

BEFORE YOUR SUBMIT FORMS

...Have you . . .

..... 1) attached your camper's **PHOTO**?

..... 2) attached a copy of your camper's **IMMUNIZATION RECORDS**?

..... 3) signed the **ACKNOWLEDGEMENT OF RISK** for ALL camp activities?

..... 4) **Read** and signed the **CODE OF CONDUCT** along with your camper?

..... 5) signed the **PARENT AUTHORIZATION** section on page 3?

..... 6) completed a "yes" or a "no" for **MEDICATION AUTHORIZATION**?

..... 7) if "yes", the **MEDICATION SECTION** was sent to health-care provider?

Please send completed forms to the Camp Wyomoco Business Office:

BY MAIL: Camp Wyomoco Business Office at 36 Center Street, Suite B, Warsaw, NY 14569.

BY EMAIL: Wyomoco4hCamp@Cornell.edu

BY FAX: (585) 786-5148

2 CODE OF CONDUCT

TO BE COMPLETED BY CAMPER AND PARENT.

CAMPER: _____

CAMPER CODE OF CONDUCT

AT 4-H CAMPWYOMOCO, we want every camper to have the best week of summer possible, full of fun, learning and growth. To ensure that we maintain a safe environment and each camper is free to experience camp life to its fullest, we will not tolerate any behavior that takes that opportunity away from other campers. We will be addressing all incidents such as bullying and irresponsible behavior seriously, and we will train our staff to recognize and deal effectively with such behavior. As a camp family, you should understand that camp is for ALL campers and any behavior deemed to be outside of the camper code of conduct and/or unmanageable may result in any or all of the following:

1. Meeting with the cabin counselor, assistant director, or camp director.
2. A telephone call home to discuss the behavior.
3. Being dismissed from the camp program and sent home.

THE CAMPER CODE OF CONDUCT

- I will show respect to other campers and treat them as I would like to be treated, with respect and courtesy.
- I will refrain from taking part in or leading any bullying, harassment, name-calling, unwanted teasing, unkind behaviors, or exclusion of others from camp activities. I will have fun, but not at the expense of others.
- I will show respect to camp staff and follow their instructions.
- I will communicate in an appropriate manner, which means that I must not use foul language or gestures, harsh words or slurs of any kind.
- I will participate in all camp activities and be where I am supposed to be at all times.
- I will refrain from deliberately causing bodily harm to other campers or staff. I understand that pushing, hitting, kicking and fighting are not acceptable behaviors and will not be tolerated.
- I will respect the property of others and camp, which includes no stealing, property damage, graffiti or vandalism.
- I will remember that physical displays of affection or of a romantic nature are not camp appropriate under any circumstances.
- I will not bring cell phones or other electronic devices that could take away from the camp experience.*
- I will know and follow the rules of camp.
- I will be responsible for my own actions and understand that failure to follow this code of conduct could result in dismissal from camp.
- I will have fun, learn, grow, make new friends and have a great time at camp.
- I understand that the following are banned from camp property and that I may not possess any of these while at camp. I further understand that 4-H Camp Wyomoco has a NO TOLERANCE policy toward contraband at camp and that I will be sent home if I am found in possession of these items: cell phones, electronics, laptops, DVD Players, etc. weapons of any kind, lighters, matches or any other flammable items, recreational drugs, e-cigarettes of any type, alcohol, and or tobacco of any type (including smoked or chewed).**

* CELL PHONES: Camp Wyomoco does not allow campers to bring cell phones into camp. As noted above, possession of cell phones during camp is a violation of the camper code of conduct, and will be treated as such.

CAMPERS

As a camper, I agree to follow the code of conduct. I understand that behavior outside of this code of conduct may result in dismissal from camp.

➔ Camper Signature: _____ Date: _____

PARENTS

As a parent, I agree to the above code of conduct. I have reviewed this code of conduct with my child. I understand that behavior deemed to be outside of this code of conduct may result in dismissal from camp, and that all camp payments are subject to the camp refund policy.

