

**Fairfax County Extension**  
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Fairfax, VA 22030  
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**Date:** March 2022  
**To:** Parents/Guardians of youth interested in 4-H Junior Camp, June 19 - 23, 2022  
**From** India Pearson, 4-H Youth Development Extension Agent - Fairfax County  
Sharon Toth, 4-H Youth Development Extension Agent - City of Alexandria  
**RE:** Deborah Madden, 4-H Youth Development Extension Agent—Arlington County

Registration for 2022 Fairfax, Arlington, and Alexandria 4-H Junior Camp

### Information about 4-H Camp

The Fairfax, Arlington, and Alexandria 4-H Junior Camp is held at the Northern Virginia 4-H Educational and Conference Center in Front Royal, Virginia.

This year camp will be back to normal. We are confident that youth will have a safe, fun, and unforgettable overnight camp experience! We appreciate your flexibility as we adjust our program to meet enhanced safety standards.

Every morning at camp, campers will rotate through camp classes. We will offer six different tracks of classes which your child can preference in their application. There is free swim and recreation time each day, as well as evening programs and campfire.

Each room will be a part of a "den" which serves as the camper's "family" during the week of camp. "Dens" will rotate through camp activities together and are involved in different contests on various days. Bear Claws are awarded for spirit, participation, and demonstrations of good character.

Each year we recruit Teen Volunteers 14-18 to serve as Counselors for our camp. These teens, as well as our adult volunteers and 4-H Center Staff, complete a training series and are tested on core concepts before attending camp. In addition, each of Virginia's 4-H Centers is accredited by The American Camp Association, the authority on youth camping in the country. Our staff is trained according to the ACA requirements and you can rest assured that your child will have a safe, enjoyable experience at 4-H Camp!

VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

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Virginia Cooperative Extension programs and employment are open to all, regardless of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, genetic information, marital, family, or veteran status, or any other basis protected by law. An equal opportunity/affirmative action employer.

## Registration Information

Registration is open for the Fairfax, Arlington, and Alexandria 4-H Junior Camp (June 19 - 23 ,2022). Registration will close when camp fills, or in early June. After registration closes, incoming registrants will be placed on a waitlist. This year the camp fee is \$375 and includes meals and lodging for five days and four nights, a camp t-shirt, and class supplies.

### Age Eligibility:

Campers must turn 9 by 9/30/2022 and must be no older than 14 on 12/31/2022. To become a 4-H Camp Counselor, a teen must be 14 or older by January 1, 2022.

**IMPORTANT: Parents/guardians must provide transportation TO & FROM camp on Sunday, June 19th and June 23rd. All registration materials are included in this packet and should be completed in full and mailed to your local extension office.**

Arlington and City of Alexandria:

Virginia Cooperative Extension Attn: 4-H Camp, Lee Center, 1108 Jefferson Street, Alexandria, VA 22314.

Fairfax County:

Virginia Cooperative Extension, Attn: 4-H Camp, 12011 Government Center Pkwy, 10<sup>th</sup> Floor, Fairfax VA 22035

### Completed Applications Must Contain:

- Camper/CIT Registration
- 4-H Health History form with tetanus shot and media release completed
- Code of Conduct
- Optional Medication Form (see below)
- Optional Scholarship Application

### Optional Medication Form:

-Use this form only if camper will be bringing medication (prescription or over the counter) to camp. The Northern Virginia 4-H Center requires two (2) original medication forms: first form should be returned with the registration packet, and the second form is to accompany the medication turned in at check-in when we leave for camp.

**Remember:** Your child's application is not complete until all parts of the registration are complete and received by the office. Your application will be returned if any information or signatures are missing.

Please also note that **we accept applications based on residency**. You MUST submit your application to the office for the location in which you reside.

- *"I live in Arlington County but the Fairfax County office is closer to my work. Can't I just register with Fairfax County?"* **NO.** If you reside in one county and attempt to register with another, your registration will not be counted as received until it has been forwarded to the appropriate office.
- *"We live in Maryland but want to send our child to your camp. Can we still do that?"* **YES.** If you live outside of Fairfax, Arlington, and Alexandria, please include a brief note explaining your or your child's affiliation with the area and/or our camp. For example, if you want your child and her/his cousin to attend camp together, or if you recently moved out-of-state but your child has attended camp in the past.
- NOTE: Priority will be given to local residents, but we will accept campers who live outside the area as we are able and as we deem appropriate.

