST Bldg.) Learn basic cooking skills and food safety. Participants will prepare their own lunch. <b>All participants will be expected to taste everything.</b>	9 & up	\$20

	<b>July 15, 16, 17</b> 9:00a - 3:00p	<b>Beginners Sewing</b> ( <i>Room 320, CMAST Bldg.</i> ) Learn sewing basics including following a pattern (provided) and using a sewing machine as you make pajama bottoms. Bring a bag lunch, beverages & snacks provided. Must be 9 years of age by date of class. <b>A letter will be sent detailing what you need to bring.</b> <b>Please indicate sizes here:</b> ___ child size ___ adult size ___XS ___S ___M ___L ___XL	9 & up	\$35
	<b>Aug 10, 11, 12</b> 9:00a - 3:00p	<b>Intermediate Sewing</b> ( <i>Room 320, CMAST Bldg.</i> ) During this three-day camp, participants will build on the sewing skills learned previously in the Beginners Class (required). New skills include putting in a zipper and making a buttonhole. The pattern, material, and all other supplies to complete the project will be provided. Participants will make a purse and a small zippered bag. Bring a bagged lunch. Snacks and beverages will be provided. Please indicate your favorite colors _____	11 & up	\$50

<b>TOTAL FEES</b>			
<b>FOR OFFICE USE ONLY</b>			
Date Received: _____	Amount of Payment: _____	Cash/Check No.: _____	Medical Form: _____

*North Carolina State University and North Carolina A&T State University commit themselves to positive action to secure equal opportunity regardless of race, color, religion, creed, national origin, sex, age, disability, or veteran's status. 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. Persons with disabilities and persons with limited English proficiency may request accommodations to participate by contacting Anne Edwards, County Extension Director, at (252) 222-6352 or in person at the County Extension Office at least 14 days prior to the event.*



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



This form is required for participation and  
Parent/Guardian's signature on back must be notarized  
Free notary service is available at the Extension Office. Please call.

4-H'ers Name \_\_\_\_\_  
(Your child's name here)

## **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) 222-6359 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 \_\_\_\_\_

Must be completed each year by 4-H'er and Parent/Guardian. If health history changes within that year, it is the 4-H'er & Parent/Guardian's responsibility for updating information.

#### 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 Carteret 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)

<b>Section below to be completed by a Notary Public</b>
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STATE OF NORTH CAROLINA

COUNTY OF \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 2015, 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)

Must be completed each year by 4-H'er and Parent/Guardian. If health history changes within that year, it is the 4-H'er & Parent/Guardian's responsibility for updating information.



**4-H Code of Conduct and Disciplinary Procedure  
North Carolina Cooperative Extension Service  
Department of 4-H Youth Development**



**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. Additional Basis for Disciplinary Action**

County or State Extension personnel may impose discipline pursuant to Part IV below in cases of misconduct by current, former, or prospective 4-H participants if, in the judgment of 4-H personnel or their supervisors, the misconduct poses a potential risk to the 4-H program. This includes risks to the safety or well-being of others and risks to the effective functioning or integrity of 4-H. This applies regardless of whether the misconduct occurred during a 4-H activity or in a setting unrelated to 4-H activity.



#### IV. 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.