2010 4-H SUMMER ADVENTURES
A Mecklenburg County 4-H Summer Youth Program

All 4-H Day Camps will be held at the Mecklenburg County 4-H Office
(1418 Armory Drive, Charlotte, NC  28204)

Registration Information
The following are required for registration in 4-H Summer Adventures activities:
- Completed 4-H Summer Adventures Registration Form
- 4-H Enrollment Form
- Notarized 4-H Medical Release Form
- Payment in FULL

No registrations will be taken over the telephone.
All class fees are non-refundable unless a class is filled to capacity or cancelled.

4-H Residential Camp
Date:  Sunday, June 27 through Friday, July 2
Cost:  $400.00
Ages:  8-14 (limited 12-14 year old spaces)
ONLY 2 SPACES LEFT FOR 13-14 FEMALES.  ALL OTHER SPACES FULL!!!!!
Enjoy a week with other youth from across the state at 4-H residential camp this summer. We will enjoy a week of overnight 4-H camp at the Eastern 4-H Center located on the Bulls Bay in Columbia, North Carolina – just 45 minutes from the outer banks. Activities during the week include: swimming, canoeing, kayaking, sailing, arts and crafts, archery, teambuilding, hiking, rock climbing and low-ropes., singing, dancing, talent show and vespers. A packet containing additional forms and camp information will be mailed to those registering for this camp. All campers will depart from and return to the 4-H Office by chartered bus.

4-H Back to Your Roots
Date: Jul. 6 through July 9; 8am – 5pm
Ages: 9 to 11
Cost: $70
Class Limit: 12
Participants will visit a variety of local museums, attend a live performance, and experience history through daily hands-on activities. Youth will have the opportunity to explore 20th century Mayan textiles through multiple gallery visits. Participants will also learn about what happen to the ancient people living in the Americas. Fun will be had by all.

4-H Outdoor Escapades
Date: July 12 through July 16; 8am – 5pm
Ages: 12 to 16
Cost: $70
Class Limit: 12
Participants in this one week day camp will experience all aspects of the outdoors including outdoor cooking, hiking, camping essentials, fishing, rock climbing, kayaking, white water rafting, mountain biking and much, much more!

4-H Teen Congress
Date: July 19 through July 22
Ages: 13 to 18
Cost: $150
Limit: 11 –
ONLY 5 SPACES LEFT!!!!
Held on the campus of North Carolina State University in Raleigh, NC. The week consists of workshops and seminars surrounding the state 4-H theme, government and citizenship, leadership and teamwork and lots of social opportunities. Transportation to and from NCSU is provided. This is a Monday – Thursday event.

4-H Motorsports Day Camp
Date: Aug 2 through Aug 6; 8am – 5pm
Ages: 9-13
Cost: $70
Class Limit: 12
Participants in the one-week day camp will experience the life of a pit crew as they design, update and race radio-controlled cars. Using specific math, engineering and technology skills, the campers will solve real-life racing problems. We will also visit local racing shops and tour the speedway.

4-H Motorsports Day Camp
Date: Aug 9 through Aug 13; 8am – 5pm
Ages: 14-18
Cost: $70
Class Limit: 12
Participants in the one-week day camp will experience the life of a pit crew as they design, update and race radio-controlled cars. Using specific math, engineering and technology skills, the campers will solve real-life racing problems. We will also visit local racing shops and tour the speedway.
**4-H SUMMER ADVENTURES**
A Mecklenburg County 4-H Summer Youth Program

**REGISTRATION FORM**

Participants Name:_________________________________________________________

Mailing Address: __________________________________________________________

_________________________________________________________________________

Parent/Guardian’s Name(s): _____________________________________________

Home Telephone: ________________________  Daytime Telephone: ______________

Date of Birth: _________________________  Grade in School (Fall of 2010): ________

I WANT TO ENROLL IN THE FOLLOWING 4-H SUMMER ADVENTURES PROGRAMS:

<table>
<thead>
<tr>
<th>CHECK to register</th>
<th>DATES</th>
<th>AGES</th>
<th>PROGRAM TITLE</th>
<th>FEE</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>6/27—7/2</td>
<td>8-14</td>
<td>4-H Residential Camp</td>
<td>$400</td>
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<td></td>
<td>7/6—7/9</td>
<td>9-11</td>
<td>4-H Back to Your Roots Day Camp</td>
<td>$70</td>
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<tr>
<td></td>
<td>7/12—7/16</td>
<td>12-16</td>
<td>4-H Outdoor Escapades Day Camp</td>
<td>FULL</td>
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<tr>
<td></td>
<td>7/19—7/22</td>
<td>13-18</td>
<td>4-H Teen Congress</td>
<td>$150</td>
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<tr>
<td></td>
<td>8/2—8/6</td>
<td>9-13</td>
<td>4-H Motorsports—Younger</td>
<td>FULL</td>
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<tr>
<td></td>
<td>8/9—8/13</td>
<td>14-18</td>
<td>4-H Motorsports—Older</td>
<td>FULL</td>
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Grand Total = $__________

I am paying by:     □ Check  □ Cash (in person only)  □ Credit Card

Credit Card Information

Name on Card: ________________________________

Credit Card Number: __________________________

Expiration Date: _____________________________  Card Type: □ Mastercard  □ Visa

Signature: ________________________________  Date: _______________________

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1. Checks/money orders should be made payable to Mecklenburg County 4-H.
2. Bring or mail all forms and registration fees to the 4-H Office at 1418 Armory Drive, Charlotte NC 28204
3. Registration will begin March 1.
4. ALL FEES ARE NON-REFUNDABLE unless the class is filled to capacity or is cancelled.
5. A 4-H Enrollment Form and notarized 4-H Medical Release Form are required for registration.
6. Call the 4-H Office at 704-336-2082 if you have further questions.
4-H Enrollment Form

Name of 4-H Group/Unit:________________________________________ Year: _____________

Member Name: ________________________________________________

First

Middle

Last

Address: ________________________________________________________

Street Address_________________________________________________

City ___________________________________________ State________ Zip Code________

Phone: _________________________________________________________

(____) __________________ Email: __________________________ County: __________________

Gender*:  ❑ Male  ❑ Female Date of Birth: ____________ Grade: _______ School Attending: __________________

Do you live*:  ❑ Farm  ❑ City over 50,000 people

(Choose only one)  ❑ Town under 10,000 people or rural non-farm

❑ City 10,000-50,000 people  ❑ Suburbs of city over 50,000 people

❑ Military installation: ______________________

Do you have parent/guardian(s) active in the military?  Yes___  No____

If yes, circle all that apply:  Army  Air Force  Navy  Marines  Coast Guard  National Guard(Air & Army)  Reserves

Ethnic group:* A.  Choose One:  ❑ Hispanic or Latino  ❑ Non-Hispanic or Latino

B.  Choose all that apply:

❑ White or Caucasian  ❑ Asian

❑ Black or African-American  ❑ Native Hawaiian or other Pacific Islander

❑ American Indian or Alaska Native  ❑ Other __________________

Parent or Guardian: _____________________________________________________________________________

First

Middle

Last

Address: ________________________________

Street Address_________________________________________________

City ___________________________________________ State________ Zip Code________

Phone: _______________________________

(____) __________________ (____) _____________ (____) __________________

Area Code  Daytime/Cell phone  Area Code  Home phone  Email (if applicable)

Additional Parent or Guardian: ___________________________________________________________________

First

Middle

Last

Address: ________________________________________________________

Street Address_________________________________________________

City ___________________________________________ State________ Zip Code________

Phone: _________________________________________________________

(____) __________________ Email (if applicable)

Area Code  Daytime/Cell phone  Area Code  Home phone

1. A parent or guardian should sign below whichever statements you wish to apply to the youth’s involvement in 4-H programs.

❑ I agree to allow 4-H to take photographs of my child for use in 4-H and other N.C. Cooperative Extension educational, promotional, and/or marketing materials. Neither individual addresses nor telephone numbers will be published within these materials.

❑ I do not wish for 4-H to take photographs of my child for use in 4-H or N.C. Cooperative Extension educational, promotional or marketing purposes.

2. The enrolling youth is bound by the NC 4-H Code of Conduct and Disciplinary Procedure for 4-H events and activities. The youth should initial here if he/she has received and reviewed the NC 4-H Code of Conduct and Disciplinary Procedure for 4-H events and activities: ___________.

*This information is required for all federally assisted programs and is solely used for the purpose of determining compliance with Federal civil rights laws; your responses will not affect consideration of your application. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.

For office use only

4-H Membership #_______________

Date entered:_____________

Distributed in furtherance of the acts of Congress of May 8 and June 30, 1914. North Carolina State University and North Carolina A&T State University commit themselves to positive action to secure equal opportunity regardless of race, color, creed, national origin, religion, sex, age, or disability. In addition, the two Universities welcome all persons without regard to sexual orientation. North Carolina State University, North Carolina A&T State University, U.S. Department of Agriculture, and local governments cooperating.
4-H MEDICAL INFORMATION AND INFORMED CONSENT FOR TREATMENT
FOR NC 4-H SPONSORED EVENTS

PLEASE READ AND COMPLETE THE FOLLOWING FORM. THIS FORM MUST BE PRESENTED AT THE OFFICIAL REGISTRATION FOR THE 4-H SPONSORED EVENT BEING ATTENDED.

I. Medical Information

Known allergies to foods, drugs, insect stings or bites, etc: _________________________________________________

Special medical concerns or conditions that event supervisors should know about, including contagious illnesses, epilepsy, asthma, diabetes, previous injuries to bones/joints, etc.: _________________________________________________________________

List special dietary needs: _____________________________________________________________________________

Medications currently being taken (name of medication, dose, and frequency): __________________________________________________________

Family Physician: Name ___________________________ Phone # (____) ____________

Address________________________________________________________________________

II. Insurance Information

The 4-H program purchases insurance for youth participants for many sponsored events. In some cases, this coverage will not pay for some medical expenses and it may be necessary to bill the family or your insurance company.

Health Insurance Company ______________________________________________________________  Health Insurance Policy # ______________________________________________________________

Company Address ____________________________________________________________________________

Phone Company Telephone (____)___________________________________________

III.

If you are a person with a disability and desire any assistive devices, services or other accommodations to participate in this activity, please contact ________ [name, office] at ________ [phone number/TTY] during business hours of 8 a.m. and 5 p.m. to discuss accommodations at least ________ [hours/days] prior to the activity.

Signatures Acknowledging Parts I, II, and III

Parent's/Guardian's signature ___________________________ Date:__________

Participant's Signature: ___________________________ Date: ________________

Parent/Guardian telephone #: Home __________________ Work ______________________

Must be completed each year by 4-H’er and Parent/Guardian. If health history changes within that year, it is the 4-H’er & Parent/Guardian’s responsibility for updating information.

Approved as of 3/02/06
IV. Informed Consent

In the event that a participant needs minor medical care from 4-H or more significant medical care from a qualified health care provider, including in rare cases possible hospitalization and/or surgery, the parent/guardian is asked to sign the informed consent form below. In case of serious medical condition, 4-H will make every effort to notify the parents, but the first priority may be providing care to the participant.

Authorization to Consent to Health Care for Minor

I, _______________________________________, of ________________________ County, am the custodial parent having legal custody of __________________________, a minor child, age ________, born _________________. I authorize any adult(s) acting as agents (including official volunteers) or employees of the ________________________ 4-H program and in whose care the minor child has been entrusted, to do any acts which may be necessary or proper to provide for the health care of the minor child, including, but not limited to, the power (i) to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person for such health care, and (ii) to consent to and authorize any health care, including administration of anesthesia, X-ray examination, performance of operations, and other procedures by physicians, dentists, and other medical personnel except the withholding or withdrawal of life sustaining procedures.

This consent shall be effective for one year from the date of the execution.

Custodial Parent Signature_______________________________________Date_______

STATE OF NORTH CAROLINA
COUNTY OF _________________________

On this _________ day of ________________, 20___, personally appeared before me the said named, _________________________, to me known and known to me to be the person described in and who executed the foregoing instrument and he (or she) acknowledged that he (or she) executed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

My commission expires ________________________________________, 20_____.

________________________
Notary Public

(OFFICIAL SEAL)