



Calhoun/Liberty/Jackson County Camp
June 16-20, 2014
Camp Timpoochee 4-H Center, Niceville, FL

This book belongs to: _____

4-H is open to ALL youth between the ages of 5-18 regardless of race, color, creed, nationality, ethnicity, gender, or disability. Persons with disabilities requiring special accommodations need to contact the 4-H office at least 10 working days prior to the program so that proper consideration may be given to the request (643-2229).

Hello Campers and Parents!

Welcome to your 2014 summer camping season! Summertime is fast approaching and we are looking forward to a fun filled camp week **June 16-20, 2014** at **Camp Timpoochee**. We are glad you will be joining us this year! Campers have an exciting week of outdoor recreation and educational activities planned for them this summer. Welcome to our jungle is the theme for this year with new programs added to our traditional camp activities to capture the interest of our youth participants.

**Reminder –
Complete and Return:**

- ☐ 4-H Enrollment/Participation Form
- ☐ Registration Form
- ☐ Camp Financial Check
- ☐ Medication Administration (**red**)
- ☐ Cell Phone Policy Agreement
- ☐ Cabin Assignment Request/Graffiti Policy Agreement, Camp Release
- ☐ Camp Counselor Contract
- ☐ Summer Food Service Form
- ☐ **Financial Check sheet**

Deadline:

All camp forms must be completed and received in the office on or before
5 pm, May 30, 2014

Your Camp Fee \$230.00 Non-4-H'ers
\$220.00 Bonafide 4-H'er

**Refunds will not be given after
camper arrival on Monday.**

Camper Orientation: MANDATORY

Join us **June 12, 2014, from 6:00-7:00**
at the Veteran's Memorial Civic Center.
This will be your opportunity to meet the
Counselors and ask questions about
camp. **Mandatory for All Campers**

**Make check or money order payable
to: Liberty County 4-H**

Mail to:

Liberty County 4-H
10405 NW Theo Jacobs way
Bristol, FL 32321

Enclosed you will find the necessary forms for camp. Please thoroughly read, complete, and return all forms included. A description of required forms is listed below. We appreciated your time and effort in this area! See you in **June!**

- **4-H Enrollment/Participation Form** Brief health history and Code of Conduct.
- **Permission Form for Administration of Medication**
(**Red**) Please turn in whether or not medicine is listed.
- **Cell Phone Policy Agreement, Cabin Assignment Request/Graffiti Policy Agreement** If camper has a buddy with whom he/she would like to bunk. Please use this form to request cabin assignment.
- **Camp Counselor Contract** must be signed and followed.
- **Summer Food Service Form** - If you do not wish to participate, please write, "**DECLINED**" across the form. If participating, this form **must be completed** to be eligible to receive the free/reduced lunch discounted camp fee. **A signature is required on this form.**
- **Financial Check Sheet must be returned**

Included are: Packing Checklist and a FAQ Sheet - This will assist parents/guardians in helping their camper pack for camp.

****Please Note: All completed forms and camping fee must be received in the office on or before 5 pm, May 30, 2014***

Sincerely,
Monica Brinkley
4-H Extension Agent

Florida 4-H Youth Development Enrollment Form



Family Profile Information

Club Name: _____ Secondary Club Name: _____
 Family Last Name: _____ 4-H County: _____
 Address: _____ City: _____ Zip: _____
 Family Email Address: _____ Member Email: _____

Member Profile Information

First Name: _____ Middle Name: _____ Last Name: _____
 Preferred Name: _____ Address: (if different) _____
 City: _____ State: _____ Zip Code: _____ Birth Date: ____/____/____
 4-H Age on September 1 (start of 4-H year): _____
 Home Telephone: (____) _____ Cell Phone: (____) _____
☐ Community Club ☐ In-School Club ☐ Afterschool Club ☐ Military Club ☐ Individual Member
 Parent/Guardian 1: First Name: _____ Last Name: _____
 Work Phone: (____) _____ Cell Phone: (____) _____
 Parent/Guardian 2: First Name: _____ Last Name: _____
 Work Phone: (____) _____ Cell Phone: (____) _____

Are you a Youth Volunteer? ☐ No ☐ Junior ☐ Intermediate ☐ Senior * If Senior, additional application needs to be completed.
 (4-H ages 8-10) (ages 11-13) (ages 14-18)

Gender: ☐ Male ☐ Female Residence: ☐ Farm ☐ Town Under 10,000 or rural non-farm ☐ Town/city 10,000-50,000
☐ Suburb of city more than 50,000 ☐ Central city more than 50,000

