



**Celebrating the 'Month of the Military Child'**  
**Georgia National Guard Youth Program & OMK**  
**'Month of the Military Child Camp' Fortson 4-H Center**  
 April 20-22, 2012 at Fortson 4-H Center, Hampton, Georgia

**DUE DATE** – Applications are due by **March 30<sup>st</sup>, 2012**. Space is limited and will be filled on a first come, first served basis.

**ADDRESS** – Complete this form and send it with your application fee to: Kara B. Coleman, GA National Guard Youth Program, CNGC 1000 Halsey Avenue, Bldg 447; 840 Finch Center; Marietta, GA 30060

**REGISTRATION FEE** – A non-refundable fee of **\$15.00** is required to reserve your spot. Make checks payable to the Georgia 4-H Foundation. Please include your registration fee with the application. The fee is used to cover items throughout the week that are not covered by Georgia National Guard Youth Program or Operation Military Kids.

**TRANSPORTATION** – Transportation of campers to and from Fortson 4-H Center, Hampton, Georgia is the responsibility of the camper's parent or guardian.

**Georgia National Guard Youth Program PARTICIPANT FORMS** – Copies of the *Georgia 4-H Code of Conduct* form and the *Georgia 4-H Medical Information & Release* form must be read and understood by both the applicant and a parent. Complete and sign the forms and then include them with this application.

**QUESTIONS** – If you have questions concerning the application, please send an email to [Kara.b.coleman@us.army.mil](mailto:Kara.b.coleman@us.army.mil) or [Mark.d.richards@us.army.mil](mailto:Mark.d.richards@us.army.mil) or call 678-569-5860.

**ACCEPTANCE** – Upon acceptance, a letter with camp information will be emailed to the email address provided. A legible email address is required for correspondence.

**REFUNDS** – The application fee will be refunded if the camp fills before we receive your application.

**SECTION 1. YOUTH APPLICANT INFORMATION**

**Name (Please Print)**

First: \_\_\_\_\_ Last: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Enter the name the applicant prefers to go by for name tag: \_\_\_\_\_

**Confirmation of eligibility**

*To be eligible, the applicant must be 12-15 years of age. They must be 12 years old by April 8, 2012 due to liability purposes. All applicants must be a dependent of a military member in the Active, Reserve, or Guard component.*

Applicant's date of birth (Month/Day/Year): \_\_\_\_\_

Family member's service information:	<u>Service Branch</u>	<u>Component</u>	<u>Deployment Status</u>
	<input type="checkbox"/> Air Force	<input type="checkbox"/> Active Duty	<input type="checkbox"/> Currently deployed
	<input type="checkbox"/> Army	<input type="checkbox"/> National Guard	<input type="checkbox"/> Recently returned
	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Reserves	<input type="checkbox"/> Deployment pending
	<input type="checkbox"/> Navy		
	<input type="checkbox"/> Marines		

**Gender**  Male  Female

**Additional information needed**

*Under "Dietary restrictions," list all observed, if any, including vegetarian diet or food allergies. To describe complex allergies or ask questions, contact Fortson 4-H Center 770-946-3280.*

Dietary restrictions: \_\_\_\_\_

Physical disabilities that we need to accommodate: \_\_\_\_\_

Any other Special Needs: \_\_\_\_\_

Describe unique stresses associated with deployment that your family has experienced:

**T-shirt**

**size:**      Small    Medium    Large    XL

**Cabin Mate Request**

*You may recommend two other applicants of the same gender. For this request to be considered, at least one other applicant must also list this applicant.*

First: \_\_\_\_\_ Second: \_\_\_\_\_

**SECTION 2. PARENT/GAURDIAN INFORMATION**

**Parent/Guardian – Identification and contact information**

*Enter the name of a parent who will be available to be contacted about this application form.*

Relationship to applicant: \_\_\_\_\_ Title/Salutation: \_\_\_\_\_

First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_ Last: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work/Other phone: \_\_\_\_\_

**Email address:** \_\_\_\_\_

Unit or civilian employer: \_\_\_\_\_

Rank/Grade or job title: \_\_\_\_\_

**SECTION 3. SIGNATURES**

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_



### PHOTO/PRESS RELEASE

I hereby grant the Georgia National Guard the right and permission to use and publish the photographs/video material taken at youth events in order to develop photographic and multimedia materials. These materials may be used to advertise, market, and promote the Youth Program. I understand that identifying information (e.g. name, address, or city) will not be used in this media without my permission.

