

# 2020 Winter Teen Camp Registration

Yellowstone Youth Alliance - Bozeman, MT

**Dates:** February 1-2, 2020 (One night: Saturday-Sunday)

**Times:** Camp starts 2 PM on Saturday, ends at 1 PM on Sunday

**Ages:** 4-H Age 13-19 (Age of youth on Oct. 1, 2019) and chaperones

**Registration Deadline:** Wednesday, January 22, 2020

**Cost:** \$75, write checks to Lewis and Clark County 4-H (preferably one check per county)

**Requirements:** All counties must provide chaperones. Youth and chaperones must stay at the camp until checked out.

**Activities include** Fun workshops, dance, sledding, campfire, and more!

**Questions?** Contact the Lewis & Clark County Extension Office at 447-8346 or lewisclark@montana.edu

\*\*Detailed information about the event will be sent to campers after registration closes.

**In addition to the 2020 Winter Teen Camp Application, participants must complete the following paperwork:**

- Youth and Adult Medical Release Form
- Media Release Form
- High Risk Consent Form required to participate in the sledding activity
- Code of Conduct for 4-H Members
- Send forms with payment to your County Extension Office.
- Counties will send one complete registration packet with payment to Lewis and Clark County Extension Office, 100 W. Custer, Helena, MT 59602
- **No refunds after January 17**

Youth Name:		County:	
County Chaperone Name:			
Address:		City and Zip:	
Phone:	4-H Age (Youth):		DOB:
Are You A: Chaperone Camper (circle)		Male Female Non-Binary (circle)	
Email:			

## Consent to Participate

Description of Event: Winter Teen Camp

*This two-day event held at Yellowstone Youth Alliance provides a variety of workshops such as STEM, snow activities, games, campfires, and leadership building. Campers and chaperones sleep in cabins with other campers. Transportation to and from camp is arranged by individual Extension Offices in counties. All participants are covered by minimal accident insurance en route to and from camp and during camp. When traveling, this insurance is only in effect if an adult chaperone is present in the vehicle.*

**Consent:** We, as parents of this minor child, acknowledge that we are aware of and understand the risks and hazards connected with the event and activities listed above. We understand that if we have any questions about this event and its activities, we can secure more information before signing this consent form by calling the MSU/Lewis & Clark County Extension Office, 447-8347. We further understand that we are assuming the risks of loss, property damage or personal injury that may be sustained by our child as a result of participating in this event. I hereby consent to my child's participation in this event.

Date and signature of parent/guardian:

*Montana State University Extension Service is an ADA/EO/AA/Veteran's Preference Employer and educational outreach provider.*

# Montana 4-H Event Guidelines

- Chaperones for overnight events **MUST** be at least 21 years of age and a certified Montana 4-H Volunteer or MSU Extension staff.
- **State Events - No youth may attend an event without an onsite chaperone designated by the County Extension office.** If counties have an extremely limited number of youth interested in attending an event (1-2) they may choose to arrange for those youth to attend the event under the supervision of another county, if a county chaperone is not able to be obtained. It is the counties responsibility to make these arrangements. *Other guideline may apply for events such as Shooting sports events and State Horse Show.*
- Each county **MUST** designate the appropriate number of chaperones to accompany youth. Chaperone may not be responsible for more than 10 senior 4-H members and 8 junior 4-H members.

## Expectations of a Chaperone

- Chaperones designated by each county are responsible for their county delegation. Supervision and advising of county delegation and any needed disciplinary action, according to the code of conduct, are the responsibility of county chaperones.
- Event staff and volunteers will assist the chaperones, but primary responsibility rests with the county chaperones who are acting on behalf of the County Extension Office.
- Assist youth in making the most of their experience including attending all scheduled activities and positively representing their county.
- Manage Risk.
  - *Physical: risk of bodily harm to participants.*
  - *Reputation: risk of others losing confidence and/or trust in organization.*
  - *Emotional: risk of participants feeling upset, uncomfortable, embarrassed, etc.*
  - *Financial: any risk associated with money.*

## Code of Conduct

- All youth and Adult event participants must have authorization that they have read and signed the Montana Code of Conduct recorded in the enrollment system. A signed copy of the paper form should also be filed in the County Extension office.
- Adult chaperones must abide by the same code of conduct as youth members. This is in addition to the volunteer agreement signed each year.
- Use of alcohol or illegal drugs are not allowed at any time for youth or adults.

