



Calhoun/Liberty/Jackson County Camp
June 22-26, 2015
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 22-26, 2015** 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
- 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 29, 2015**

*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 4 2015, 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**
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 29, 2015***

Sincerely,
Monica Brinkley
4-H Extension Agent



2014 Summer Camp Youth and Adult Registration Form

June 22-26, 2015



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 29, 2015**

For More Information Contact:

Cathia Schmarje
Phone: 850-643-2229
Email: clschmarje@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 22, 2015.



Florida 4-H Youth Enrollment Form

Directions: After you have contacted your County 4-H Agent and chosen a local 4-H Program for your child to be a part of, you will need to complete a 4-H Youth Enrollment Form and a Florida 4-H Participation Form for Youth and Adults. These forms can be completed online by a parent or a legal guardian at <https://florida.4honline.com>. If parents or guardians do not have access to a computer, they may complete the Enrollment and Participation Forms and turn both into their County 4-H Agent or 4-H Club Leader. You will be contacted by your County Extension Office when your forms have been entered in 4HOnline.

Family Profile Information

Family Last Name: _____ Family E-mail: _____ Primary Phone: (_____) _____
 Address: _____ City: _____ Zip: _____
 Correspondence Preference: E-mail Mail 4-H County: _____ Primary 4-H Club: _____

Member Profile Information

Member E-mail (if different from Family E-mail): _____
 First Name: _____ Middle Name: _____ Last Name: _____
 Preferred Name: _____ Mailing Address (if different from Family Address): _____
 City: _____ State: _____ Zip Code: _____ Birth Date: ____/____/____
 4-H Age on September 1 (start of 4-H year): _____ Number of years as a 4-H member, including current year: _____
 Parent/Guardian 1: First Name: _____ Last Name: _____
 Work Phone: (_____) _____ Cell Phone: (_____) _____
 Parent/Guardian 2: First Name: _____ Last Name: _____
 Work Phone: (_____) _____ Cell Phone: (_____) _____
 Emergency Contact (Other than Parents/Guardians) First and Last Name: _____
 Emergency Contact Phone: (_____) _____ Emergency Contact Relationship _____

Is the member a youth volunteer? * Yes No

* If the member is a youth volunteer, a UF-IFAS Employee may contact you with further enrollment instructions.

Ethnicity: Are you of Hispanic ethnicity? No Yes I prefer not to give my ethnicity and/or race.

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

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

A Family Member is in: Air Force Army Coast Guard Navy Marines **Branch:** Active Duty National Guard Reserves
Parent or Sibling Serving in the Military: The member has a parent serving in the military. The member has a sibling serving in the military.

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** _____

Project Title	Years in Project	Project Book Title Needed http://florida4h.org/

Program Fees if Applicable:	
Club Fee/Dues Paid	\$ _____
<input type="checkbox"/> Purchase of Project Books	
Due \$ _____	Paid \$ _____
(Bal. Due: \$ _____)	
Total Amount Paid:	\$ _____
Paid by Check <input type="checkbox"/>	Check # _____
Paid by Cash <input type="checkbox"/>	

For County Office Use Only: Date forms received in County Office _____
 Date forms entered into 4HOnline Database _____



Directions: This form, along with a Florida 4-H Youth Enrollment Form, must be completed by a parent or legal guardian in order for a youth to participate in the Florida 4-H Program. All items must be completed. Even if the response is not applicable – indicate by using N/A. Failure to complete this form in its entirety will result in the person being ineligible to participate in 4-H activities. Adult participants must also complete this form to volunteer with and/or participate in Florida 4-H.

Name: _____ Birthdate: ____/____/____ Youth's Age (As of Sept.1, 2014): ____ Male or Female: ____
Last First
 Home Address: _____ 4-H County/District _____
 City, ST, Zip: _____ Home Phone (_____) _____
 Name of Parent/Guardian or Emergency Contact: _____ Relationship to Participant: _____
 Emergency Contact Primary Phone (_____) _____
 Name of Family Doctor: _____ Doctor's Office Phone: (_____) _____
 Health Insurance Company: _____ Policy #: _____
 Name of Insured: _____ Relationship to Participant: _____

HEALTH FORM

Does the participant have, or at any time had, any of the following? Check "Yes" or "No" to each item. Please explain any "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.

