4-H SUMMER W.O.W.

Check List

Name: _____ Enrollment Date: _____

School:_____ Grade: _____ Current Age: _____

(2021-2022)

PLEASE NOTE:

Due to 2021 enrollment restrictions this summer, there will ONLY BE FULL-TIME SLOTS AVAILABLE

- Registration/Membership Form 4-H WOW: _____
- Immunization Dates/Record: _____
- Insurance Information Form: (*must be notarized*) _____
- Release/Permission Form/Pickup Info: _____
- Code of Conduct: _____
- Program Identification /Sunscreen Form: _____
- Discipline/Behavior Policy: _____
- N.C. Aquatics Policy: _____
- Parent Rec. of Policies/Procedures: _____

Payment Forms:
Contractual Agreement: _____
DSS Voucher: _____
Voucher Beginning Period Date: _____

"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."

REGISTRATION/MEMBERSHIP FORM

Student Full Name: _____ **Current Age:** _____
Student Grade (2021-2022):_____ **School Attending:**_____
Parent/Guardian: _____
Male _____ **Female** _____ **Date of Birth** _____/_____/_____
Physical Address: _____
City_____ **State:**_____ **Zip Code:**_____
Mailing Address: _____
City_____ **State:**_____ **Zip Code:**_____
Daytime Phone: _____ **Evening Phone:** _____
Cell Phone: _____ **Parent E-Mail (optional):** _____
Date of Last Tetanus: _____ **Hospital Preference:** _____
Doctor: _____ **Doctor's phone number:** _____

***Please give any information concerning your student which will be helpful in his/her experience in group setting (such as play, eating and sleeping habits, special fears, special likes or dislikes).**

_____

Please check swimming ability: **Non-Swimmer** _____ **Beginner Swimmer** _____
Good Swimmer _____ **Advanced Swimmer** _____

Any dietary requirements that we need to know about (Please discuss below):

Describe: _____

Check below any medical condition and describe:
Diabetes _____ **Asthma** _____ **Ear/Eye Infection** _____ **Allergies** _____
Heart Disease _____ **Kidney Disorder** _____ **Mental Disabilities** _____
Physical Disabilities _____ **Other(s)** _____
Describe: _____

Check below any Allergic Reactions and describe preferred treatment:
Sun/Heat _____ **Insect Stings** _____ **Food** _____ **Drugs/Medications** _____ **Poison Ivy** _____
Peanut Products _____ **Other** _____
Describe:_____

IMMUNIZATION RECORD (ENTER DATE EACH IMMUNIZATION WAS RECEIVED):

DTP/DT: _____ **Polio:** _____ **HIB:** _____ **MMR:** _____ **Hepatitis:** _____

Please call your physician if unsure of dates! Immunization records may be faxed to the Avery County Cooperative Extension Center at (828)733-8293.

4-H Summer WOW

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: _____
Policy #: _____
Insurance Company Address: _____
Insurance Company Phone Number: _____

If you are a person with a disability and desire any assistive devices, services or other accommodations to participate in this activity(ies), please contact the Avery County 4-H Extension Agent at (828)733-8270 during the business hours of 8:00 am and 4:30 pm to discuss accommodations at least 1 day prior to the activity.

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 conditions, 4-H will make every effort to notify the parent/guardian, 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 on _____. I authorize any adult(s) acting as agents (including official volunteers) or employees of the Avery 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 executions.

Custodial Parent/Guardian Signature: _____ Date:_____

STATE OF NORTH CAROLINA
COUNTY OF _____

On this _____ day of _____, 20_____, personally appeared before me the said named, executed the foregoing instrument and he/she acknowledged that he/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_____.

(OFFICIAL SEAL)

_____
Notary Public
_____

4-H Summer WOW

Must be completed each year by 4-H'er and Parent/Guardian. If health history changes within that year, it is the responsibility of the participant's Parent/Guardian to provide updated information.

RELEASE FORM

*** If permitted, I give blanket permission for my student to be transported in a van/activity bus/personal vehicle to programs away from the community school. ☐ Yes ☐ No**

*** I give permission for my student to be photographed or videotaped for use in exhibits, displays, or news releases promoting the 4-H Summer WOW Program. ☐ Yes ☐ No**

*** I give the 4-H Summer WOW Program permission to authorize emergency care for my student in the event that neither I nor the family physician can be contacted immediately. ☐ Yes ☐ No**

*** On rare occasions, an emergency requiring hospitalization and /or surgery develops. As a general rule, anesthesia may not be administered to or operations performed upon a minor without written permission by his or her parents or guardians. Therefore, in order to prevent a dangerous delay, if an emergency does occur and we are unable to contact the parent or legal guardians, the parent/guardian is asked to sign the release form below. In the event of injury or illness to my student, I hereby authorize the 4-H Summer WOW staff to secure whatever treatment is deemed necessary and, if recommended by an attending physician, the administration of an anesthetic or surgery. ☐ Yes ☐ No**

*** I understand that in the event my student's behavior becomes a danger or a safety concern to his/her self, other participants or staff, I agree to pick my student up at that location immediately. ☐ Yes ☐ No**

*** Some 4-H Summer WOW activities are planned outside of the fenced areas at the playground. I give permission for my student to play outside the fenced area. ☐ Yes ☐ No**

*** I give permission for any 4-H Summer WOW staff to administer sunscreen as needed for my student to all exposed body areas to ensure skin protection. ☐ Yes ☐ No**

*** *I agree to furnish the 4-H Summer WOW Program a copy of any existing custody order or domestic violence protective order.* ☐ Yes ☐ No**

*** I understand that by signing below I am agreeing to all of the above releases. ☐ Yes ☐ No**

****Parent/Guardian Signature:_____ Date:_____**

STUDENT PICKUP INFORMATION

*** I give permission for the following person(s) to pick up my student and for them to serve as the emergency contact in the case neither parent or guardian can be contacted. My child/ward will be signed out daily by person responsible for pick up.**

Name:_____Relationship:_____ Home #_____
Work #:_____ Cell/Pager #:_____

Name:_____ Relationship:_____ Home #:_____
Work #:_____ Cell/Pager#:_____

Name:_____ Relationship:_____ Home #:_____
Work #:_____ Cell/Pager#:_____

***Parent/Guardian Signature:**
_____Date:_____

4-H Summer WOW

CODE OF CONDUCT FORM

PLEASE READ AND COMPLETE THE FOLLOWING FORM. THIS FORM MUST BE PRESENTED AT THE OFFICIAL REGISTRATION FOR THE AVERY COUNTY 4-H Summer WOW PROGRAM

THIS RELEASE is entered on the date hereinafter mentioned by and between the State of North Carolina through the Department of 4-H Youth Development, North Carolina Cooperative Extension Service, N.C. Department of Public Instruction, College of Agriculture and Life Sciences, North Carolina State University and the parties, their names described hereinafter:

Whereas, the State 4-H Youth Development Code of Conduct prohibits the following activities:

Possession and/or use of alcoholic beverages, tobacco products, and illegal drugs OR being present where individuals are partaking of alcohol, tobacco products and/or any illegal substances, Sexual interaction OR being present where individuals are participating in sexual interaction, and Possession of weapons or firearms, and Behavior that violates state or local laws, and Theft, misuse or abuse of public or personal property.

Whereas, the attendance and punctuality of the participants in scheduled meetings during this event is considered mandatory by all participants and unauthorized absence from premises of the event is prohibited, and

Whereas, the State 4-H Youth Development Code of Conduct requires that all members respect the property of others and the facility in which this particular 4-H sponsored event is held, and

Whereas, the policy of the Department of 4-H Youth Development and State 4-H Code of Conduct has been read expressly understood, and agreed to by the undersigned;

NOW THEREFORE, in sole consideration for the opportunity extended to the undersigned 4-H participant by the State of North Carolina to participate in the event, the parties enter into this release and mutually agree to the following:

The undersigned for themselves, their heirs, executors, administrators, and successors assign individually, jointly, and severally do forever release and agree to save and hold harmless and indemnify the State of North Carolina, and its agencies, departments, officers, employees, and servants from any and all liability that may arise out of any action or failure to act by any party arising from the youth's participation in the 4-H event.

We realize that these guidelines are not all inclusive and that the event supervisor(s) reserve the right and extend these policies. In general, exercising good judgment will prevent occurrences which are not within the best interests of participants or the 4-H event.

We, the undersigned, have carefully read the foregoing release, know the contents thereof, and sign it as our own free act. Any infraction of the above may necessitate the participant's parent/guardian being notified and the even supervisor(s) determining an appropriate penalty which may include the participant being sent home at parent's/guardian's expense and /or suspended from future 4-H activities.

Parent's signature of agreement _____ **Date** _____

Participant's signature of agreement _____ **Date** _____

Parent/Guardian may be reached at: Home _____ **Work** _____

4-H Summer WOW

Program Identification Form

Student Full Name: _____ Age:_____ Grade:_____ Weight: _____Gender:_____
Race:_____ Hair:_____ Eyes:_____ Height: _____
Phone: Home:_____ Work:_____ Cell:_____

Mailing Address: _____ Physical Address: _____

Parent/Guardian: _____

Emergency Contact Name & Number(s) (other than above):
_____

Recent Photo of youth

PERMISSION TO ADMINISTER SUN SCREEN FORM

Student's Full Name: _____ DOB : _____

We use a variety of SPF Strengths starting with 30 through 50 SPF.
Sunscreen should be used:

_____ On sunny days only _____ Each day **OR** _____ Each time my child goes outside
Sunscreen should be applied to:____ All exposed areas **OR** ____ Face/Neck ____ Arms/Hands _____Legs/Feet

If you prefer, you may send your student's own personal sunscreen. Sunscreen is considered a medication and must be labeled and locked at all times. A medication permission slip must be signed and accompany sunscreen. Please fill out the following information if you are providing sunscreen for your child.

