

Tri-County 4-H Camp: Morrow Registration Form: July 10th-13th



COST: EARLY BIRD- \$100.00 DUE MAY 17TH, 2024
 LATE REGISTRATION: \$125.00 AFTER MAY 17TH, 2024
REGISTRATIONS WILL NOT BE ACCEPTED AFTER MAY 24TH, 2024
 Make checks payable to: Morrow County 4-H Association
 PO Box 397, Heppner, OR 97836

* = Required Fields Please print

Last Name* _____ First Name* _____ MI _____

Preferred Name _____ Email* _____

Address* _____ City* _____ ST* _____ Zip* _____

Birth Date* (MM/DD/YYYY) _____ Age _____ Gender* Male Female Other

Primary Phone* _____ Cell Phone _____

Room assignments for overnight accommodations are made based on the participants self-identified gender on the registration/enrollment form. We place youth participants, counselors, and adult chaperones in alignment with their self-identified gender.

Parent 1	Parent 2
First* _____ Last _____	First _____ Last _____
Address (if different) _____	Address (if different) _____
City _____ Zip _____	City _____ Zip _____
Home # _____ Work# _____	Home # _____ Work# _____
Cell # _____	Cell # _____
E-mail _____	E-mail _____

Other Emergency Contact Name* _____ Phone* _____ Relationship _____

T-Shirt Size (check one) Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large
 Turn in Registration by MAY 18th Adult Extra Large

I understand that 100% attendance is required unless some unforeseen emergency arises (sick, family emergency, vehicle issues, homesickness, etc.) Youth will be at camp from check-in (2-3 pm on Wednesday through closing ceremony on Saturday (11 am) (check one) Yes No

Allergies to Food or Special Dietary Restrictions? (check one) Yes No If Yes, describe: _____

Grade completed at camp time* _____

Current Medications: Please List All

If possible, I would like to be in a tent with _____ (You may list ONE person, and they should be in the same grade or only one grade different from you, requests are not a guarantee. You may not request a specific counselor. Please list anyone they should not be placed with in a tent as well)

Do you need accommodations for a disability to participate in this program? Describe: _____

Other requests/Notes: _____



Oregon State
University



OREGON 4-H YOUTH DEVELOPMENT PROGRAM-YOUTH CODE OF CONDUCT

The 4-H Pledge does a great job of stating what we hope young people will learn and do in 4-H. ***I pledge my head to clearer thinking*** –this means a 4-Her is committed to learning the knowledge and skills that will help them to make wise decisions, and develop independence, which is an Essential Element of 4-H. In doing the work of developing independence, a 4-Her must become committed to exercising self-discipline, and thoughtful action.

By signing this form, I agree to conduct myself in a responsible manner and abide by all expectations as stated:

- 1.Treat all people, places and things at 4-H events and activities with respect.
- 2.Behave in ways that are respectful to other members, adult volunteers, and program leadership.
- 3.Be caring; do not hurt other people or myself.
- 4.Treat animals humanely and provide them appropriate care.
- 5.Be honest; admit it and apologize when you make mistakes.
- 6.Be present and on time to 4-H program activities and participate in all scheduled sessions.
- 7.Cooperate with adult volunteer's and Extension faculty and staff's leadership. Contact the adult volunteer or Extension faculty/staff regarding any conflict or problems during the activity or event.
- 8.Use technology during free time, or in ways that contribute to the goals of the program.
- 9.Use good judgement in selecting clothing appropriate for weather and occasion, and dress in accordance with any safety requirements associated with specific activities.
- 10.Not possess nor use alcohol, tobacco, fireworks, weapons, illicit drugs, or medication(s)not prescribed to me or in a manner not in keeping with my prescription.
- 11.Know and follow the applicable policies of the Oregon State University, Extension Service, and guidelines of the 4-H Youth Development Program.
- 12.Behave in accordance with applicable federal, state, and municipal laws.

I have read and agree to the Code of Conduct above. I understand that if I violate any part of this agreement, I may be sent home from a 4-H activity at the expense of my parent(s) or guardian(s). I also understand that if I cause personal or public safety concerns, I may lose my eligibility to participate in some future 4-H Youth Development events, and/or my membership privileges.

Youth

Youth Name Printed _____

Youth Signature _____ **Date** _____

**2024 Tri-County 4-H Camp
Pick-Up Authorization**

(Fill in blank ONLY if someone other than parent/guardian is picking up youth.)

I, _____, parent of _____,
give my permission to have _____ pick up my youth
from Tri-County 4-H Camp at Cutsforth Park on July 13, 2024

Parent/Guardian Signature

Date