Conditions	Yes	No
1) Asthma		
2) Bronchitis		
3) Convulsions		
4) Diabetes		
5) Ear Infection		
6) Fainting		
7) Heart Condition		
8) Headaches		
9) Hypoglycemia		
10) Serious Insect Stings		
11) Wear Glasses		

Conditions	Yes	No
12) Wear Contact Lenses		
13) Penicillin Allergy		
14) Aspirin Allergy		
15) Tetanus Allergy		
16) Other Drug Allergies		
17) Food Allergies		
18) Serious Ivy, Oak, or Sumac		
19) Sunscreen Allergies		
20) Other Allergies		
21) Other Health Conditions		

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

Antihistamine
 Antacid
 Ibuprofen (Advil)
 Acetaminophen (Tylenol)
 Hydrocortisone
 Decongestant
 Dramamine
 Polysporin (topical antibiotics)
 Aloe Vera Gel for Sunburn
 Please contact me for permission to administer ANY over-the counter medications.

Date of Last Tetanus Shot ____/____/____

Please explain "Yes" answers and provide information on recent medical issues (including injuries and surgeries), allergic reactions, special dietary regulations, present medications, any specific activities to be restricted and other comments.

Does the participant use an inhaler and/or an EpiPen? Yes No If yes, mark which is used: Inhaler EpiPen

Disabilities: If the participant requires accommodations for a disability to participate in 4-H programs, please provide information about the disability

Special Needs: If the participant requires accommodations for special needs to participate in 4-H programs, please provide information about the special needs

Medical Consents

First Aid Consent: I give UF/IFAS Extension Florida 4-H my consent and permission to render general first aid treatment to my child or myself for any injuries or illnesses occurring during any Florida 4-H activity. I understand that if a medical emergency arises, Florida 4-H will contact emergency medical personnel [911] for assistance.

Medication Consent: I authorize Florida 4-H to administer medication (over the counter and/or prescribed) to my child as specified in the physician's written instructions or instructions on packaging. I understand that if my child needs medication to be administered while attending a Florida 4-H activity, I MUST complete the Florida 4-H Medication Form in addition to signing this consent.

____ (Initials) Yes No I understand and agree to the Medical Consents. I am a Parent/Guardian or Adult Participant. *

* Consent is required to participate in Florida 4-H.

4-H Participation Form for Youth and Adults: Authorizations

Florida 4-H Code of Conduct for Youth and Adults: As a participant in 4-H at the local, state, or national level, I have the responsibility of representing the UF/IFAS Extension 4-H Youth Development Program to the public. Therefore, I am expected to conduct myself in a manner that will bring honor to me, my family, my community, and 4-H. To do that, I must abide by the following rules

- (1) Obey local, state, and federal laws. Follow county, district, state and/or national 4-H policies. Abide by any special rules for a 4-H event or activity.
- (2) Speak and act in a responsible, courteous, and respectful way. Harassment, threats or bullying of any type is prohibited.
- (3) Act responsibly to maintain a safe environment for all participants. Acting in a manner that could endanger the health, safety or welfare of yourself or others is prohibited. Report threats to the well-being of any participant immediately to the adult in charge.
- (4) Possession or use of tobacco, alcohol, or illegal drugs is prohibited. Possession or use of approved medications by youth during a 4-H function must be reported to the adult in charge and must not be accessible to other participants.
- (5) Possession or use of weapons or other dangerous objects is prohibited, except when required as part of an approved educational program. Weapons are defined to include, but are not limited to, guns, knives and incendiary or explosive devices of any kind.
- (6) Respect all property, facilities, equipment, and vehicles. I will be responsible for any damage or other consequences resulting from my behavior.
- (7) Participate fully in 4-H functions. Be in the assigned program areas (example—dorms, cabins, programs, etc.) on time. If I am unable to attend or participate, I will tell the adult in charge. Help others have a pleasant experience by making every attempt to include all participants in activities.
- (8) Dress appropriately for each 4-H function.
- (9) Use of any mobile electronic device during a scheduled 4-H activity is prohibited unless activity-specific rules otherwise allow. When permitted, they should be used only in a manner that is consistent with the approved activity and not discourteous or disruptive.
- (10) The belongings of youth participants, including but not limited to bags, purses, computers, other electronic devices, lockers and vehicles, are subject to search and seizure by 4-H faculty/staff, and in some instances a volunteer designee, upon reasonable suspicion that a prohibited and/or illegally possessed substance or object is contained within that area. (If an adult is suspected, this will be handled by law enforcement.)