Brand Name: _____ Exp. Date: _____ SPF Strength: _____

Parent/Guardian Signature: _____ Date: _____

4-H Summer WOW

DISCIPLINE AND BEHAVIOR MANAGEMENT POLICY

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, non-violent, and understanding interaction from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy:

We:

1. DO praise, reward and encourage the students.
2. DO reason with and set limits for students.
3. DO model appropriate behavior for students.
4. DO modify the classroom environment to attempt to prevent problems before they occur.
5. DO listen to students.
6. DO provide alternatives for inappropriate behavior to the students.
7. DO provide students with natural and logical consequences of their behaviors.
8. DO treat students as people and respect their needs, desires and feelings.
9. DO ignore minor misbehaviors.
10. DO explain things to students on their level.
11. DO use short supervised periods of 'time-out'.
12. DO stay consistent in our behavior management program.

We:

1. DO NOT spank, shake, bite, pinch, push, pull, slap or otherwise physically punish the students.
2. DO NOT make fun of, yell at, threaten, make sarcastic remarks about, use profanity or otherwise verbally abuse students.
3. DO NOT shame or punish students when bathroom accidents occur.
4. DO NOT deny food or rest as punishment.
5. DO NOT relate discipline to eating, resting or sleeping.
6. DO NOT leave students alone.
7. DO NOT place students in locked rooms, closets or boxes as punishment.
8. DO NOT allow discipline of students by students.
9. DO NOT criticize, make fun of or otherwise belittle student's parents, families or ethnic groups.

I, the undersigned parent or guardian of _____

Student's full name

Do hereby state that I have read and received a copy of the facility's Discipline and Behavior Management Policy and that the facility's director/coordinator (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.

Date of Student's Enrollment: _____

Signature of Parent/ Guardian: _____

Date

** Distribution: 1 copy to parent/guardian; signed copy in student's site file.*

CONTACT INFORMATION:
Avery County Cooperative Extension Center
661 Vale Road
Newland, NC 28657
Phone: (828)733-8270
Fax# (828)733-8293

4-H Summer WOW

4-H AQUATIC POLICY

The Water Policy will be in effect for the Avery County 4-H Summer W.O.W. Program. The Policy states that every participant that is a non-swimmer must now furnish their own life jacket or use 4-H water wings for them to participate in water related activities. These life jackets must be clearly marked with their name on it and brought each time an event offers water related activities. Students will also be required to pass a swim test to determine if they can swim in the deep end. Your student will not be allowed to participate unless they comply with these new rules. The swim test that will be used is by the WSI Standards. Neckbands will be worn colored coded according to his/her swimming ability. Each week participants will be given the opportunity to re-test after they have worked with certified lifeguard on staff. A list of participants and how they have tested will be kept at the Newland Elementary 4-H Summer WOW site.

10A NCAC 09.1403 – Aquatic Activities

- Aquatic activities are defined as activities that take place in, on, or around a body of water such as a swimming pool, swimming instruction, wading, visits to water parks and boating.
- For every 25 youth participating in aquatic activities, there must be a least one person who has a current lifeguard training certificate. These certified lifeguards cannot be counted in the required staff-child ratio.
- Children under the age of three may not participate in aquatic activities unless it is necessary to implement any child's Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP)
- The flowing staff-youth ratios must be maintained during aquatic activities:

Age of Youth	Ratio Staff/Youth
3 to 4 years	1 to 8
4 to 5 years	1 to 10
5 years or older	1 to 13

- Regardless of the number of youth participating, a minimum of two staff members must supervise aquatic activities.
- Adequate supervision must be maintained at all times. Half of the center staff needed to meet staff-child ratios must be in the water and the other half must be out of the water
- Staff must be positioned in pre-assigned areas that will allow them to hear, see and respond quickly to youth at all times.
- The center must develop aquatic activities policies
- Staff must sign and date statements that they have reviewed the policies.

Student's Name

Parent/Guardian Signature Date

4-H Summer WOW

RECEIPT OF PROGRAM RULES AND POLICIES

(PLEASE SIGN AND RETURN)

I, _____
(Parent/Legal Guardian Printed Name)

Parent/Guardian of_____,
(Name of youth participant)

have read and understand the rules, policies and regulations governing the Avery 4-H Summer WOW Program and I have also received and read the North Carolina Child Care Laws and Rules Summery Brochure.

Signature: _____

Date: _____