Ethnicity: Are you of Hispanic ethnicity? ☐ No ☐ Yes

Race ☐ White ☐ Black ☐ Asian ☐ American Indian or Alaskan ☐ Native Hawaiian or Pacific Islander

A Family Member is in: ☐ Air Force ☐ Army ☐ Coast Guard ☐ Navy ☐ Marines ☐ National Guard ☐ Reserves

Grade: _____ School: _____ School is in my 4-H County? ☐ Yes ☐ No

☐ In 4-H in a county different from the County I Live in. County I Live In: _____

☐ In 4-H in 2 counties My 2nd 4-H County: _____ Club _____ Project _____ Year _____

Disability: Do you require accommodation for a disability to participate in 4-H programs? ☐ Yes ☐ No

Describe Disability/Need: _____

Project Title	Years in Project	Project Book Title Needed (go to) http://www.florida4h.org/projects/index.shtml

Program Fees if Applicable:

Club Fee/Dues Paid \$ _____
☐ Personal Insurance Fee of \$1 paid.
☐ Personal Insurance Fee of \$2 paid for Horse Project Members.
☐ Purchase of Project Books
 Due \$ _____ Paid \$ _____
 (Bal. Due: \$ _____)
 Total Amount Paid: \$ _____
 Paid by Check ☐ Check # _____
 Paid by Cash ☐

Club Officer: ☐ President ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Reporter
☐ Historian ☐ Parliamentarian ☐ Recreation ☐ Sergeant-at-Arms ☐ County Council Delegate ☐ Other _____



Florida 4-H Participation Form



Note: This form must be completed by the participant and/or parent/guardian in order to participate in the 4-H program. **All items must be completed, if the response is not applicable, indicate by using N/A.** This form must be present while traveling to, and during each event. Failure to complete this form in its entirety will result in the person being ineligible to participate in 4-H activities.

Name: _____ BirthDate: ____/____/____ 4-H Age: ____ ☐ Youth ☐ Adult
Last First ☐ Female ☐ Male
Home Address: _____ County/District __3_____
City, State, Zip: _____ Home Phone: (____) _____
Primary Emergency Contact: _____ Work Phone: (____) _____
Email: _____ Cell Phone: (____) _____
Alternate Emergency Contact: _____ Telephone: (____) _____
Name of Family Doctor: _____ Dr. Phone: (____) _____
Health Insurance Company: _____ Policy #: _____
Name of Insured: _____ Relationship to Participant: _____

Health History

Does the participant, have, or at any time had, any of the following? Check "Yes" or "No" for each item. Please explain "Yes" answers (noting the # of the item) in the space below or on an additional sheet of paper if necessary. Reporting conditions will not prevent a person from attending and will be kept confidential.

	Yes	No	
1) Asthma.....	<input type="checkbox"/>	<input type="checkbox"/>	recent medical issues) including injuries and surgeries),
2) Bronchitis.....	<input type="checkbox"/>	<input type="checkbox"/>	Allergic reactions, special dietary regulations, present
3) Convulsions.....	<input type="checkbox"/>	<input type="checkbox"/>	medications, any specific activities to be restricted and
4) Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	other comments.
5) Ear Infection.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
6) Fainting.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
7) Heart Condition.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
8) Headaches.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
9) Hypoglycemia.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
10) Serious Insect Stings.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
11) Wear Glasses.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
12) Wear Contact Lenses.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
13) Penicillin Allergy.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
14) Aspirin Allergy.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
15) Tetanus Allergy.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
16) Other Drug Allergies.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
17) Food Allergies.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
18) Poison Ivy, Oak or Sumac.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
19) Other Allergies.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
20) Other Health Conditions.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

Date of last Tetanus Shot: ____/____/____

The following over-the-counter medications may be administered to my child, without contacting me.

- ☐ Antihistamine ☐ Antacid ☐ Ibuprofen (Advil) ☐ Acetaminophen (Tylenol)
☐ Decongestant ☐ Dramamine ☐ Hydrocortisone ☐ Polysporin (topical antibiotic)
☐ Other _____ ☐ Please contact me for permission to administer ANY over-the-counter medications.

Parent/Guardian Signature _____ Date: _____

You must complete both sides.

Last Name: _____ First Name: _____ County: _____

Florida 4-H Participation Form: Youth and Adults

Official Authorizations

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 well being 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 shooting sports 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 areas (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.

