

Carteret Extension Center 4-H Summer Fun 2018 Registration





All programs are available to the public, 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 Enrollment Form and Health History & Authorization Form for each participant, and return to our office along with payment (exact cash or check payable to Carteret County 4-H). Registration is not complete until full payment is received. NO REFUNDS will be given unless a class is cancelled by the Carteret Extension Center. For additional information call (252) 222-6352 or e-mail danielle_sanders@ncsu.edu.

PAR	RTICIPANT INF	ORMATION						
Name (Attendee); Age Grade Phone:t								
Parent E-mail:								
Dietar	y/Activity Restrictions (a	allergies, what activity cannot be done or adaptations needed):						
EME	RGENCY CON	TACT						
2111015	oney condition _	Relation: Phone: (Please Print)						
	DATE/TIME	YOUTH PROGRAMS Complete this form as well as a 4-H Enrollment Form and Health History & Authorization Form (available in the Carteret Extension Office or online at carteret.ces.ncsu.edu).	AGE	FEE				
10.540.000	June 14 9:00a-12:00p	Out of this World (Room 320, CMAST Bldg) Launch rockets, make space slime, and learn about the constellations of the stars! Together we'll explore Outer Space having a time that's "out of this world"!	5-8	\$15				
	June 19 9:00a-12:00p	Be a Veterinarian for a Day (Room 320, CMAST Bldg) Learn about a career as a Veterinarian and other careers for animal lovers. Youth will participate in an agility course, bake homemade dog biscuits, and create animal crafts.	5-8	\$10				
	June 19 9:00a-12:00p	Fort Macon Marsh Clean Up (Meet at Fort Macon Bath House) Have you ever wanted to make a positive impact in your environment? Now is your chance to help make a difference during this summer service project at Fort Macon State Park. Join us to clean the marsh across from the bath house. *Please wear a hat, closed-toe shoes, clothing you can get wet/dirty, and bring a towel.	9-12	\$10				
	June 26 8:00a-4:00p	Galactic Adventures Camp (Crystal Coast Gymnastics) Get ready for a Galactic Adventure as you explore outer space, prepare for lift off and encounter the science of things in space! MUST register through Crystal Coast Gymnastics at http://www.crystalcoastgymnastics.com/camps/ or by phone 252-222-4961.						
	July 12 9:00a-12:00p	Fishing & Archery Camp (Location TBD) The NC Wildlife Resource Officers will present an educational camp on basic fishing and archery techniques. Come have a fun morning of Fishing & Archery! *Please wear a hat, closed-toe shoes, clothing you can get wet/dirty, and bring a towel.	8-13	\$10				
	July 12 9:00a-12:00p	Be a Veterinarian for a Day (Room 320, CMAST Bldg) Learn about a career as a Veterinarian and other careers for animal lovers. Youth will participate in an agility course, bake homemade dog biscuits, and create animal crafts.	5-8	\$10				
	July 17 & 18 9:00a-12:00p	D is for Disaster! Floods, droughts, volcanoes, Oh My! Together we'll explore natural disasters, what phenomena causes them and how to prepare for them! We'll practice environmental stewardship to ensure that we don't	8-12	\$25				

become a part of causes of disaster!

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		NC 4-H Camps				
		Millstone (Ellerbe, NC)	https://www.millstone4hcamp.com/home.html			
		Eastern Center (Colombia, NC)	http://www.eastern4hcenter.org/		-	
	Multiple Dates June 17-Aug 3 Overnight Camp	Betsy Jeff Penn (Reidsville, NC)	http://www.bjpenn4h.org/	8-14	\$485	
		Come experience camp life at its best as you vis archery, horseback riding, canoeing, rock wall cl state of NC and learn life skills that will help ther Register online at the camp website of your choito camp this year, however youth are still encount online enrollment or 4-H Camping process, cont				
	Aug 7-9 9:00a-12:00p	STEM in the Kitchen-Cooking Camp STEM in the kitchen! Build culinary skills, practice kitchen safety, proper food handling, food preparation,				
		etiquette and manners, and cooking techniques	all while whipping up something delicious!		1	
	August 14 8:00a-4:00p					
國際		100		Control of the Party of the Par		

			TOTAL FEES
FOR OFFICE USE ONLY Date Received:	Amount of Payment:	Cash/Check No.: Receipt No:	4-H Form: HH & A Form:

NC State University and N.C. A&T State University are collectively committed to positive action to secure equal opportunity and prohibit discrimination and harassment regardless of age, color, disability, family and marital status, gender identity, genetic information, national origin, political beliefs, race, religion, sex (including pregnancy), sexual orientation and veteran status. NC State, N.C. A&T, 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 Shawn Banks, County Extension Director, at (252) 222-6352 or in person at the County Extension Office at least 3 weeks (21 days) prior to the event.