### **Payment for Camp**

As stated above, the 2022 camp fee for campers and CIT's is \$375.

**You will be contacted via email with payment instructions after you've registered and been accepted into camp. Once you receive that email, please submit your payment within 7 days so that we can reserve your spot.**

### **Scholarships**

A limited number of scholarships are also available on a need basis. Each applicant submitting a scholarship application is still asked to pay \$75 toward the camp fee to help with the cost of food and camp supplies.

***Scholarship applications are due by May 19th, 2022.*** The application is included in this packet.

### **Become a Sponsor**

Every year we are fortunate to be able to provide families in need with some camp scholarship funds. However, our funds are limited; we cannot always fill all scholarship requests, and families inevitably struggle to meet the cost of camp. This year, if you are able, please consider contributing funds towards sponsoring a camper whose family is in need. Contact your local office for more information.

### **Tax Credits**

4-H Junior Camp is an overnight camp. IRS Publication 503 states that, "The cost of sending your child to an overnight camp is not considered a work-related expense." In other words, **our camp is not tax deductible.**

## Refund Policy

Once you register for camp, if you discover that your child cannot attend for any reason, our refund policy is outlined in the table below. Please note that refunds go through Virginia Tech and take approximately 6-8 weeks to process.

If your program at the 4-H Educational Center is cancelled by Virginia 4-H, or by the state or federal government, fees will be fully refunded. If youth have to leave camp once they have checked in due to an exposure, a partial refund will be prorated and granted.

Dates	Percentage	Amount
Before May 19	100%	\$375
May 19 – June 10	50%	\$187.50
After June 10	0%	\$0.00

## Counselor-in-Training (CIT) Program

If you are 13 years of age as of January 1<sup>st</sup>, you are eligible to become a CIT at camp! CIT's take a special leadership course at camp, and are given extra responsibilities to prepare them to take on the role of counselor the following year. The CIT application and fee is the same as the camper application. Please follow the instructions indicated in the "To be a Counselor-in-Training" box on the registration form.

## Website Information

Visit our website at <https://sites.google.com/vt.edu/faacamp> for our most up to date information and more details about camp.



## Important Dates

<b><u>May 19, 2022</u></b>	<b>Scholarship Application Deadline</b>
<b><u>June 11, 2022:</u> <u>10:00-12:00</u></b>	<b>New Camper Orientation, Virtual</b>
<b><u>June 19 – 23, 2022: 4-H Camp!</u></b>	

We are excited to get into camping season, and hope you can join us!

### Call for Adult Volunteers

Have you ever wanted to come to camp with us? Good news! Every year we take a handful of adult volunteers to help with supervision, class facilitation, and other duties as assigned. Volunteers serve as Lodge Deans at night, help out during the day, and have plenty of time to rest and relax, basking in the unparalleled beauty of the Blue Ridge Mountains. If you're interested and willing to come with us, let us know! Volunteers must be 19 years of age by January 1, 2022 and receive training prior to attending camp and its Free!

Sincerely,

4-H Youth Development – Arlington County, City of Alexandria, & Fairfax County

*If you are a person with a disability and desire assistance or accommodation, please notify Octavia Walker in the Alexandria Extension Office at (703) 746-5546 during business hours of 8 a.m. and 5:00 p.m.*

## Camp Class Tracks

As a change this year, each camper will participate in one class track throughout the week.

### **Track A (CIT)**

**High Challenges:** With proper safety equipment, and under the watchful eye of trained facilitators, adventurers can advance their skills through scaling the Climbing Wall, and taking a Leap of Faith on our newest high element. \*Closed-toe shoes required.

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**Leadership Development:** Leadership is more than a title: do you have what it takes? Have fun practicing communication, cooperation, and leadership in 4-H style. There will be team challenges, problems to solve, and plenty of chances for you to influence others.