Participant: Yes ☐ No ☐ I have read the Florida 4-H 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 in the future.

Verification by Parent/Guardian or Adult Participant—

Yes ☐ No ☐ I understand and agree to the Florida 4-H Events Youth/Adult Code of Conduct above—considered a Parent/Guardian or Adult Participant Signature.

Medical Release: I 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 cover only a portion of the medical costs and I, or my personal insurance, may be responsible for the remaining expenses. *You must complete the medical information on the back of this sheet.*

Yes ☐ No ☐ I understand & Agree to the Medical Release, considered a Parent/Guardian or Adult Participant Signature.

General Release: 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 actions of any kind, including the 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.

Yes ☐ No ☐ I understand and agree to the General Release—considered a Parent/Adult or Adult Participant Signature.

If you, or your child, may not participate in any of the below items you must ☐ "No".

Publicity Release: I authorize UF IFAS Extension and the Florida 4-H Foundation or their assignees to record and photograph my image and/or voice (or that of my child if under 18) for use in research, educational and promotional programs. I also recognize that these audio, video and image recordings are the property of UF IFAS Extension and the Florida 4-H Foundation.

☐ No, I do not authorize use of my—or my child's individual image or voice.

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 and 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 competing a survey or an evaluation.

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

Member Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____



2014 Summer Camp Youth and Adult Registration Form

June 16-20, 2014



Indicate One: ☐ ADULT ☐ YOUTH ☐ COUNSELOR # of training hours _____

Name: _____ Gender: ☐ Male ☐ Female

Address: _____ County: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____ 4-H Age (youth only): _____ as of Sept. 1, 2007.

T-shirt Size: S M L XL XXL (Adult Sizes)

Emergency Contact Information:

Primary Contact: _____ Phone: (____) _____ Cell (____) _____

Secondary Contact: _____ Phone: (____) _____ Cell (____) _____

Tertiary Contact: _____ Phone: (____) _____ Cell (____) _____

Costs:

Include the **Registration Fee of \$ 230.00 non-4-H'er or \$220.00 Bonafide 4-H'er** with a completed registration packet and return to **Liberty County 4-H Extension Office, 10405 NW Theo Jacobs Way, Bristol, FL 32321**

Checks must be made payable to **Liberty County 4-H**.

Forms Needed:

Your registration must consist of these **completed** forms: registration, participation, dietary needs, medication administration, cabin assignment/graffiti policy, cell phone policy, camp release, and summer food service.

Registration Deadline:

All registration materials and payments must be **received** by 5:00 PM, **May 30, 2014**

For More Information Contact:

Cathia Schmarje

Phone: 850-643-2229

Email: elschmarje@ifas.ufl.edu

Return/Send Registration Information to:

Liberty County Extension Office
10405 NW Theo Jacobs Way
Bristol, FL 32321

Please note the following:

Cell phones, MP3's, IPODs, Game boys, and other electronics are not allowed at camp.
Neither the county nor the camp is responsible for lost, stolen or damaged items.

Refunds will not be given after June 16, 2014.



Florida 4-H Medication Form

Parent or Guardian: Please complete this form for any medication your child will be taking while attending any 4-H event, including non-prescription drugs, lotions, inhalers or any other items. This form **must** accompany your child's medication for camp. Write your child's name on a zip lock bag and place this form along with the medication inside the bag. **Thanks!**

4-Hers name: _____

Parent/Guardian name: _____

Address: _____

Phone (day): _____ Phone (evening): _____

County/City: _____ Gender: _____

The following will need to be completed for each medication your child will be taking while at any 4-H event, including non-prescription medications such as allergy medicine.

Medication name: _____

Dosage: _____

Time of day for administration: _____

Special instructions or warnings: _____

Medication name: _____

Dosage: _____

Time of day for administration: _____

Special instructions or warnings: _____

Medication name: _____

Dosage: _____

Time of day for administration: _____

Special instructions or warnings: _____

Medication name: _____

Dosage: _____

Time of day for administration: _____

Special instructions or warnings: _____



Jackson/ Liberty/Calhoun County

4-H CAMP COUNSELOR CONTRACT

I, _____, accept my appointment to the position of **Camp Counselor / Counselor in Training** at the day and residential camps held under the Jackson and Liberty County 4-H programs. I am committed to fulfill the responsibilities as outlined and discussed in counselor training to the best of my ability.

Furthermore, I understand that this position is not a paid position. Upon successfully completing my job as a counselor, I will receive volunteer hours for my service to 4-H.