Youth or Adult Agreement: _____ (Initials) Yes No I have read the Florida 4-H Code of Conduct above and agree to abide by it in its entirety. I realize my failure to do so could result in a loss of privileges during a 4-H event and in the future; including but not limited to suspension or termination of 4-H membership or volunteer service.**

Parent/Guardian Agreement: _____ (Initials) Yes No I understand and agree to the Florida 4-H Code of Conduct above. **

General Release: In consideration for my and/or my child's participation in Florida 4-H, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Florida 4-H, the Florida 4-H Club Foundation, Inc., UF IFAS Extension, the University of Florida, the University of Florida Board of Trustees, and their respective employees, agents, representatives and volunteers (hereinafter referred to as "RELEASEES") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise, while participating in a Florida 4-H activity or while in, on or upon the premises where a Florida 4-H activity is being conducted.

I am fully aware of the risks and potential hazards connected with participating in Florida 4-H activities and programs and I hereby elect to voluntarily participate and engage in such activities knowing that these activities may be hazardous to me, my child and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, that may be sustained by myself, my child, or any loss or damage to property owned by me, as a result of engaging in such activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.

_____ (Initials) Yes No I understand and agree to the General Release. I am a Parent/Guardian or Adult Participant. **

Transportation Policy: I understand that all volunteers and/or parents who transport Florida 4-H participants as a part of any 4-H activity are required to be 18 years or older, possess a valid driver's license with a safe driving record and automobile insurance, and otherwise comply with state and local laws. Additionally, Florida 4-H requires that drivers utilize a transport vehicle that is in good repair and working order. I understand that transportation to and from many Florida 4-H activities, not a part of the activity, is the responsibility of the participant and his/her family. Florida 4-H has no ownership or control over any privately owned vehicles and relies on the drivers' compliance to 4-H policies and procedures.

_____ (Initials) Yes No I understand and agree to the Transportation Policy. I am a Parent/Guardian or Adult Participant. **

Publicity Release: I authorize UF/IFAS Extension and the Florida 4-H Club Foundation, Inc. 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 Club Foundation.

_____ (Initials) Yes No I authorize use of my—or my child's individual image and voice. I am a Parent/Guardian or Adult Participant ***

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 completing a survey or an evaluation.

_____ (Initials) Yes No I am willing to participate—or give permission for my child to participate—in any program evaluation. I am a Parent/Guardian or Adult Participant ***

**Consent is required. Marking "No" for the Code of Conduct, General Release and Transportation Policy will prevent the individual from participating in Florida 4-H.
***Consent is not required to participate in Florida 4-H.

Youth or Adult Member Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



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:** _____



Youth Name: _____

4-H County: _____

Directions for Parents and Guardians: Please complete this form for any medication your child will be taking while attending any 4-H activity, including non-prescription drugs, lotions, inhalers or any other items. This form **must** accompany your child's medication for the activity. Any medication not meeting the following requirements will not be allowed at a Florida 4-H activity.