### Track B:

**Riflery:** After a few days of instruction you might be 4-H Camp's next "Top Shot." Learn sportsmanship as you compete with your fellow classmates. This class is run under the instruction of a trained, qualified instructor while focusing on SAFETY, shooting, and marksmanship skills. \*Closed-toe shoes required.

**Archery:** What do fletching, quivers, and Robin Hood all have in common? Find out when you learn basic archery skills in this class taught by a trained instructor. Class will have a strong emphasis on SAFETY and mastery. \*Closed-toe shoes required.

**Teambuilding:** Learn to communicate and work together as you tackle elements on our Low Challenge course. Just don't get stuck in the SpiderWeb! \*Closed-toe shoes required.

### **Track C:**

**Canoeing:** A paddle, a life jacket, and a canoe – it doesn't get much better than this! Come to class prepared to learn some basic canoeing strokes, safety, and have fun as you navigate the wild, wonderful waters of Lake Culpeper! If you are lucky you might even get to go for a dip if you choose to tip your canoe on the last day.

**Campfire Cooking:** Going on a day hike or an overnight campout? Campers will learn how to make simple, tasty, and fun foods that will keep them going all day. Learn how to cook over a campfire so you can share your new favorites with friends and family on your next camping trip.

**Leather Craft:** Hammer, stamp, stain and be creative! Leather craft gives you the opportunity to use leather to get creative, making key chains, nametags and bracelets with your personal mark on each one. This highly active and creative crafts class lets campers use their imagination to develop skills and possibly a hobby to last a lifetime.

## Track D:

**Dance Performing Arts:** Are you ready to be the next contestant on Dancing with the Stars? Campers will play fun acting games, learn unique dance combos, and work on their overall performance skills. Through the art of dance and performing techniques, campers' confidence will soar as they learn to be well-rounded performers and have the opportunity to choreograph their own dance.

**Yoga:** Strengthen your head, heart, hands, and health through yoga. You'll learn to increase fitness, decrease stress, and improve mental focus in a noncompetitive manner. Camel pose? Cow pose? Cobra pose, anyone? Don't know what these are? RELAX. You will after this fun class.

**Forestry/EE:** Take this class if you are interested in exploration, adventure, discovery, and "wow" moments. With nature as our classroom, we will spend time investigating Happy Creek, hiking on the Appalachian Trail, building habitats for wildlife, exploring the diversity of life that Lake Culpeper supports, and finding out cool facts about the day's "creature feature."

## Track E

**Field Sports:** Have a ball as you take part in some of the most popular camp games, including Gau-Gau, foursquare, basketball, volleyball, soccer, kickball, ultimate frisbee, discgolf, flag football, and more! Perfect for those who want to learn the basics and rules of the games.  
\*Closed-toe shoes required.

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**Legos:** Explore the world of Legos as you create your world greatest creation.

**Photography:** Youth will get to explore camp through a different "lense" and capture great moments of camp.

## Track F:

**Swimming:** For campers with little or no swimming experience, or who are not comfortable in depths over 4 feet, this class will help you learn to have fun in the water. Covers basic strokes, learning to swim under water, floating, and treading water. For campers who can swim unaided across the pool and feel comfortable in depths over 4 feet. This class covers more advanced strokes, uses the diving board, and other fun water activities.

**Outdoor Living Skills:** Learn all about the skills it takes to thrive and survive in the outdoors. Pitching tents, hiking, and creating your own water filtration system are all things you will tackle in this class! Oh, yeah, and everyone who takes this class will get to eat s'mores while learning about the stars that exist in the night sky! \*Closed-toe shoes required.

**T-Shirt Art & Crafts:** Let your creativity shine and create a work of art you can wear. Play with colors, textures and patterns to create that's uniquely YOU! You can even bring it home to show off to your family and friends. What's not to love?



## Fairfax, Arlington, Alexandria 4-H Junior Camp

### June 19 - 23rd, 2022

### Camper/CIT Registration Form

First Name:

Last Name:

Address:

City:

State:

Zip:

Birthdate:

Age as of Jan 1st:

Gender:

Parent/Guardian  
Name:

Email:

Primary Phone:

Alt. Phone:

School Name:

Food Allergies:

Other Allergies:

T-Shirt Size (**adult sizes**):

SMALL

MEDIUM

LARGE

X-LG

Roommate  
Requests:
Indicate your top  
track preferences:

1st:

2nd:

3rd:

**Important Note:** Please, if you would like to share a room with someone please have everyone include everyone's name on the roommate request section. \*please not this is a request and we may not be able to accommodate based on camp regulations.