I also understand that my stay at camp in this capacity is dependent upon my ability to conduct myself in a responsible manner, to follow the camp and staff rules and provide appropriate supervision, care and leadership for campers under my direction.

Failure to do so will result in a termination of my appointment and may require that my parents provide for my transportation home from camp.

Counselor Signature: _____

Parent/Guardian Signature _____

Date: _____

Last Name: _____ First Name: _____ County: _____

Florida 4-H Camping Official Authorizations

Cell Phone Policy: I know in this technological age it is difficult for youth to not be in contact via cell phone. Camp is a unique environment. We are trying to help youth develop life skills at camp including independence and self-reliance. Campers are not allowed to bring cell phones or any other electronic devices to camp. If a cell phone is brought with a camper it will be held by the County Agent until we return to the county office. I understand that my camper maybe contacted by calling the office of the 4-H Camp my child is attending or by contacting their county agent directly while at camp.

Yes ☐ No ☐ Participant: I have read the cell phone policy 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 in the future.

Yes ☐ No ☐ Verification by Parent/Guardian: I understand and agree to the cell phone policy above considered a Parent/Guardian Signature.

Graffiti Policy: Graffiti is defined as words or images that are written, scratched, painted or sprayed on walls or surfaces. Campers are not allowed to defame or deface ANY camp property. Campers/County will be held responsible for any and all graffiti and may be subject to any costs associated with the cleanup and/or repair of said graffiti.

Special Dietary Needs:

In the space provided please list all **food allergies** for the person listed above and any necessary precautions that should be taken: _____

In the space provided indicate any **food restrictions (non-allergy)** for the person listed above and food substitutes that may be considered: _____

Cabin Assignments: Please indicate the name of a friend going to camp that you would like to be in the cabin with (1 person of the same sex). We will do our best to accommodate your request.

NAME OF FRIEND GOING TO CAMP: _____

Camp Release

This authorization form must be completed in full for someone other than the signing parent(s) to pick up a child from camp. Persons leaving camp will be required to check out and show their license or other picture ID as proof of identification. If a teen drives themselves or other friends be sure to list the teen driver as an authorized release person.

X

Signature of Parent or Legal Guardian _____ Date _____ Signature of 2nd Parent or Legal Guardian _____ Date _____

* If married, or divorced but having joint custody of the youth, both parents must sign. If divorced and having sole custody of the youth, only that parent with sole custody needs to sign.

Member Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____



4-H Camp Packing Check List

SUGGESTED ITEMS FOR CAMP



Clothes should be modest and appropriate for active play in an outdoor setting.

1. Girls **must** wear one piece bathing suits,
Boys are not allowed to wear Speedo swimsuits
2. No underwear of any kind showing (this includes bra straps), pants/shorts must be worn at reasonable waist length
3. No see through clothing without a shirt underneath
4. Shorts must be **mid thigh (FINGER TIP) or longer**
5. No bare midriffs
6. Shirt sleeves must be at least 1 inch wide. (No spaghetti straps.)

Comfortable Clothes (appropriate for casual dress)

- _____ Shorts, jeans, slacks, t-shirts (at least five (5) changes)
- _____ tennis shoes (or other closed toe shoes) **MANDATORY**
- _____ underclothing (at least five (5) changes)
- _____ one (1) sweater/light jacket/sweatshirt (for cool nights)
- _____ bathing suit/ swim clothes
- _____ rain gear
- _____ socks
- _____ pajamas

Personal Articles

- | | |
|---------------------------------------|--|
| _____ wash cloth | _____ shower shoes (flip flops) only in shower |
| _____ (2) towels (swimming & bathing) | _____ comb or brush |
| _____ tooth brush, tooth paste | _____ insect repellent |
| _____ soap & shampoo | _____ plastic bag for dirty clothes |
| _____ deodorant | _____ sunscreen |

Bedding (for bunk-style beds)

- _____ pillow and pillow case
- _____ two (2) sheets & light blanket or sleeping bag

Other items (optional) label items clearly with camper's name

- | | |
|---|---|
| _____ athletic attire (for sports) | _____ camera & film |
| _____ water shoes (MANDATORY) | _____ water bottle (very important for hot days) |
| _____ hat | _____ flashlight (only Counselors) not campers |
| _____ alarm clock (COUNSELORS) | _____ sunglasses (cheap) |
| _____ Pen, paper, & stamps (there is a box for outgoing mail) | |

HELPFUL HINTS:

- ✦ **Do not** bring expensive items to camp such as **CELL PHONES**, electronic games, jewelry, radios etc.
- ✦ Please try to pack all clothing in a small suitcase or duffel bag, in order to save time and space when loading the bus. Campers will have to carry their own suitcase to and from buses to cabins.
- ✦ **No** money, candy, gum, snacks, knives or fireworks should be taken to camp.
- ✦ For identification purposes, we encourage parents to mark initials or name of the child on all personal items.

