



**“KIDS TAKING CHARGE”  
4-H DAY CAMP  
MARCH 24-28, 2008**



**“Kids Taking Charge” Day Camp is to help prepare kids for times when they have to stay at home after school. It helps them learn basic safety principles, prepare healthy snacks, make good use of their leisure time, and cope with staying home alone for the brief time that a parent might be away. Lots of hands on activities have been arranged to make learning fun. (See day camp agenda on back of page.)**



**This day camp will be held in the Ag Center Auditorium and will run from 8:30am through 4:30pm daily. Each child will need to bring a brown bag lunch daily. However, healthy snacks will be provided daily. To register for this day camp you will be required to pay the registration fee of \$25 in full and complete the Registration Form and Florida 4-H Participation Form. The camp will be filled on a first come, first served basis. Pre-registration is due by February 29th.**

**Please make checks payable to Baker County 4-H.**



Kids Taking Charge: On My Own and OK Day Camp  
Spring Break, March 24- 29, 2008

Times	Monday	Tuesday	Wednesday
8:30 - 9:00 AM	Introduction & Get to Know You time	Team Building Game	Same
9:00 - 11:00 AM	"Feelings / Emotions" Activities	"Personal Safety"	"Daily Routines"
11:00 - 12:00PM	Healthy Snack Preparation	Same	Same
12:00 - 1:00 PM	Brown Bag Lunch & Eat Healthy Snack	Same	Same
1:00 - 2:00 PM	Quiet time Games and Movie	Same	Same
2:00 - 4:00 PM	"Kitchen Safety & Nutrition"	"Household Safety"	"Leisure Time Planning"
4:00 - 4:30 PM	Clean Up, Active Games and Prepare to Depart	Same	Same

Times	Thursday	Friday
8:30 - 9:00 AM	Same	Same
9:00 - 11:00 AM	"First Aid"	"How to Cope with Staying Home Alone"
11:00 - 12:00PM	Same	Same
12:00 - 1:00 PM	Same	Same
1:00 - 2:00 PM	Skit Preparation	Skit Preparation
2:00 - 4:00 PM	"Getting Along with Brothers and Sisters"	Skits
4:00 - 4:30 PM	Same	Same



**“KIDS TAKING CHARGE” DAY CAMP  
MARCH 24-28, 2008  
Registration Form**



**Camper’s Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Activity Permission Slip:**

As legal guardian or parent of \_\_\_\_\_, I give my permission for him/her to attend and participate in all the activities planned for the day camping program. I have fully reviewed the agenda and am aware of all the events my child will be involved in during the day camp week.

**Food Allergies: VERY IMPORTANT:** We will be preparing and eating healthy snacks during this day camp. Please list any food allergies that your child has or may have: \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Office Use Only:**

**Checks payable to: Baker County 4-H**

**Registration Fee of \$25 Received**

**Florida 4-H Participation Form Received**

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



**SURVEY & EVALUATION RELEASE**

- I hereby establish my willingness to participate as an adult (i.e. 4-H Leader, other volunteer, parent/guardian, site manager, etc.) and give permission for my child (under 18 years of age) to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program.
- I understand that participation in surveys and evaluations is voluntary and that my child and I may choose not to participate and may withdraw from surveys or evaluations without impact on my or my child's eligibility to participate in the 4-H program.
- I understand that my child or I may be asked for consent before completing a survey or an evaluation.

**No, I am not willing to participate – or give permission for my child to participate – in any program evaluation.**

**FLORIDA 4-H EVENTS – YOUTH/ADULT CODE OF CONDUCT**

As a participant in Florida 4-H events, I have the responsibility of representing Florida 4-H programs to the public. I am expected to conduct myself in a manner that will bring honor to me, my family and 4-H. To do that, I must:

- 1) Obey local, state and federal laws. Follow policies set for county, district, state or national 4-H youth programs. I am responsible to know the rules for the event.
- 2) Speak and act in a responsible, courteous, and respectful way.
- 3) Act responsibly to maintain a safe environment for all participants. Report threats to the wellbeing of a participant.
- 4) Know that the use or possession of tobacco, alcohol and illegal drugs is prohibited at all 4-H events.
- 5) Know that the possession or use of firearms is prohibited, except when part of an approved educational program.
- 6) Respect all persons, facilities and vehicles. I will be responsible for any damage caused resulting from my behavior. Know that harassment of any type is illegal.
- 7) Help others have a pleasant experience by making every attempt to include all participants in activities.
- 8) Be in the assigned program area (for example: dorms, cabins, programs, etc.) at all times. If I am unable to attend, I will tell the adult in charge.
- 9) Dress appropriately for each event.
- 10) Not use a cell phone during any scheduled events. I understand that abuse of this could lead to loss of cell phone privileges or confiscation of my phone.

**PARTICIPANT:** *I have read the Florida 4-H Events Code of Conduct above and agree to live up to the expectations. I realize my failure to do so could result in a loss of privileges during the event and/or in the future.*

**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**VERIFICATION**

I, \_\_\_\_\_ (parent/guardian or adult participant) understand participants will be supervised and that, if serious illness or injury develops, medical and/or hospital care will be given. I hereby give my permission to the attending physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child or myself and affirm that the information set forth in the Health History is true and correct to the best of my knowledge and belief. I realize the event's insurance will only cover a portion of the medical costs and I, or my personal insurance, may be responsible for the remaining expenses.

**Parent/Guardian or Adult Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I have read and understand the Florida 4-H Events Youth/Adult Code of Conduct, Publicity Release and Survey & Evaluation Release.

**Parent/Guardian or Adult Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I hereby release the Florida 4-H Foundation, local extension boards, the University of Florida, the State of Florida, and their agents, trustees, officers and employees, from all claims, demands, and causes of action of any kind, including claims of negligence, which may arise from participation of myself or my minor child in any Florida 4-H sponsored activity, and this release is specifically granted in consideration of the services, programs and activities being provided by Florida 4-H.

**Parent/Guardian or Adult Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# Directions for Florida 4-H Participation Form

This form is to be completed at least once per year for all 4-H members. Adults are required to use this form for state events and activities. All participants should review and update their form before each out-of-county event. Below are explanations for sections where questions are anticipated.

**Date of Birth and Age:** Optional for adults.

**Primary Emergency Contact:** Parent or Guardian of youth; Spouse, or other contact for adults.

**County/District:** Where participant is enrolled or registered for 4-H; not necessarily the county they live in.

**Home Address:** Participant's primary mailing address.

**E-mail:** Optional, but useful for activity coordinators

**Alternate Emergency Contact:** Someone other than the Primary Emergency Contact. Please include their phone number to the right of their name.

**Family Doctor:** If consultation is needed, please include the doctor's phone number to the right of their name.

**Name of Insured:** List the individual who the insurance is provided through. Relationship could be: self, father, mother, spouse, etc. Please note the event's insurance will only cover a portion of the individual's medical costs and you, or your personal insurance, may be responsible for additional expenses.

**Health History:** This section is important to help the activity coordinators and health care providers be aware of serious or special medical issues and diagnose problems. It is the parents' or participants' responsibility to keep this and other sections current. Please use the blank/lined section to provide details on any serious conditions that need explanation. **Be sure to include any medications the participant is currently using.**

**Publicity Release:** Only needs to be checked if the participant refuses to allow their voice or image to be recorded.

**Survey and Evaluation Release:** This permission only needs to be checked if the participant refuses to be involved in any program evaluation.

**Youth/Adult Code of Conduct:** All participants (regardless of age) must read and sign this section. Adults are included in this section for the purpose of maintaining effective role models and chaperones.

**Verification:** Must be signed by adult participants, parents, or guardians. Youth participants 18 years and older may sign, but a parent or guardian signature is preferred.

This form must be present for all participants at each event and while traveling to these events. Check with your County Extension Office for county specific information.