#### To be a **Counselor-In-Training**

By initialing in this box, I declare my intent to be a Counselor-In-Training at camp this year and commit to service and appropriate conduct therein. I have also indicated the **Track A** as my first choice in my class selection on requests above.



**INSTRUCTIONS:** Please provide detailed health information for determining appropriate supervision, support, and accommodations for the 4-H activity or event listed. **A parent or guardian must sign.** If the participant is a person with a disability and desires any assistive devices, services or other accommodations to participate in this activity, please contact your local Extension office during business hours at least 7 days prior to the event to discuss accommodations. **PLEASE PRINT ALL INFORMATION.** (NOTE: Both sides of this form must be completed.)

Name of 4-H event in which you wish to participate: \_\_\_\_\_

Date(s) of event: \_\_\_\_\_ Location: \_\_\_\_\_

**PARTICIPANT IDENTIFICATION**

Name: \_\_\_\_\_ Gender identified with: \_\_\_\_\_  
Last First (Underline name by which you like to be called) Middle

Mailing address: \_\_\_\_\_ Participant cell phone: ( \_\_\_\_\_ ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Home phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Home email: \_\_\_\_\_

Ethnicity (choose one): Hispanic/Latino  Not Hispanic/Latino

Race (choose all that apply): American Indian/Alaskan Native  Asian  Black/African American   
 Native Hawaiian/Other Pacific Islander  White

**PARENT / GUARDIAN IDENTIFICATION** (Place a check beside who to reach in the event of an emergency.)

First parent/guardian name: \_\_\_\_\_ First parent/guardian email: \_\_\_\_\_

First parent/guardian phone daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Second parent/guardian name: \_\_\_\_\_ Second parent/guardian email: \_\_\_\_\_

Second parent/guardian phone daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Who has primary custody of the participant? \_\_\_\_\_

Address, if different than child: \_\_\_\_\_

**PHYSICIAN / INSURANCE INFORMATION**

Family physician name: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Dentist/orthodontist name: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**Do you carry family medical / hospital insurance?:** Yes  No

Carrier: \_\_\_\_\_ (Check  one)

Policy ID #: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION** (Parts 1 and 2 should be completed)

1. Where can you be reached in the event of an emergency?

Location: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Cell phone: ( \_\_\_\_\_ ) \_\_\_\_\_

2. If you **Cannot** be reached, who should be notified?

Name: \_\_\_\_\_

Home phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Work phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Cell phone: ( \_\_\_\_\_ ) \_\_\_\_\_

(continued on back)

**4-H PARTICIPANT MEDIA RELEASE**

The Virginia Polytechnic Institute and State University/College of Agriculture and Life Sciences (CALS) periodically uses electronic and traditional media (e.g., photographs, video, audio footage, testimonials) for publicity and educational purposes. By my signature on this form, I acknowledge receipt of this document and give permission to the College of Agriculture and Life Sciences and its designee to use such reproductions for educational and publicity purposes in perpetuity without further consideration from me.

I understand that I will need to notify Virginia Tech/College of Agriculture and Life Sciences if any changes to my situation occur that will impact this media release permission.

**Yes**  **No**

**PARTICIPANT HEALTH AND MEDICAL HISTORY**  
(Questions 1-5 must be completed.)

**1. SPECIAL DIETARY NEEDS**

*INSTRUCTIONS: The purpose of this section is to communicate special dietary needs, food allergies, etc. for any child, teen, or adult who will be attending a 4-H event.*

In the space below, please list all **food allergies and/or other dietary restrictions** for the person listed above and any necessary precautions that should be taken:

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**2. Has the participant ever experienced (or had special needs in) any of the following?**  
[Check (✓) all that apply]