Camp Financial Check List

Please return

Camper Name _____

Use the chart below to calculate your total camp fee:

AMOUNT	Item
\$230.00	Basic Camp Fee
	Deduct \$10.00 if you are a bonifide 4-H Member (you have an enrollment form on file for this year and have been active in your club or county program)
	Deduct (\$ <u>33.04</u>) if you qualify for the summer food program (call or stop by the 4-H office to find out if your family qualifies (643-2229).
	Deduct \$100.00 if you have been selected to serve as a camp counselor.
	GRAND TOTAL -
	Please make checks payable to Liberty County 4-H

*Remember, camp is on a first-come, first-serve basis, so get your forms in early! The **DEADLINE** to register is **May 30, 2014**.

Please make checks payable to the Liberty County 4-H Association

Frequently Asked Questions

About Florida 4-H Camping

What is the 4-H Camp Mission, philosophy and program emphasis?

The mission of the Florida 4-H camping program is to help develop life skills in youth through experiential education in a camping environment. Research has shown camping helps kids build life skills in a safe atmosphere while having fun. We offer outdoor adventure, environmental education and more, geared toward the positive growth of our youth

Who works at 4-H Camp?

Each camp has a permanent Resident Director and seasonal program director to facilitate camp activities. Summer camp program staff are hired based on experience and qualifications, and screened through personal interviews, reference checks and background checks. All staff members participate in intensive pre-camp training to prepare them for the camping season. Program staff comes from the U. S. and overseas, bringing diversity and cultural richness to the 4-H camping experience. The Resident Director at 4-H Camp Timpoochee is **Jennifer Williams**.

How are behavioral and disciplinary problems handled at 4-H Camp?

Behavioral expectations and consequences are communicated through the 4-H Code-of Conduct, which campers and parents/guardians must sign prior to camp. During camp, expectations for behavior are reviewed the first day, and good behavior is facilitated through positive reinforcement and role-modeling. Corporal punishment is never allowed at 4-H Camp. Contact your local 4-H Extension Agent for more information regarding this question.

How do I send mail to my child at camp?

- You are encouraged to write your child at camp. Address your letter to:

Name of Camper c/o Name of Camp Address City, FL ZIP

Florida 4-H Camp Addresses:

Camp Timpoochee 4750 Timpoochee Lane Niceville, FL 32578

Camper mail is distributed every day, usually during meal times. To ensure mail is received before the end of the camp week, please place items in the mail the *weekend before* your child attends camp, no later than the Monday of camp week. Camper names should be clearly legible. All mail arriving later than your child's Friday departure from camp will be returned to sender

In the event of an emergency at home, how do I contact my child?

Please call the camp's main office number (850) 897-2224 in the event of an emergency. County extension staff will be able to bring your child to the office for the call. Each facility's voicemail offers a secondary phone number to call for emergencies occurring outside of normal office hours. Or you can email Timpoochee4-h@ufl.edu.

Can I pick my child up early from Camp?

For safety reasons and so all campers may enjoy the entire 4-H camping experience, campers are encouraged to arrive on time, not miss mid-weekdays, or leave camp early. We enjoy having each camper fully participate from the beginning to the closing of the camp week.

Why aren't cell phones, MP3's, IPODs, Gameboys and other electronics allowed at camp?

Use of personal electronic devices during camp encourages campers to be solitary and sedentary, which clashes with what camp is all about—developing social skills, building new relationships, sharing traditions, appreciating nature, and being physically active. At camp, these expensive items get lost, broken, stolen or dropped in the water and in the case of phones shared with other campers, resulting in charges you weren't expecting. More importantly, a child who is focused on using the device may miss out on learning something new, or worse, may lose concentration during an activity and be injured. We believe camp without electronics is the best policy for everyone involved.

As a parent, you can expect...

- Your child to have a safe and memorable camp experience.
- Your child to grow, learn about nature and make new friends.
- All activities and educational programs are taught or lead by University of Florida 4-H staff. All summer staff is American Red Cross certified in First Aid and CPR.
- All waterfront activities are supervised and led by summer staff that is American Red Cross Waterfront Lifeguard Certified.
- Your child to have the opportunity to participate in some of the following camp activities: canoeing, kayaking, swimming, recreational games, archery, campfires, fishing, healthy lifestyles and much more!