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Parent/Guardian Signature

Date

### HOLD HARMLESS

By signing this form, I agree to allow my youth, \_\_\_\_\_, to participate in the 'Month of the Military Child Camp.' In addition, I release the Georgia National Guard, National Guard Bureau, and its employees, affiliates, contractors, and volunteers from any responsibility or liability regarding any possible injury/death that might occur to my child during this event.

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Parent/Guardian Signature

Date



4-H'ers Name: \_\_\_\_\_ County: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**BEHAVIOR STANDARDS**

All rules and regulations governing 4-H program activities and events will be discussed with agents, leaders, and 4-H'ers. The Georgia 4-H Code of Conduct is valid for one year and applies to all activities coordinated through 4-H including local, county, district, state and national activities.

- 4-H'ers are expected to attend all sessions as part of a planned program exhibiting positive character and behavior including (but not limited to) trustworthiness, responsibility, respectfulness, caring, citizenship and fairness.
• 4-H'ers are expected to be responsive to the reasonable requests of the leaders and respectful of the needs for their personal safety and the safety of others.
• 4-H'ers should dress appropriately, use appropriate language and respect the rights of others.
• 4-H'ers may not use alcohol, drugs, or tobacco, nor be associated with or remain in the presences of others using the substances.
• 4-H'ers may not behave recklessly, engage in sexual misconduct, assault, threaten or harm another person nor may they misuse or abuse public or private property.
• 4-H'ers may have access to computers at UGA/CES offices and facilities. Computer use is for educational purposes. 4-H'ers may not access in appropriate websites.
• Realizing these guidelines are not "all inclusive" the University of Georgia Extension Staff reserves the right to make adjustments to these policies

**CONSEQUENCES OF MISBEHAVIOR**

4-H'ers and adults who observe a breach in the Code of Conduct should report the misbehavior to the appropriate leader. 4-H'ers misbehaving will have the opportunity to explain their actions to leaders in charge of the activity and may request a review board. The person coordinating the event may also convene a review board for the purposes of determining what has occurred and what disciplinary action should be taken. A review board will consist of one Extension faculty or staff member, two volunteers and three 4-H members. The Extension faculty member coordinating the event will serve as chairperson. Disciplinary action should only be discussed with those involved, their parents/guardians and their Extension leaders.

If the 4-H'er is found in violation of the actions listed below and receives disciplinary action issued through the review process, his/her parents/guardians will be notified, the 4-H'er may be sent home at the parents' expense and may be suspended from participation of 4-H events for a period of no more than 6 months

- Breaking curfew or disturbing the peace
Unexcused absences from the activities of an event
Unauthorized use of vehicles during the event
Reckless behavior
Use of foul or offensive language
Possession or use of tobacco
Breach of the 4-H Code of Ethics
Remaining in the presence of those using alcohol, illegal drugs or tobacco

If the accused is found in violation of the items below, his/her parents/guardians will be notified, the 4-H'er may be sent home at the parents' expense and suspended from participation of 4-H events for a period of no more than 12 months.

- Possession or use of illegal drugs or alcoholic beverages
Theft, misuse or abuse of public or personal property
Sexual misconduct
Possession of weapons or fireworks
Unauthorized absence from the premise of the event
Assault or personal harm

In extraordinary cases, the 4-H review board may recommend suspense exceeding those listed above.

If a 4-H'er wishes to appeal the decision of the review board, the 4-H'er must appeal in writing through the County Extension office. Appeals must be filed within 10 days of notification of the disciplinary action. The appeal is sent to the Program Development Coordinator of the 4-H member and the State 4-H Leader. If the district and state 4-H staff can not resolve the matter, an appeal board will meet within 30 days of the 4-H'ers request. The appeal board will consist of one Extension worker, two volunteers and three 4-H members.

Following any disciplinary action, the person coordinating the activity must provide written notification concerning the action to the 4-H'ers parent/guardian, the county Extension faculty and the 4-H Program Development Coordinator.

**PARENT/GUARDIAN & 4-H'er AGREEMENTS Release Waiver of Liability and Covenant Not to Sue**

I have read the Georgia 4-H Code of Conduct and agree to participate fully in all aspects of program activities. I understand the standard of behavior and agree to maintain such during 4-H programming.