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Asthma           | <input type="checkbox"/> Bleeding disorders   | <input type="checkbox"/> Attention disorders (ADHD) |
| <input type="checkbox"/> Eating disorders | <input type="checkbox"/> Seizures/Convulsions | <input type="checkbox"/> Wears contacts             |
| <input type="checkbox"/> Diabetes         | <input type="checkbox"/> Bed Wetting          | <input type="checkbox"/> Behavior                   |
| <input type="checkbox"/> Fainting spells  | <input type="checkbox"/> Non-food allergies   | <input type="checkbox"/> Other: _____               |

Please describe any condition or need that you checked:

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**3. Is the participant experiencing any current health problems, under medical care, receiving mental or behavioral services, or currently taking medication?**

- YES  NO If YES, please explain: \_\_\_\_\_

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**4. Has the participant undergone surgery, or experienced any injury, illness, allergy, or change in health status any time during the last year? Is there any reason that participation in a program or activity should be restricted?**

- YES  NO If YES, please explain: \_\_\_\_\_

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**5. What else should we know about your child?**

4-H programs include very rewarding, but sometimes challenging situations. Please inform us of any concerns that may arise related to your child's physical, mental, emotional, and/or social health in order that we may better provide appropriate supervision and support.

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**APPROVAL / EMERGENCY AUTHORIZATION**

(Please read parts 1 and 2. If the participant is under 18, parents/guardians must sign in the space provided. If you are over the age of 18, please sign for yourself. If you cannot sign this due to religious reasons, you must contact your Extension office to obtain a legal waiver that must be signed. **If this section is not signed, participation in the 4-H event/activity will not be allowed.** You must contact your Extension office if there is a change in health status after submitting this form.

1. I give my permission for the participant named on this form to attend the designated 4-H program. He / She has permission to participate in all activities which may include swimming and other water sports under the supervision of lifeguard(s) and to take part in other scheduled activities such as firearm safety, horsemanship, archery, low ropes, physical activity/exercise and related activities under the supervision of instructors; subject to limitations noted herein.
2. I hereby give permission to the medical staff person selected by the event/activity director to order X-rays, routine tests and treatment for my child (or for myself if I am a participant over 18 years old) as medically necessary. I also give permission for the participant to receive over-the-counter medication as needed under the guidance of the medical staff person. I understand that all attempts will be made to notify parents/guardians of any serious injury or illness to their child. If I cannot be reached in an emergency, I hereby give permission to the medical staff person to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me/ or the participant named on this form. This form may be photocopied for use outside of the event/activity location.

**ADULT PRINTED NAME:**

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**SIGNED: X** \_\_\_\_\_  
(Parent / Legal Guardian or participant over 18 years old)

**Date:** \_\_\_\_\_

*I understand and agree to abide with any restrictions placed on my activities according to this form.*

**YOUTH PRINTED NAME:**

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**SIGNED: X** \_\_\_\_\_  
(Participant under 18 years old)

**Date:** \_\_\_\_\_

**IMMUNIZATION HISTORY (This must be completed)**

**Are your child's immunizations up to date?**  YES  NO **Date of most recent tetanus shot: (month/year)** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**RELEASE AUTHORIZATION**

**I give permission to the following individual(s) to pick up my child at the conclusion of this 4-H event:**

Name(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Sign below at time of pick up** (Receiving person must be pre-listed above):

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



UNIT: \_\_\_\_\_

4-H YEAR: \_\_\_\_\_

## VIRGINIA 4-H STANDARDIZED CODE OF CONDUCT FOR 4-H PROGRAMS/EVENTS

### Purpose

The purpose of the 4-H program is the positive development of youth. We believe in creating a safe learning environment that encourages the four-fold development of a young person (i.e., Head, Heart, Hands, and Health). We expect all persons involved in 4-H (youth members, parents, teen/adult volunteers) to practice behaviors that foster the total development of youth. Each 4-H member and associated individuals participating in 4-H activities must accept the responsibility of creating a positive image that reflects 4-H ideals. Furthermore, the Virginia 4-H program recognizes that "CHARACTER COUNTS!" All 4-H participants are representatives of the program and should always strive to uphold the following standards: Trustworthiness, Respect, Responsibility, Fairness, Caring, and Citizenship. In seeking uniformity in the conduct expected at 4-H programs/events, the following code of conduct has been developed to provide a clear understanding of expectations. Participants and parents/guardians must sign this form in order to participate.