Florida 4-H Camp Mission Statement:

- To help develop life skills in youth through experiential education in a camping environment.

Florida 4-H Camp Motto:

- Building Life Skills through Outdoor Adventures

Encouraging independence:

- In Florida 4-H programs we encourage independence and responsibility among our campers. We ask that you do not call your child at camp or instruct her/him to call you. If an emergency arises, contact your county Extension office.
- Help your child pack for camp, but let her/him help also. Allow your child the opportunity to decide what they need to bring to camp and how to fit everything into their bag. This process helps youth learn organizational skills. Plus, they will have to pack their own bag to return home.
- Your camper will be expected to attend activities as scheduled. There is a variety of classes that offer flexibility and choice of activities.

For more information, please visit Florida 4-H Camping website at <http://www.florida4h.org/camps/>

Part 1. Children enrolled in Camp or Closed Enrolled Sites. (Use a separate application for each foster child) Names _____ (First, Middle Initial, Last) _____ _____ _____ _____		Food Stamp, TANF or FDPIR case # (if any). Skip to Part 4 if you listed a case #. _____ _____ _____			
Part 2. Foster Child In certain cases, foster children are eligible for free and reduced-price meals regardless of household income. If foster children live with you, please contact [name of Sponsor] at [phone number]. Skip to Part 4.					
Part 3. Total Household Gross Income—You must tell us how much and how often					
A. Name (List everyone in household, including children) (Example) Jane Smith	B. Gross income and how often it was received Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly				C. Check if NO income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement,	4. All Other Income	
	\$200/weekly	\$150/weekly	\$100/monthly	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
Part 4. Signature and Social Security Number (Adult must sign) An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.) I certify that all information on this form is true and that all income is reported. I understand that that this information is being given for the receipt of Federal funds. I understand that SFSP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted. Sign here: X _____ Print name: _____ Date: _____ Address: _____ Phone Number: _____ Social Security Number: _____ - _____ - _____ <input type="checkbox"/> I do not have a Social Security Number					
Part 5. Participant's ethnic and racial identities (optional)					
Mark one ethnic identity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Mark one or more racial identities: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American </div> <div> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander </div> </div>				
Don't fill out this part. This is for official use only.					
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12 Total Income: _____ Per: <input type="checkbox"/> Week, <input type="checkbox"/> Every 2 Weeks, <input type="checkbox"/> Twice A Month, <input type="checkbox"/> Month, <input type="checkbox"/> Year Household size: _____ Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____ Temporary: Free _____ Reduced _____ Time Period: _____ (expires after _____ days) Determining Official's Signature: _____ Date: _____ Confirming Official's Signature: _____ Date: _____ Follow-up Official's Signature: _____ Date: _____					

**HOW TO COMPLETE THE SUMMER FOOD SERVICE PROGRAM
MEAL BENEFIT INCOME ELIGIBILITY FORM
(For Camps and Closed Enrolled Sites)**

Please complete the following form using the instructions below. Sign the form and return it to: **[Name of Sponsor]**

If you need help, call **[phone number of Sponsor]**

Follow these instructions, if your household gets FOOD STAMPS, TANF or FDPIR:

Part 1: List participant's name and a Food Stamp, TANF or FDPIR case number.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is not necessary.

Part 5: Answer this question if you choose to.

If you are applying on behalf of a FOSTER CHILD, use a separate application for each foster child and follow these instructions:

Part 1: Enter the child's name.

Part 2: Please contact us at **[phone number of Sponsor]**

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is not necessary.

Part 5: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List each participant's name.

Part 2: Skip this part.

Part 3: Follow these instructions to report total household income from last month.

Column A—Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B—Gross income last month and how often it was received. Next to each person's name, list each type of income received last month, and how often it was received.

In Box 1, list the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).

In box 2, list the amount each person got last month from welfare, child support, alimony.

In box 3, list Social Security, pensions, and retirement.

In box 4, list ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column C—Check if no income: If the person does not have any income, check the box.

Part 4: An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 5: Answer this question if you choose to.

Privacy Act Statement: This explains how we will use the information you give us.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

**SUMMER FOOD SERVICE PROGRAM
MEAL BENEFIT INCOME ELIGIBILITY FORM
(For Camps and Closed Enrolled Sites)**

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement: In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.