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.

|| 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:
 - the accused participant shall be told the charge (which of the prohibited behaviors listed above he or she is accused of violating), and
 - 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:
 - 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
 - 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.





4-H Enrollment Form

Name of 4-H Group/Unit:			-	Year:	
Member Name: First	Middle .	Last			
Address:					
Street Address	City		State	Zip Code	
Phone:()				nty:	
Gender*: ☐ Male ☐ Female I				ding:	
If re-enrolling in 4-H, how ma	any years have you be	en in 4-H:	_		
Do you live*: ☐ Farm (Choose only one) ☐ Town under ☐ City 10,000-		n-farm □	City over 50,000 pe Suburbs of city ove Military installation	*	
Do you have parent/guardian If yes, circle all that apply: Arm	y Air Force Navy M	arines Coast Gu		(Air & Army) Reserves	
Ethnic group: * A. Choose One		tino 🛚 Non-Hi	spanic or Latino		
B. Choose all that a	·	☐ Asian			
	Jaucasian African-American		waiian or other Pacif	ic Islander	
	Indian or Alaska Native				
Parent or Guardian:	A	<i>f</i> iddle	Last		
Address: Street Address	City		State	Zip Code	
Phone: Area Code Daytime/Cell phone	() Area Code Home	e phone) Bmail (if ap	plicable)	
Additional Parent or Guardian	: irst	Middle	Last		•
Address: Street Address	City		State	Zip Code	
Phone: Area Code Daytime/Cell phone	() Area Code Home	phone (_) Email (if ap	plicable)	
1. A parent or guardian should s Extension educational, promotional, and Extension educational, promotional or n	I agree to allow 4-F lor marketing materials. Nei I do not wish for 4-	I to take photograpb ther individual addr	s/audio/video of my ch esses nor telephone nur	ild for use in 4-H and other N.C. Co	ooperative materials.
2. The enrolling youth is bound by the he/she has received and reviewed the N	NC 4-H Code of Conduct and IC 4-H Code of Conduct and	d Disciplinary Proce Disciplinary Procee	edure for 4-H events an lure for 4-H events and	d activities. The youth should initiate activities:	al here if
*This information is required for all f laws; your responses will not affect co	nsideration of your applicat	nd is solely used fo ion. By providing th	r the purpose of detern is information, you wi	nining compliance with Federal civ Il assist us in assuring that this pro	vil rights ogram is
administered in a nondiscriminatory n	nunner,			For office use only 4-H Membership # Date entered:	

NC STATE UNIVERSITY

Revised 10/21/13

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NC 4-H Youth Development Health History & Authorization Form



4-H Group / County:	·	Year:	(Must be updated eac	h year)
4-H'ers Name:				
Last Name Birth Date <u>/</u> /Age as of	·	First Name ·· Eomale M	ale Email:	Middle Initial
	i Jan. i Oender	, remaie w	alo Linaii.	
Address: Street	City		State	Zip Code
	-			: ()
Custodial Parent/Guardian Name:				, , , , , , , , , , , , , , , , , , , ,
Second Parent/Guardian or Emergency Name: _				
Address:			Phone	: ()
f not available in an emergency, notify (Name): _				•
Relationship:			Phone	: ()
The following information should be filled in by the must be completed by an approved licensed med NC 4-H health care personnel the background to form should be provided to NC 4-H. Provide com	lical personnel within 24 provide appropriate ca	4 months of partic are. Keep a copy	ipation in the camp. The ir of the completed form for	ntent of this information is to provid
MEDICATIONS Please list ALL medications, even over-the-countered in the standard of county events, bring enough medorescribing physician (if prescribing drug), the national contents in the standard of th	dication to last the entir	e time you are av	vay. Keep it in the origina	I packaging/bottle that identifies th
☐ This person takes NO medications on a routing	e basis			
☐ This person takes medications as follows: Med#1	Ragenn	Dosage	Time taken	
Med#2				
Med#3l				
Med#4				
his person may take the following medications a				
☐ Aspirin ☐ Tylenol ☐ Ibupro	fen ☐ Benadryl	☐ Pepto-E	ismol 🗆 Other	
Known allergies to foods, drugs, insect stings	s or bites, etc:	· · · · · · · · · · · · · · · · · · ·		
*	to this is divi	idual:		
Restrictions - The following restrictions Dietary □ Vegetarian □ Vegan □ Other (describe)	s apply to this indivi	idual.		
Explain any restrictions to activity (e.g. what cann	ot be done, what adapta	ations or limitation	s are necessary):	
,				
General Questions (Explain "yes" answer	s.)			,
las/does the participant:	Yes No	40 Everbe	d chest pain during or after exerc	Yes No lse? □ □
. Had any recent injury, illness or infectious disease? 2. Have a chronic or recurring illness/condition?		iz. ever na	i onest bass animy of alles exelc	ov: u d
. Ever been hospitalized?				
. Ever had surgery? . Have frequent headaches?				,
S. Ever had a head injury?				
'. Ever been knocked unconscious?				
Wear glasses, contacts or protective eye wear? Ever had frequent ear infections?				
D. Ever been dizzy/passed out during or after exercise?				
Ever had epizuree	пп			

13. Ever had high blood pressure? 14. Ever been diagnosed with a heart murmur? 15. Ever had back problems? 16. Ever had joint problems? 17. Have any skin problems? 18. Have diabetes? 19. Have asthma? 20. Had mononucleosis in the past 12 months? 21. Have problems sleepwalking? 22. Have a history of bed wetting? 23. Ever had an eating disorder? Please explain "yes" answers, noting the number	of the questions.						
Tiedae explaint yes answers, noting the national	or the depotioner						_
Special medical concerns or conditions that event s previous injuries to bones/joints, etc:	supervisors should knov						
Which of the following has the participant had? ☐ Measles ☐ Chicken pox ☐ German measles							-
☐ Mumps ☐ Hepatitis A ☐ Hepatitis B ☐ Hepatitis C							
TB Mantoux Test Date of last test Result: □ Positive □ Negative Use this space to provide any additional information the NC 4-H should be made aware.							h -
Name of family physician:				Phone:	()		
Address:					Zip Code		
Street Address Name of family dentist/orthodontist:		City	State	Phone:	2.ip Code ()		
Address:Street Address		City	State		Zip Code		
Insurance Information		Oity	Otale		zip ooud		
The 4-H program purchases accident insurance to personal health insurance, and may not cover all the family or your insurance company for medical	accident or medical ex	penses. Therefore	, medical	provide	ars may find	not a substitute f l it necessary to b	fo: oil
Health Insurance Company							
Health Insurance Policy#				. ,	-		
Company Address							
Company Telephone Number ()							

Custody Release: You may be asked to produce photo ID at check-oup your child. I hereby give permission for my child, activity. My child will be released into the custody of:	out. This is for your child's safety. Please be aware of this policy before picking , to be allowed to leave the 4-H program after the							
(Names of Individuals authorized to	(Names of Individuals authorized to pick up your child)							
If it is necessary for my child to leave before the end of the program due to illness, injury, or behavioral issues, and I cannot be reached, I hereby give permission for my child to be released into the custody of:								
(Emergency contact or other individu	ual authorized to pick up your child)							
For 4-H Use Only: 4-H'er picked up by:	Staff Signature							
Parent/Guardian Authorization: This health history is correct and complete as	far as I know. The person herein described has permission to engage in all 4-H							
Parent/Guardian Authorization: This health history is correct and complete as activities except as noted.	Tar as I Know. The person nerein described has permission to engage in all 4-ri							
I hereby give permission to the NC 4-H to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to NC 4-H to arrange necessary related transportation for me/my child.								
The person herein described has permission to engage in all 4-H activities except as noted here:								
In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by NC 4-H to secure and administer treatment including hospitalization, for the person named above. This completed form may be photocopied for trips out of county.								
Signature of parent/guardian, or adult camper/staffer:								
Printed Name:	Date:							