### Code of Conduct

1. For the safety and wellness of all participants, a completed and signed 4-H Health History Report Form is required for participation in 4-H events. In addition, medications and medication forms (for all participants under 18 years old) must be turned in at the registration table upon arrival at the 4-H event (or according to another system outlined in the registration/orientation information).
2. Participants should attend and be actively involved in all scheduled activities as part of this 4-H program/event (unless under the supervision of a medical staff person.) Curfew is to be followed as specified in the schedule for overnight events. Failure to be in assigned locations may lead to dismissal from the 4-H event. Some areas are off-limits to participants (ex: swimming pool; bodies of water such as lakes and rivers; challenge course, etc.) unless under appropriate instructor supervision.
3. Visitors to a 4-H program/event must check-in with the Extension Agent, Program Director, or other adult in charge of the 4-H program/event upon arrival.
4. Participants should remain at a 4-H program/event until the program/event is scheduled to end. Participants may not leave a 4-H program/event without prior permission from Extension Agent, Program Director, or other adult in charge of the 4-H program/event. Participants may only be picked up from a 4-H program/event by the person designated on the 4-H Health History Report Form. Identification may be requested at the time of pick-up.
5. Participants are expected to follow the directions of 4-H volunteers and paid staff. All 4-H'ers are under the supervision of the Extension Agent, Program Director, or other adult 4-H leader responsible for the 4-H program/event.
6. Participants should respect the property of others and be responsible for themselves. Deliberate destruction or removal of facilities or equipment is not permitted. Financial responsibility for any damages caused by deliberate destruction will be assumed by the participant and/or parents/guardians. The same applies to the property and personal items of other participants.
7. Participants should treat all others and themselves with respect. Aggressive, abusive, vulgar, or violent language and behavior towards others (ex: fighting, threats, insults, cursing, discrimination, etc.) are not permitted.
8. Participants should respect the privacy of others. Girls are not permitted in boys' lodging rooms nor are boys permitted in girls' lodging rooms.
9. Participants are expected to dress appropriately based upon the guidelines established by the person in charge of the 4-H program/event.
10. Possession, distribution, or use of fireworks, weapons, knives, or other items that can be used as a weapon are not permitted at 4-H programs/events, except under adult supervision in scheduled instructional activities (ex: shooting education class supervised by a certified instructor, etc.).

11. Possession, distribution, or use of alcoholic beverages, illegal drugs, tobacco products, and unauthorized prescription drugs are not allowed at any 4-H sponsored program/event and must be reported to law enforcement. The Virginia 4-H program reserves the right to conduct a search of a participant's outer clothing, luggage, personal belongings, lodging rooms, and furniture being used by a participant(s) if there is "reasonable suspicion" that the participant has drugs, alcohol, or weapons.
12. Animals and pets are not allowed at 4-H programs/events unless needed to accommodate a disability or as part of an organized program, or through specific authorization from Extension Agent, Program Director, or other adult in charge of the 4-H program/event. Animals that are used as part of a 4-H program/event should always be provided with proper care.
13. Electronic and mechanical devices (ex: cellular phones, pagers, walkie-talkies, video games, radios, CD players, TV's, laptop computers, etc.) are not allowed at 4-H programs/events unless they are needed as part of an organized 4-H program/event, or with authorization from the Extension Agent, Program Director, or other adult in charge of the 4-H program/event. Without authorization, these items will be confiscated and returned to the participant (or the participants' parents/guardians) at the end of the program/event.

**Consequences**

Unacceptable behavior during a 4-H program/event (as defined within this **Virginia 4-H Standardized Code of Conduct** or through a review process by 4-H staff/volunteer) will result in consequences to the participant. Consequences may include:

1. early release from this 4-H program/event without refund,
2. restitution or repayment of damages,
3. denial of future participation in the 4-H program/event at the local, district, state and national levels for one or more years (as determined by the unit staff in charge of, or responsible for, the 4-H program/event),
4. forfeiture of financial support for a 4-H program/event
5. removal from 4-H offices held (if applicable), and
6. releasing the youth to the appropriate law enforcement agency and/or the proper authorities.