➔ Parent Signature: _____ Date: _____

3 CAMPER INFORMATION

WEEK(S) / DATE(S) _____



CAMPER PHOTO

CAMPER: _____

BIRTHDATE: _____ MALE ___ FEMALE ___

STREET ADDRESS: _____

CITY/ST/ZIP: _____

PARENT/GUARDIAN 1: _____

PHONE: _____ ALT. PHONE: _____

PARENT/GUARDIAN 2: _____

PHONE: _____ ALT. PHONE: _____

ADD'L EMERGENCY CONTACT: _____

RELATIONSHIP: _____

PHONE: _____ ALT. PHONE: _____

ALLERGIES:

- No Known
- Food
- Medicine
- Environmental
- Other

Please describe (if any):

DIET:

- Regular Dlet
- Regular Vegetarian
- Special Food Needs

Please describe:

INSURANCE:

- Camper is not covered by family medical / hospital insurance
- Camper is covered by the following family medical / hospital insurance:

Insurance Carrier _____ Policy # _____ Subscriber _____

HEALTH CARE PROVIDERS:

PRIMARY CARE: _____

DENTIST: _____

ORTHODONTIST: _____

IMMUNIZATIONS:

- Camper is fully immunized and immunization record from health-care provider or state or local government is ATTACHED.
- Camper is not fully immunized and I understand accept the risks to my child from not being fully immunized (sign below).

Signature of Custodial

Parent/Guardian: _____ Date _____ Relationship to Camper _____

AUTHORIZATION FOR HEALTH CARE:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent / Guardian: _____ Date: _____ Relationship to Camper: _____

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

Please send completed packet to the Camp Wyomoco Business Office:
TO AVOID UNEXPECTED DELAYS, PLEASE CONSIDER RETURNING THE PACKET

IN PERSON: 36 Center Street, Suite B, Warsaw, NY 14569

BY EMAIL: Wyomoco4hCamp@Cornell.edu

BY FAX: (585) 786-5148

OFFICE USE ONLY:

DATE RECEIVED _____

4-H AOR/PHOTO TO BE COMPLETED BY CAMPER AND PARENT.

CAMPER: _____

ACKNOWLEDGMENT OF RISK FORM YOUTH CAMP

ALL ACTIVITY (SIGNATURE REQUIRED for all Campers):

I hereby apply for my child to participate in the summer residence camp program indicated below to be conducted by the designated 4-H Camp Wyomoco and acknowledge as follows: I fully understand and acknowledge that there are inherent risks and dangers in my child's participation in the camp and its programs and activities and my child's participation in the camp and all its activities and programs and my child's use of any equipment related to such activities and programs may result in injury, illness or death and damage to personal property. I understand other participants, accidents, forces of nature or other causes may cause these risk and dangers and I hereby fully accept these risk and dangers. My child is in good health and is at or above the minimum age of eight (5) required to participate in the camp and all camp activities including those listed below and he/she is able to participate in any strenuous physical activity associated therewith. I affirm that I have read all the camp materials describing the various activities and programs conducted by the camp.

NAME & LOCATION OF CAMP:
4-H Camp Wyomoco, 2780 Buffalo Rd., Varysburg, NY 14167

ACTIVITIES: All camp activities including but not limited to: bicycling, fishing, sailing, canoeing, fencing, kayaking, swimming, hiking, baseball, basketball, volleyball, soccer, horse and archery.
NOTE: Activities listed above may involve competition between boys and girls coed teams.

I have read the above and by signing it I agree it is my intention to have my child participate in the camp and all activities and programs and I understand and accept the risks involved.

This shall be binding on my heirs, successors, assigns, administrators and executors. Any claims or disputes arising out of my child's participation in the activity shall be venued in the Supreme Court of the State of New York of the County where the County Extension office is located.

I am at least twenty-one (21) years of age and I am the legal parent/guardian authorized to sign on behalf of myself and any other parent/guardian of the child named herein.

Parent/ Legal Guardian's Name: _____

➔ Signature: _____ Date: _____

4-H EQUINE ACTIVITY (Additional SIGNATURE REQUIRED for campers participating in a horse program):

- Participating in an equine activity
- Working with equines beyond club level including clinics, camps, shows
- Working with equines in mounted "over fences" activities. I (the parent or legal guardian) am aware that my child will be participating in 4-H Horse Program mounted "over fences" activities at Cornell University Cooperative Extension county, multiple county, regional, or state sponsored events. I give my child permission to participate. Mounted "over fences" classes in the NYS 4-H Horse Program could include ground rail, cross rail, and/or other over fences classes and obstacles (this does include trail class). The obstacles will be no higher than 3 foot in any of the 4-H activities.