## Authorization

Chaperones **MUST** be provided and travel with a copy of the current signed Montana 4-H **MEDICAL RELEASE FORM** for each youth participant under their supervision. It is recommended that a copy of the **CODE OF CONDUCT** be provided as well.

## Housing/Lodging

If lodging is arranged by the County Extension office or Montana 4-H event:

- Adults will **NOT** stay in the same hotel/dorm rooms with youth 4-H members. Accommodations will be made for special situations and arrangements will be made by event staff. (does not apply to camp situations)
- Male and female youth members will **NOT** stay in the same "rooms". This includes hotel, dorm, cabin, common areas etc.
- Room checks to ensure that youth are in their assigned sleeping rooms are highly recommended for overnight events.

- When a female/male volunteer/staff is chaperoning youth of the opposite gender they should respect the lodging space of the members while also carrying out their chaperone responsibilities. It may be appropriate to call upon a fellow chaperone of the same gender as the youth to assist in room checks or other situations.

### **Emergency Procedures**

In the event that a youth under a chaperones supervision requires medical attention or emergency care:

- The first priority is to provide appropriate medical attention for the situation. Call 911, police or ambulance as appropriate. **Do not be afraid to provide medical attention due to cost, it is covered under supplemental event or annual coverage.**
- Contact the Parent or Guardian to make them aware of the situation
- Contact your County Extension agent and/or Department Head.
- If offsite care is required be sure the adult accompanying the youth has the signed medical release form. Designate a fellow chaperone to supervise youth remaining at the event.
- Complete and incident report to the appropriate office within 24 hours of the accident, even if no medical attention was not necessary.

### **Transportation**

**It is recommended that personal transportation to and from 4-H events and activities is the responsibility of the 4-H member or parent/guardian.**

In the event that 4-H staff (authorized 4-H organizer) arrange transportation for youth, drivers:

- Must be at least 21
- Have a valid driver's license
- Have no volunteer restrictions that include driving
- Have valid auto insurance

Driver's MUST be Extension staff or certified volunteers if Extension office or volunteers ARRANGE travel.

It is important that the parent/guardian are made aware of transportation arrangements made for the participating youth, however no authorization form is required.

If a youth member or their parent/guardian **OPT OUT** of this arranged transportation the county office should obtain the **PERMISSION TO TRAVEL form**.

*MSU Extension 4-H recognizes that there are circumstances wherein the 4-H participant may be required or chooses to provide his/her own transportation in conjunction with scheduled 4-H activities or events. MSU Extension 4-H may allow 4-H participants to opt out of the transportation provided by the authorized 4H event organizers. In order to opt out of the travel requirements set forth by the authorized 4H activity or event organizers, the participant and parent/legal guardian must authorize and request this alternative to 4-H provided transportation.*

### **Cancellation of Participation**

Participants who register for an event and cancel before regular registration closes will receive a full reimbursement of any associated fees. Once registration has closed, no refunds will be awarded unless a documented medical emergency or natural disaster inhibits a participant from attending.

Please note that refunds issued after registration has closed may not be a full reimbursement if particular costs associated to the registration have already been garnered and are unable to be adjusted, such as meals or shirts. Any requests for reimbursement after an event has concluded will not be accepted, regardless of circumstance.

**Montana 4-H Permission and Assumption of Risk  
for Participation in High Risk Activities**

Participant's Name: \_\_\_\_\_

Program: 2020 Winter Teen Retreat

Date of Program: February 1st-2nd, 2020

Activity Description (from program materials): Nighttime Sledding

**FOR PARTICIPANT**

I hereby request and apply to participate in the above listed Montana State University Extension 4-H activity. I agree that I will abide by all Extension 4-H rules and regulations. I further agree that I will abide by all the directions and requirements which are specified in safety orientations, and/or specified by the course leader(s). I understand the nature of the activity I may participate in may require mental judgment and a high degree of physical fitness, agility, and dexterity, and that this may include strenuous exercise that requires physical fitness, strength, and stamina.

Participant's Signature: \_\_\_\_\_

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

**FOR PARENT(S) OR LEGAL GUARDIAN(S)**

As parent(s) or legal guardian(s) of the above named child, I/we agree to have my/our child abide by directions and safety guidelines. I/we understand the program and activities which are involved, consent to my/our child's participation, and agree to have my/our child abide by all the applicable rules, regulations and directions specified by the course leader(s). I/we are fully aware that this can be a dangerous activity and there are many serious risks of injury inherent with activities including but not limited to environmental hazards, transportation accidents, and equipment misuse or failure. I/we also recognize and understand that some travel may be required and are aware of the risks associated with that activity.