\_\_\_\_\_  
4-H'ers Signature

\_\_\_\_\_  
Date

I have reviewed the Code of Conduct and agree to all of its provisions. For the sole consideration of the Cooperative Extension Service's arranging for participation in 4-H programming, I hereby release and forever discharge The University of Georgia, the Board of Regents of the University System of Georgia, their members individually, and their officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind that I may have, either on my own behalf or in my capacity as a legal representative of my child, arising from or in any way connected with my child's participation in 4-H. I further covenant and agree that for the consideration stated above I will not sue the Institution, the Board of Regents of the University System of Georgia, its members individually, its officers, agents or employees for any claim for damages arising or growing out of my child's participating in the program. I understand that the acceptance of this Release, Waiver of Liability, and Covenant not to Sue the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or part, of sovereign immunity by said Board, its members, officers, agents, and employees. I certify that my child is participating in 4-H with my knowledge and consent. I have read and understand all of the above policies. I also give permission for photographs, videos, or audio tape of my child to be used for promotional and educational purposes by 4-H and the University of Georgia. I realize that these images may appear in print media as well as the Internet.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone



# Georgia 4-H Medical Information & Release

Event or Activity \_\_\_\_\_ Date of Event/Activity \_\_\_\_\_

## 4-H'ers Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

## Parent/Guardian Information

Name \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Please list the names of two adults other than parent/guardian who may be contacted in case of emergency.**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

## Medical Information

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Date of Last Physical Examination \_\_\_\_\_ Drug Allergies \_\_\_\_\_

Other Allergies \_\_\_\_\_

Describe any physical limitations \_\_\_\_\_

Describe any recent illness or injury \_\_\_\_\_

Is there a history of heart condition \_\_\_\_\_ diabetes \_\_\_\_\_ asthma \_\_\_\_\_ epilepsy \_\_\_\_\_ rheumatic fever \_\_\_\_\_

### PARENT/GUARDIAN AGREEMENT:

I understand that should a health problem arise, I will be notified but that if I can not be reached by telephone, such medical treatment, including surgery, as deemed necessary by competent medical personnel could be rendered; that such necessary information may be released for insurance purposes and that I understand the limitation of the coverage as indicated below. Furthermore, I am aware that participation in this event includes risk including, but not limited to, transportation to/from event, sports and recreational games, ropes courses, water activities, hiking, as well as risks that are not foreseeable. For the sole consideration of the Cooperative Extension Service's arranging for participation in 4-H programming, I hereby release and forever discharge The University of Georgia, the Board of Regents of the University System of Georgia, their members individually, and their officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind that I may have, either on my own behalf or in my capacity as a legal representative of my child, arising from or in any way connected with my child's participation in 4-H. I further covenant and agree that for the consideration stated above I will not sue the Institution, the Board of Regents of the University System of Georgia, it's members individually, its officers, agents or employees for any claim for damages arising or growing out my child's participating in the program. I understand that the acceptance of this Release, Waiver of Liability, and Convent not to Sue the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or part, of sovereign immunity by said Board, its members, officers, agents, and employees. I certify that my child is participating in 4-H with my knowledge and consent. I have read and understand all of the above policies

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

\_\_\_\_\_  
Date

<p><b>INSURANCE COVERAGE INFORMATION</b> (to be completed by County Extension personnel) Insurance for the event/activity has been purchased as indicated. For complete details of coverage, please contact the county Extension Office.</p> <p><input type="checkbox"/> Insurance for Summer Camp at Georgia 4-H Centers</p> <p><input type="checkbox"/> American Income Life Insurance (Plan 3)</p> <p><input type="checkbox"/> American Income Life Insurance (Dollar a Year Plan)</p> <p><input type="checkbox"/> Other Insurance Plan _____</p>
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**PLEASE COMPLETE BOTH SIDES**

# Over the Counter & Prescription Medication Summary

4-H'ers Name \_\_\_\_\_ County \_\_\_\_\_

Please list any/all medication currently being taken by the 4-H club member including prescription and over the counter medications. Additionally, parent/guardian should list any over the counter medication that may be given to the 4-H'er in case of illness. 4-H personnel may not administer over the counter or prescription medication without parental/guardian approval unless prescribed by medical personnel. 4-H'ers are expected to provide all medication(s) listed and administer the medication. If health facilities and/or personnel are available at the facility, a request may be made prior to the event to have medication administered by trained personnel. Additional copies of this page may be made as necessary.

Name of Medication:

What illness/condition is medication being taken for:

Describe dosage and special instructions:

Is medication self administered?

Dates for administration:

\_\_\_\_\_

Name of Medication:

What illness/condition is medication being taken for:

Describe dosage and special instructions:

Is medication self administered?

Dates for administration:

\_\_\_\_\_

Name of Medication:

What illness/condition is medication being taken for:

Describe dosage and special instructions:

Is medication self administered?

Dates for administration:

\_\_\_\_\_

I am the parent/guardian of \_\_\_\_\_ and give permission for the medications listed to be administered to my child as directed.

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

**PLEASE COMPLETE BOTH SIDES**