Parent/ Legal Guardian's Name: _____

➔ Signature: _____ Date: _____

PHOTO, VIDEO, AND AUDIO CONSENT AND RELEASE FORM

From time to time, photographs, videos, direct quotes, and/or audio clips may be taken of youth and adults attending Cornell Cooperative Extension events or participating in Cornell Cooperative Extension-sponsored programs and activities. Cornell Cooperative Extension requests the right to use all such photos, videos, print material and/or audio clips taken of youth and adults involved in these programs and activities. They may be used for a variety of purposes, including, but not limited to, publications, promotional brochures, promotions or showcase of programs on our Web sites, showcase of activities in local and/or national newspapers or programming, and other similar lawful purposes.

By signing this form, I consent and give permission to allow Cornell Cooperative Extension the unlimited right to use photos, videos, direct quotes, and/or audio clips that they have of me participating in Cornell Cooperative Extension programs or events. I agree to give up my rights with regards to Cornell Cooperative Extension photos, videos, direct quotes, and/or audio clips of me. Further, by signing this consent and release form, I acknowledge that I understand and agree to the above request and conditions. I sign this form freely and without inducement.

➔ Parent/Legal Guardian's Signature: _____ Date: _____

NO, I DO NOT CONSENT

5 MEDICATION AUTHORIZATION

CAMPER: _____

CAMPER GENERAL HEALTH:

Explain any pertinent mental, emotional or social issues that camp staff should be aware of:

PARENT AUTHORIZATION REQUIRED (Epi-Pens, Inhalers, Sunscreen and Insect Repellant):

Has camper been trained in the proper use of the inhaler or epi-pen? ___ Yes ___ No
 Parental consent for child to keep inhaler or epi-pen? ___ Yes ___ No
 Parental consent for child to apply sunscreen and insect repellent: ___ Yes ___ No

Signature of Parent/Guardian: _____

Camp Wyomoco is NOT responsible for inhalers or epi-pens lost while in the camper's possession.

My child may receive medications, including supplements, over-the-counter and/or prescription medication:

- YES**, my child's health-care provider has completed the sections below.
 NO, please contact me in the event that my child needs medication. DO NOT complete the rest of this page.

Parent/Guardian Signature: _____ Date: _____

MEDICATION SECTION

TO BE COMPLETED BY THE CAMPER'S HEALTH CARE PROVIDER ONLY: OVER THE COUNTER (OTC) MEDICATIONS AVAILABLE AT CAMP:

Medication	Administer Order		Route	Dose / Time
Acetaminophen (ex.-Tylenol)	Yes	No	PO	
Ibuprofen (ex.-Advil, Motrin)	Yes	No	PO	
Phenylephrine (ex.-Sudafed PE)	Yes	No	PO	
Antacids (ex.-Tums, Roloids)	Yes	No	PO	
Bismuth subsalicylate (ex.-Pepto-Bismol)	Yes	No	PO	
Kaopectate	Yes	No	PO	
Diphenhydramine (ex.-Benadryl)	Yes	No	PO	
Generic Cough Drops	Yes	No	PO	
Dextromethorphan (ex.-Cough Syrup)	Yes	No	PO	
Hydrocortisone 1% cream	Yes	No	PO	
Topical antibiotic cream	Yes	No	PO	
Midol	Yes	No	PO	

OVER THE COUNTER (OTC) MEDICATIONS BROUGHT TO CAMP WITH CAMPER:

Medication	Route	Dose	Time(s)	Diagnosis

PRESCRIPTION MEDICATIONS BROUGHT TO CAMP WITH THE CAMPER

Medication	Route	Dose	Time(s)	Diagnosis

Prescription Medications (Please complete with camper's current regimen of scheduled medications, including inhalers. Attach additional page if needed.) All medications sent to camp must be in their original containers including inhalers which must come in their prescription labeled box. No pill boxes or unlabeled containers will be accepted.

NOTE: Prescription meds will only be administered as per the prescription label instructions.

- The Camper is undergoing treatment at this time for the following condition (circle one): NONE YES (describe below)
- Other treatments/therapies to be continued at Camp (circle one): NONE YES (describe below)
- Do you feel that the camper will require limitations or restrictions at camp based on described treatments above (if YES is indicated above):

SIGNATURE OF PROVIDER:

Name of licensed provider (please print): _____ License No.: _____

Signature: _____ Title: _____ Telephone: _____ Date: _____

Office Address: _____