I/we hereby assume all responsibility for any injury or illness my/our child might sustain while participating in this program.

In consideration of my/our child's being permitted to participate in this 4-H program, I/we hereby assume all the risks associated with participation and necessary travel.

I/we have carefully read the foregoing permission and assumption of risk and sign of my/our own free will and accord.

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_

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

# CODE OF CONDUCT FOR 4-H MEMBERS

Name \_\_\_\_\_ County \_\_\_\_\_

The 4-H Center & Montana State University Extension wants your participation in 4-H programs, events and activities to be filled with exciting experiences, new friendships and fun. To ensure a positive experience for all participants, it is expected that all 4-H'ers be considerate of others, participate fully in the programming and observe the following expectations. If a situation or question arises which is not clearly covered by this list, ask an Extension Faculty/Staff member, volunteer leader, or chaperone before acting.

## ***While attending 4-H activities and events, I will:***

- Obey all rules established by the 4-H program, the local 4-H program and all local, state and federal laws.
- Conduct myself at all times in order to be a credit to the club, school and community.
- Dress neatly and appropriately for the occasion and in accordance with the activity dress code.
- Show respect for the rights and property of others; be courteous at all times.
- Be honest and not take unfair advantage of others.
- Refrain from disruptive behavior and swearing.
- Demonstrate sportsmanship, modesty in winning and generosity in defeat.
- Attend meetings and sessions promptly and respect the opinion of others in discussion.
- Be respectful of the authority of adult volunteers, youth leaders, 4-H staff and others in leadership roles.
- Not use, accept or carry alcohol, drugs or tobacco, or associate with others using the substances.

## ***While attending overnight events, I will also:***

- Not leave the activity or event unless permission is secured from my agent or chaperone.
- Not use my personal vehicle when it is not allowed by an event or trip.
- Care for the lodging property and respect the rights of other guests of the facility and observe all rules instituted by the property.
- Be in my sleeping area and stay there after curfew time and be out each day by the set time.
- Not enter the sleeping areas of members of the opposite gender and not invite non 4-H participants to the sleeping areas.
- Respect supervision at all times, being responsible to all adults connected with the trip or event.
- Be prepared to report to my local 4-H program knowledge gained by attending these activities.

I have read the 4-H Code of Conduct and agree to live up to these expectations while participating in 4-H programs and events. I am aware that my actions and decisions affect others. I understand that my failure to do so could result in consequences, including dismissal from the event or program. I am willing to accept appropriate consequences of my actions.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read the 4-H Code of Conduct and I support my child living up to the expectations it outlines. I will support the individual(s) in charge in maintaining appropriate behavior.

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





## MSU Extension Media Release

Event \_\_\_\_\_ Event Date \_\_\_\_\_

Subject's Full Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Requested By \_\_\_\_\_

I hereby grant MSU Extension the absolute and irrevocable right and permission, with respect to photographs, audio & video taken of me and/or comments made by me or in which I may be included with others, to copyright for same; to use, reuse and publish the same in whole or in part in any and all media including use on the internet now or hereafter, and for any purpose whatsoever for illustration, promotion, art, advertising and trade, and if appropriate, to use my name and pertinent education and/or biographical facts as MSU Extension chooses.

I hereby release and discharge MSU Extension from any and all claims and demands arising out of or in connection with the use of photographs, audio & video and/or comments, including without limitation any and all claims for libel or invasion of privacy.

I am of full age and have the right to contract in my own name. I have read the foregoing and fully understand its contents. This release shall be binding on me and my heirs, legal representatives and assigns.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### Guardian's Release for Minors under 18 years of age.

I warrant that I am of full legal age and have every right to contract for the minor in the above regard. I have read, understand and agree with the conditions listed above.

Has my permission  Does not have my permission

Signed \_\_\_\_\_ Date \_\_\_\_\_

Guardian's Full Name \_\_\_\_\_

Relationship to Subject \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

# Medical Release Form for 4-H Youth & Adults

## PARTICIPANT INFORMATION:

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

Address: \_\_\_\_\_

Name of Parent or Legal Guardian: (YOUTH ONLY): \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

## IN CASE OF EMERGENCY:

Primary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

## INSURANCE INFORMATION

Name of Insurance Carrier: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

## Date of Last:

Tetanus Shot: \_\_\_\_\_ Polio Shot: \_\_\_\_\_ Mumps Shot: \_\_\_\_\_ Measles Shot: \_\_\_\_\_ Rubella Shot: \_\_\_\_\_

## Medical Information: (check all that apply and explain if necessary)

- |   |   |
|---|---|
| <input type="checkbox"/> Stomach or Intestinal problems                           | <input type="checkbox"/> Any allergies to food or plants  |
| <input type="checkbox"/> Diabetes or hypoglycemia (low blood sugar)               | <input type="checkbox"/> Special diet or food restrictions  |
| <input type="checkbox"/> Nervous disorder (convulsions, epilepsy, dizziness, ect) | <input type="checkbox"/> Are you currently under a doctor's care?   |
| <input type="checkbox"/> Respiratory problems                                     | <input type="checkbox"/> Are you currently taking medications?  |
| <input type="checkbox"/> Heart Disease  | <input type="checkbox"/> Are there any physical restrictions or medical problems that may require special considerations? |
| <input type="checkbox"/> Any allergies to medication                              |   |

## AUTHORIZATION FOR TREATMENT (YOUTH ONLY)

I, \_\_\_\_\_ do hereby give permission to \_\_\_\_\_

PARENT/GUARDIAN Name

CHAPERONE Name

to seek and obtain any medical care necessary for my child \_\_\_\_\_

YOUTH Participant Name

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

## ALL PARTICIPANTS

To the Best of my knowledge, accurate information has been provided in all areas of this form.

Participant Signature (youth/ adult) \_\_\_\_\_ Date \_\_\_\_\_

IF YOUTH: Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



**MONTANA**  
STATE UNIVERSITY

EXTENSION



Montana 4-H Center  
FOR YOUTH DEVELOPMENT

The Montana State University Extension Service is an ADA/EO/AA/Veteran's Preference Employer and Provider of Educational Outreach.

MONTANA STATE UNIVERSITY - EXTENSION 4-H

**PERMISSION TO TRAVEL BY PERSONALLY OWNED AUTO  
OR PERMISSION TO TRAVEL WITH OTHERS**

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

County: \_\_\_\_\_

Name of Participant: \_\_\_\_\_

MSU Extension 4H programs schedule a number of activities and events which involve travel by way of motor vehicle. When part of the activity or event, the authorized organizers of these activities and events may coordinate, arrange, and/or provide transportation for 4H participants.

All participants are expected to utilize this transportation, as it is provided, unless written permission from the 4H participant's parent(s) or legal guardian is obtained by use of this form.

MSU Extension 4H recognizes that there are circumstances wherein the 4H participant may be required or chooses to provide his/her own transportation in conjunction with scheduled 4H activities or events. MSU Extension 4H may allow 4H participants to opt out of the transportation provided by the authorized 4H event organizers. In order to opt out of the travel requirements set forth by the authorized 4H activity or event organizers, the participant and parent/legal guardian must authorize and request this alternative to 4H provided transportation by completion of the following:

**As a Participant:**

I hereby request to be allowed to provide for my own travel to any or all events or activities scheduled by \_\_\_\_\_. This includes operating my own vehicle, a vehicle provided by another, or traveling with an individual of my choice. By doing so, I understand the risks associated with this travel option and hereby agree to hold harmless, Montana State University, MSU Extension 4H, the State of Montana, 4H leaders, volunteers, officials, sponsors, supervisors or other MSU Extension 4H authorized individuals for any personal injury or claim resulting from my travel to or from any 4H activity or event.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**As Parent or Legal Guardian:**

I hereby request and authorize my minor child to travel to any or all MSU Extension 4H activities or events organized, scheduled, or arranged by \_\_\_\_\_ by traveling with the person of my child's choice or by operating his/her own motor vehicle or a motor vehicle provided by another. In requesting and authorizing travel not arranged or provided by the authorized 4H activity or event organizers or officials, I clearly understand the risks associated with my child's travel and assume all risks thereof. I hereby agree to hold harmless, defend and indemnify Montana State University, MSU Extension 4H, the State of Montana, 4H leaders, volunteers, officials, sponsors, supervisors or other MSU Extension 4H authorized individuals for any personal injury or claim resulting from my child's travel to or from any 4H activity or event.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Both participant and parent/legal guardian must sign