NOTE: Any conduct not specifically covered by this **Virginia 4-H Standardized Code of Conduct**, but deemed inappropriate by those responsible for the 4-H program/event will be viewed as a violation and appropriate action will be taken. If an infraction occurs, the person in charge of the 4-H program/event will provide appropriate communication to parents/guardians.

**Signature(s)** (Both signatures are required for participants under 18 years old.)

*I have read and understand the above "Code of Conduct" and will abide by the expectations described in the Code-of-Conduct. I understand that if I act inappropriately I will have to accept responsibility for my actions that may result in the consequences listed above.*

\_\_\_\_\_   
 Participant Printed Name

\_\_\_\_\_   
 Participant Signature

\_\_\_\_\_   
 Date

*I have discussed and reviewed this "Code of Conduct" with my child. I understand that failure to abide by this 'Code of Conduct' may result in the consequences listed above which includes no refund. In the event that this code is violated, I agree to come to the 4-H program/event to pick up my child at the request of the adult in charge of the 4-H program/event. I further understand that I refuse to pick up my child, am unavailable, or fail to make timely arrangements to retrieve my child, 4-H program/ event staff may contact law enforcement or social services to provide necessary protection for a child in need of services. I acknowledge responsibility for all fees/charges that may result from said services.*

\_\_\_\_\_   
 Parent/Guardian's Printed Name (for participant under 18 years old)

\_\_\_\_\_   
 Parent/Guardian's Signature (for participant under 18 years old)

\_\_\_\_\_   
 Date



# Virginia Cooperative Extension

REVISED 2009

PUBLICATION 388-036

\*18 U.S.C. 707

## 4-H Event Medication Form

**INSTRUCTIONS:** Please complete this form for all medication(s) your child will be taking as needed, *including over-the-counter medications* for headaches or cold, inhalers, etc.

**NOTE:** This form must accompany your child to the 4-H event only if he/she is taking any medication. **Please read the following information** related to the "Medication Policy." Your signature below indicates that all information provided on this form is correct and you understand the 4-H center medication policy.

### Medication Policy

- 3 Youth under 18 years old **will not be allowed** to keep ANY medicines with them.
- 3 All medications submitted at the 4-H event registration **must** be in the **ORIGINAL CONTAINER** with the youth's (or teen's) name **printed on the bottle**.
- 3 Zip-lockbags, other bottles, bottles printed with someone else's name, or any other type of container besides the original, **will not be accepted**.
- 3 Actual dosage listed on the bottle must be followed **unless** there is a written note from the prescribing doctor outlining different indications.

**THERE WILL BE NO EXCEPTIONS TO THIS POLICY.**

**I have read and understand the above policy.**

**Parent/Guardian initials:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Member's Name: \_\_\_\_\_

Parent/Guardian Phone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Medication Name (include any special instructions)	As Needed	Break-fast	Lunch	Dinner	Bedtime

**FOR ADDITIONAL MEDICATIONS ATTACH ADDITIONAL COPIES OF THIS PAGE.**

### Medication Release

(Do not sign this line until you pick your child up from the event.)

My signature below indicates that I have picked up all medications from the 4-H staff person following the completion of the 4-H event.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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VT/0109/W/388036





## RESOURCE 19: Special Dietary Needs Form

### Special Dietary Needs Form

*INSTRUCTIONS: The purpose of this form is to communicate special dietary needs, food allergies, etc. for any child, teen, or adult who will be attending 4-H camp.*

*Please complete this form and send it to your 4-H center (Attention: Program Director and Food Service Manager/Director) no less than 2 weeks prior to your 4-H camp.*

NAME: \_\_\_\_\_

UNIT (County/City): \_\_\_\_\_

#### CHECK ONE:

- Camper (5-13 years old)                       Counselor-in-training (13-14 yearsold)  
 Teen Counselor (14-18 years old)         Adult volunteer or Extensionfaculty/staff

In the space below, please list all **food allergies** for the person listed above and any necessary precautions that should be taken:

In the space below, indicate any **food restrictions (non-allergy)** for the person listed above and food substitutes that may be considered: