

4^H HEALTHY LIVING S.T.E.M. SUMMER CAMP

5th – 8th graders
July 10 – 14th, 2017
8 a.m. – 5 p.m.
Camp John Hope
Hope Entrance Road
Marshallville, GA 31057



FEATURING:

- Science, technology, engineering and math based activities
- Horseback riding
- Food demonstrations
- Swimming
- Canoeing
- Archery
- Project adventure/low ropes course
- Games and sports

The maximum number of camp participants is 60. Space is available on a first come, first serve basis.
Camp fee is \$100. Fee includes breakfast, lunch and T-Shirt. The camp Canteen will be open to purchase snacks in the afternoon.

Deadline for camp registration is June 30, 2017.
Payment will be accepted through online or money order only.

FOR MORE INFORMATION, CONTACT:

Leslie Weaver
478-825-6269
weaverl@fvsu.edu

Jean Willis
478-825-6269
willisj@fvsu.edu



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FORT VALLEY STATE UNIVERSITY 4-H CODE OF CONDUCT

4-H'ers Name: _____	County _____
Address: _____	Phone _____
School: _____	Grade: _____ Year: _____

BEHAVIOR STANDARDS

The Fort Valley State University 4-H Code of Conduct is valid for one year and applies to all activities coordinated through Fort Valley State University 4-H Program.

- 4-H'ers are expected to attend all sessions as part of a planned program exhibiting positive character and behavior including (but not limited to) trustworthiness, responsibility, respectfulness, caring, citizenship and fairness.
- 4-H'ers are expected to be responsive to the reasonable requests of leaders and respectful of the needs for their personal safety and the safety of others.
- 4-H'ers should dress appropriately, use appropriate language and respect the rights of others.
- 4-H'ers may not behave recklessly or in a manner which prohibits others from participating in the program in the manner intended.
- 4-H'ers may have access to technology at FVSU/4-H Activity facilities. Technology use is for educational purposes. 4-H'ers may not access inappropriate websites or materials.
- Realizing these guidelines are not "all inclusive" the Fort Valley State University Extension staff and volunteers reserve the right to make adjustments to these policies.

CONSEQUENCES OF MISBEHAVIOR

4-H'ers and adults who observe a breach in the Code of Conduct must report the misbehavior to the appropriate leader. The leader will complete an incident report and determine the next steps regarding the incident.

If 4-H'ers are found participating in actions listed below, law enforcement or other legal authorities may be notified and may lead the review and consequences related to the incident. In these incidents, 4-H'ers may be removed from the event and suspended or expelled from future 4-H participation.

These behaviors may include, but are not restricted to:

- Possession or use of illegal drugs
- Possession or use of a weapon
- Assault or harassment
- Inappropriate sexual behavior

If the 4-H'er is found participating in the actions listed below, 4-H leaders may be notified and may lead the review and consequences related to the behavior. 4-H'ers misbehaving will have the opportunity to explain their actions to leaders in charge of the activity and may request a review board. The person coordinating the event may also convene a review board for the purposes of determining what has occurred and what disciplinary action should be taken. A review board will consist of three Extension faculty or staff member, two volunteers and one or two 4-H members. The Extension staff member coordinating the event will serve as chairperson. In some cases, incidents are deemed serious and may be referred to law enforcement or other legal authorities.

If the 4-H'er receives consequences from the leader or through the review process, his/her parents/guardians may be notified; the 4-H'er may be sent home at the parents' expense and may be suspended from participation in 4-H events. Suspensions may be up to one year. If a 4-H'er wishes to appeal the decision of the review board, the 4-H'er must appeal in writing through the FVSU State 4-H Program Leader's office. Appeals must be filed within 10 days of notification of the disciplinary action. The appeal is sent to the Program Development Coordinator of the 4-H member and the State 4-H Leader for ruling by the State 4-H Leader. Following any disciplinary review, the person coordinating the activity will provide written notification to the appropriate parties including but not limited to the 4-H'er, his/her parent/guardian and his/her county Extension staff member.

- Breaking curfew or disturbing the peace
- Unexcused absences from the activities or premise of an event
- Unauthorized use of vehicles during the event
- Reckless or inappropriate behavior
- Use of foul or offensive language
- Possession or use of alcohol or tobacco
- Breach of the 4-H Code of Ethics
- Remaining in the presence of those who are breaking the 4-H Code of Conduct
- Theft, misuse or abuse of public or personal property
- Possession of fireworks

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

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

4-H'ers Signature

Date

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

Parent/Guardian Signature

Date

Phone



**Fort Valley State University
YOUTH PROGRAMS FOR MINORS
MEDIA, PHOTO, & VIDEO RELEASE FORM**

Please read the following release carefully and initial one:

_____ **Yes, I give permission** for my child's name, likeness, image, or voice to be used in photographic, video, digital, or other recording forms. I give my permission for the program to use those recordings or works produced by my child (e.g., artwork) for promotional, commercial, information, and educational purposes in any and all media (including the internet) now existing or hereafter devised, for any purpose whatsoever, as deemed appropriate by (the institution) . This consent includes the unrestricted right and permission to copyright and use, reuse, publish, republish, edit, alter, exhibit and/or distribute any images of my child or in which my child may be included intact or in part, composite or distorted in character or form, without restriction as to changes or transformations. I understand that the image may be readily accessible by the general public. I further acknowledge and agree that (the institution) and the Board of Regents of the University System of Georgia, its members, officers, agents, and employees shall not be responsible for any use of the image by any third party accessing the image through the internet or any other manner. I understand that I will not have an opportunity to review or approve uses of the recordings or works, and I hereby waive any right to inspect or approve the same. I understand that neither my child nor I will receive payment or any other compensation for the taking or use of any recordings or works created as a result of my child's participation in the program. To the extent the image or media of my child is an educational record and may contain personally identifiable information about my child as defined by the Family Educational Rights and Privacy Act of 1974 ("FERPA"), I hereby consent to the release of the image or media. I understand that I have the right not to consent to my child being videotaped, photographed, or recorded during the program, and the right not to consent to the release or use of the image or media and any personally identifiable information about my child contained in the media, and that this

consent shall remain in effect until revoked by me in writing and delivered to (the institution) , though any such revocation shall not affect disclosures previously made prior to its receipt. I further release, discharge, indemnify, and hold harmless (the institution) and the Board of Regents, its members, officers, agents, and employees, from and against all liability, actions, debts, claims, demands, rights, injuries, damages, or causes of action of every kind whatsoever, arising from and by reason of any known or unknown, foreseen or unforeseen, relating to the taking or use of the recordings or works of my child, including, without limitation, any and all claims for invasion of privacy, rights of publicity, libel, and slander. I understand that the acceptance of this release and waiver of liability by (the institution) and the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or in part, of sovereign immunity by the Board, its members, officers, agents, and employees. This authorization and release shall inure to the benefit of the heirs, legal representatives, licensees, and assigns of (the institution), and the Board of Regents. If any provision of this Media, Photo, and Video Release shall be held invalid or unenforceable, such provision will be deemed severable without affecting the validity or enforceability of the remaining provisions.

_____ **No, I do not grant permission** for my child’s name, likeness, image, or voice to be used in any form, unless necessary for the administration of the program while my child is participating.

I hereby certify that I am over 18 years of age, suffering under no legal disabilities, that I have read the above carefully before signing, and fully understand its contents. This release shall be binding upon me, my heirs, legal representatives, and assigns.

signature of parent/guardian

(print) name and age of child

date

**Fort Valley State University
PROGRAMS SERVING MINORS
PICK UP AUTHORIZATION**

I. Personal Information (please print) **Today's Date:** ____/____/____

Child's Name: _____ **Age:** _____

Parent/Guardian Names: _____

Home Phone: _____ **Cell Phone(s):** _____

Work Phone(s): _____

II. Authorized Pick Up

Please list any individual who is authorized to pick up your child, including yourself. Each authorized person must be at least 16 years of age. The above-named child will not be permitted to leave the program with anyone who is not listed below. Authorized individuals must pick up the child in person and may be requested to show identification to program staff. Children will not be released to persons who fail to provide acceptable identification upon request.

I authorize the following responsible persons to pick up my child from the program (attach additional pages as needed):

Authorized Person	Phone Number	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please note that children must be picked up by designated times. If an authorized adult is unable to be reached, program members will contact the local police department as a last resort to take your child home. If you are not at home, your child will be released to the Division of Family and Children Services.

III. Authorized Dismissal

My child is at least 16 years of age and will be responsible for his/her own transportation to and from the program. My child may sign himself/herself out at the end of the program activities.

Signature of Parent or Guardian: _____

Parent or Guardian Name*: _____

***Please note that only the enrolling parent will be permitted to complete this form.**

Fort Valley State University
Youth Program/Camp Informed Consent, Voluntary Waiver, Release of Liability & Assumption of Risks Form

PROGRAM/CAMP INFORMATION:

Program/Camp Name: _____

Date(s): _____ **Time(s):** _____

Location: _____

PARTICIPANT INFORMATION:

Name of Participant: _____

Gender: _____

Date of Birth: _____ **Phone Number:** _____

Address: City: State: Zip:

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. THIS FULLY SIGNED FORM MUST BE SUBMITTED BY A PARENT OR LEGAL GUARDIAN BEFORE ANY CHILD IS ALLOWED TO PARTICIPATE IN THE ABOVE REFERENCED PROGRAM/CAMP.

I, the undersigned, wish for my Child (hereafter “Child”) to participate in the above referenced youth program (hereafter “Program”) on the date(s) and location(s) indicated above and, in consideration for my Child’s participation, I hereby agree as follows:

I acknowledge, understand and appreciate that as part of my Child’s participation in the Program there are dangers, hazards and inherent risks to which my Child may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I further realize that participating in the youth program may involve risks and dangers, both known and unknown, and have elected to allow my Child to participate in the Program. Therefore I, on behalf of my Child, voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of training, preparing, participating and traveling to or from the Program.

I, on behalf of my Child, hereby release the Board of Regents of the University System of Georgia, Fort Valley State University, its Administration, Faculty, Staff, Student Leaders, the Program Staff, and all other officers, directors, employees, volunteers and agents (hereafter “FVSU”) from any and all liability as to any right of action that may accrue to my heirs or representatives for any injury to my Child or loss that my Child may suffer while training, preparing, participating and/or traveling to or from the Camp. This agreement is binding on my heirs and assigns.

I, on behalf of my Child, furthermore release, indemnify and hold harmless FVSU from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to

person or property that my Child may suffer, for which my Child may be liable to any other person, that may or does arise out of my Child's participation in the Program. I understand that FVSU accepts no responsibility for my Child's personal property.

In the event of an accident or serious illness, I hereby authorize representatives of FVSU to obtain medical treatment for my Child on my behalf. I hereby hold harmless and agree to indemnify FVSU from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to my Child that may occur during his/her participation in the Program.

This RELEASE shall be governed by and construed under the laws of Georgia. I agree that any legal action or proceeding relating to this RELEASE, or arising out of any injury, death, damage or loss as a result of my Child's participation in any part of the Program, shall be brought only in the courts of the State of Georgia.

This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. I have been given sufficient opportunity to read this document and I understand and agree to all of its terms and conditions. I understand that I am giving up substantial rights (including my right to sue), and acknowledge that I am signing this document freely and voluntarily, and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law. My signature on this document is intended to bind not only myself and my Child but also the successors, heirs, representatives, administrators, and assigns of myself and my Child.

Participant's Name: _____

Participant's Signature: _____

Date: _____

Parent/Guardian's Name: _____

Signature Parent/Guardian's Signature: _____

date

A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 18

Fort Valley State University
Youth Program/Camp Medical Information and Release Form

PROGRAM/CAMP INFORMATION:

Program/Camp Name: _____

Date(s): _____ **Time(s):** _____

Location: _____

PARTICIPANT INFORMATION:

Name of Participant: _____

Gender: _____

Date of Birth: _____ **Phone Number:** _____

Address: City: State: Zip:

As a minor, parent or guardian I understand that the information requested on this form is intended to help inform program staff of any pre-existing medical conditions. If Participant has a pre-existing medical condition, participation in any strenuous activities or recreational time may not be recommended. ***This information will be kept in strict confidence and will only be shared with your permission.*** Fort Valley State University requests the information below so that, in case of emergency, we will have accurate information so that we can provide and/or seek appropriate treatment for Participant. You are accountable for providing an accurate medical history. **Final determination about whether to participate is the responsibility of you and your physician.** If Participant has any medical issue that is not requested below, but which you think is important, please include that information. It is recommended that you consult with a physician prior to participating in this Program. If you are uncertain about any preexisting medical conditions, it is your responsibility to consult with your own physician prior to participating in this Program. Please answer all of the questions. If you answer yes to any of the following questions, please explain as indicated. Use back and/or additional paper if needed.

I understand that Fort Valley State University does not offer any form of insurance for participant while participating in Program.

PART 1. GENERAL INFORMATION

Parent/Legal Guardian's Name (if applicable) _____

Street Address City State Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Please list two emergency contacts other than Parent/Legal Guardian:

Emergency Contact #1: _____

Name _____ Relation _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Emergency Contact #2: _____

Name _____ Relation _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

PART 2. MEDICAL INFORMATION

It is recommended that Participant consult with your physician prior to participating in this Program. If you are uncertain about any preexisting medical conditions, *it is your responsibility to consult with your own physician* prior to participating in this Program. Please answer all of the questions. If you answer yes to any of the following questions, please explain as indicated. Use back and/or additional paper if needed.

Physician's Name: _____ Phone Number: _____

Date of most recent tetanus toxoid immunization: _____

Do you have health/accident insurance? (circle one): YES NO

If yes, please indicate policy number, name and address of insurance company.

Company Name / Address Policy #: _____

PLEASE ENCLOSE A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD WITH THIS FORM

For the following, circle appropriate response and explain as appropriate:

A. Does participant have any limiting medical conditions that you or your doctor feel would limit camp participation? YES NO If yes, identify and explain: _____

B. Is participant currently taking medication that may interfere with ability to safely participate in Program? YES NO If yes, please indicate the medication and the condition being treated: _____

C. Does participant have a history of allergies or reactions to medications, insect stings, or plants? YES NO If yes, please explain: _____

D. Does participant have a history of, or currently suffer from, medical condition(s) with which we need to be aware? YES NO If yes, please explain: _____

PART 3: AUTHORIZATION FOR MEDICAL CARE:

Unless prior arrangements have been made, medical needs will be handled through the Peach County Regional Medical Center. In cases where medical attention is necessary, parents will be contacted for approval when possible. However, before medical treatment can be provided, we are required to have a medical release signed by the parent/guardian. The hospital will not perform services unless this form is presented at the time of treatment.

Participant has my permission to receive medical attention in the event of illness or medical emergency while participating in this Program. I will assume the financial responsibility for any cost of health care for my child that may occur during this Program.

As a participant, parent, or guardian I understand and acknowledge that my failure to disclose relevant information may result in harm to Participant and/or others during this Program. By signing my name I represent and warrant that I have provided all materials and important information to Fort Valley State University pertaining to my Participant's medical, mental and physical condition and that it is accurate and complete. I agree to notify Fort Valley State University of any changes in my mental, physical or medical condition prior Participant's scheduled Program.

By revealing or disclosing the above medical information it will not be used by Fort Valley State University personnel or employees to determine Participant's ability to participate safely in activities. I understand that, if Participant chooses to participate in activities, he/she do so voluntarily and of his/her own accord and the final decision regarding participation is solely the responsibility of myself and Participant.

Participant's Name: _____

Participant's Signature: _____ **Date:** _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ **date**

A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 18