All prescription medications MUST:

- Be in the original container with a prescription label
- Be properly labeled with the youth's name, dosage, & frequency
- Have directions that match what is prescribed Have the doctor's name and prescription number
- Not be expired
- Sample medications must have a written prescription from doctor

Special consideration for inhalers and/or Epinephrine ("EpiPen"):

- The inhalers and/or EpiPens should be in their prescription box with their prescription label. If you've thrown out the box, your pharmacy can print you a label to bring, but it must match the medication and still be in date.
- We **cannot** accept expired inhalers or EpiPens.

All over the counter medications (includes ear drops/swim ear, allergy meds, pain relievers, vitamins etc.) MUST:

- Be in the original container
- Marked with youth's name
- Not be expired

I request that a person designated by Florida 4-H give my child, _____ the following medication:

1) Name of medication: _____

Amount to be given: _____

Time of day to be given: _____

Directions, if to be given "as needed": _____

Dates medication is to be given: From ___/___/___ To ___/___/___

Prescribing doctor's name: _____

Illness or condition prescribed for: _____

If inhaler or EpiPen, does the youth have to carry on-person and self-medicate? Yes
____ or **No**____

I agree to furnish Florida 4-H with the medication(s) listed on this form per the guidelines above. I further understand that Florida 4-H's designated person will administer the medicine to my child in good faith, at request. I certify that I have signed the online medication consent provision in addition to this form.

Parent/Guardian

Signature Date

If you are sending more than one medication for your child, please complete the second page of this form. 

Youth Name: _____

4-H County: _____

Additional Medications

2) Name of medication: _____

Amount to be given: _____

Time of day to be given: _____

Directions, if to be given "as needed": _____

Dates medication is to be given: From ___/___/___ **To** ___/___/___

Prescribing doctor's name: _____

Illness or condition prescribed for: _____

If inhaler or EpiPen, does the youth have to carry on-person and self-medicate? Yes
____ or **No**____

3) Name of medication: _____

Amount to be given: _____

Time of day to be given: _____

Directions, if to be given "as needed": _____

Dates medication is to be given: From ___/___/___ **To** ___/___/___

Prescribing doctor's name: _____

Illness or condition prescribed for: _____

If inhaler or EpiPen, does the youth have to carry on-person and self-medicate? Yes
____ or **No**____

4) Name of medication: _____

Amount to be given: _____

Time of day to be given: _____

Directions, if to be given "as needed": _____

Dates medication is to be given: From ___/___/___ **To** ___/___/___

Prescribing doctor's name: _____

Illness or condition prescribed for: _____

If inhaler or EpiPen, does the youth have to carry on-person and self-medicate? Yes
____ or **No**____

Part 1. Children enrolled in Camp or Closed Enrolled Sites.

Names
(First, Middle Initial, Last)

SNAP, TANF or FDPIR case # (if any). Skip to Part 4 if you listed a case #.

Part 2. Foster Child

Foster children are eligible for free and reduced-price meals regardless of household income. If a foster child lives with you, please contact [name of Sponsor] at [phone number]. Complete Part 3 if you are applying for other children in your household and you did not enter a SNAP, TANF or FDPIR case number in Part 1.

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 the last four digits of 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 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: _____

Last four digits of Social Security Number: _____ I do not have a Social Security Number

Part 5. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:

- Hispanic or Latino
- Not Hispanic or Latino

Mark one or more racial identities:

- Asian
- White
- Black or African American
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander

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: Week, Every 2 Weeks, Twice A Month, Month, 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: _____

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>33.96</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

**INCOME ELIGIBILITY FORM
FOR THE
SUMMER FOOD SERVICE PROGRAM
(For Use by 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 SNAP TANF or FDPIR:

Part 1: List participant's name and a SNAP, 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 required.

Part 5: Answer this question if you choose to.

If your household includes a FOSTER CHILD, use one application for the whole household and follow these instructions:

Part 1: Enter the child's name.

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

Part 3: Complete this part if you are applying for other children in the household and you did not enter a SNAP, TANF or FDPIR case number in Part 1.

Part 4: Sign the form. If Part 3 was completed, provide the last four digits of the signing adult's Social Security Number.

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 include the last four digits of 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.

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 SNAP, 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: The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identify, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov

Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.



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 midribs
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.

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/>