



NEW ENGLAND 4-H DOG CAMP & CLINIC



REGISTRATION FORM - 2007

Name _____

Mailing Address _____

Town _____ State _____ Zip _____

Telephone _____ Member's Date of Birth _____

E-Mail Address _____

4-H Club _____ County _____

Check one of the following: Weekend (\$35.00) Saturday participant (\$25.00)

Dog and Handler Information:

Number of years of dog showmanship experience (both in and out of 4-H) _____

Dog's Call Name _____

Breed: _____ Age of dog: _____ Sex of dog: _____

Circle the level of showmanship and obedience you plan to participate in:

Showmanship

Beginner Novice Advanced Pre-professional

Obedience

Pre-novice Novice Grad Novice/open Utility

Agility

Novice (on leash) Advanced (off leash)

4-H and Adult Dietary Information:

Special Dietary requirements yes no

If yes, be specific _____

Food Allergies: (list any you have)

Parents and volunteers who stay for the weekend and plan to eat the food provided at the 4-H Dog Camp and Clinic must pay a \$20 fee to cover the cost of meals. Adults attending just on Saturday will be asked to pay \$10 to cover meals. There is no charge for adults attending on Saturday if they choose to bring their own meals and snacks.

Any adults staying as chaperones must already be a registered 4-H Volunteer of Record in Connecticut 4-H or their appropriate state 4-H office and have attended a mandatory DCF mandated reporter training. No one may stay overnight at the camp if not listed as a 4-H Volunteer of Record or without the training.

List those adults planning to stay as chaperones or as volunteers for this program.

All Registration materials, as described in the New England 4-H Dog Camp and Clinic brochure, are to be sent to Cindy McQueston, P. O. Box 131, Haydenville, MA 01039 postmarked by April 6, 2007.

Please complete and sign the following:

Any personal items, such as I-Pods, MP-3 players, CD players, cell phones, cameras, laptops or other electronic portable devices are brought at your own risk. The New England 4-H Dog Camp & Clinic and the organizers, and the University of Connecticut are not responsible for any lost, stolen or misplaced items. Cell phones must be kept off during all scheduled activities and workshops. **No cell phone or other electronic device use is allowed during any workshops.**

I certify that _____ is an active and currently registered Connecticut 4-H dog project member for the 2006-2007 4-H program year. I give my child/ward permission to participate in the New England 4-H Dog Camp & Clinic.

Signature of parent/guardian _____

Date _____

Be sure to include a photo which shows both the participant and project dog in the same photo. This is used for program purposes. Photos will not be returned at the end of the event.

4-H Member/Volunteer Health Form

(Please Print)

Member/Volunteer Information (This form is used to ensure your safety and well being.)

Last Name	First	Middle Initial	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth / /
Street Address	City	State	ZIP Code	Home Phone No. ()

Notify in Case of Emergency (Emergency Contacts will be notified in order listed until one contact is reached)

Name	Relationship	Name	Relationship
Address		Address	
City	State	Zip	
Code			
()	()	()	()
Home Telephone	Work Telephone	Cell Telephone	
()	()	()	()
Home Telephone	Work Telephone	Cell Telephone	

Allergies

Food (List Food)	Life Threatening?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Drug (List Drug)	Life Threatening?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insect (List Insect)	Life Threatening?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other (List)	Life Threatening?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Personal Medical History

Previous Surgery/Hospitalization? Explain	Date
Physical Impairment? Explain	Date
Mental Health Issues Requiring Treatment? Explain	Date
Current Medications and conditions for which they are prescribed?	Date
Is there any other personal medical history you feel we should know?	Date

Parent/Guardian Authorizations:

I recognize that some activities have an inherent risk that could result in personal injury. The person herein described has permission to engage in all 4-H activities except as noted. Please list here:

I hereby give permission to the medical personnel to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me or my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected to secure and administer treatment, including hospitalization, for the person named above. I (we) understand that all financial obligations incurred, if not covered by insurance, will be my responsibility. This form may be photocopied for specific special events such as sledding trips, project workshops, etc. This health form will be maintained in a confidential manner.

Signature of parent or guardian	Date
Printed Name	Date

OVER

Parent/Guardian Authorizations Continued

I, _____, affirm that due to my and/or my child's sincere religious beliefs, I/my child may not receive the following medical treatment:

_____ Certain treatment (specify):

_____ Any Medical Treatment

I release the University of Connecticut, its Cooperative Extension System, 4-H Youth Development Program, the State of Connecticut and their agents and employees from any responsibility or impairment to me/my child's health that may result from this exemption.

Signature of Parent or Guardian

Date:

Printed Name

Consent for Medication Administration

If your son, daughter or ward will be under the age of 18 while in attendance at this 4-H overnight Event, it is the University of Connecticut 4-H Program policy to secure your consent for medication distribution and for the use of medical devices. The medication or medical device can be self-administered or be administered by the on-site nurse/health professional.

All medications must be in a medicine bottle and labeled with the participant's name, doctor's name and phone number, medication name, and dosage. You must also complete the form below:

_____ No medication has been brought to the 4-H overnight event.

_____ I want the medication or medical devices self administered. (Age 14 and above only.)

_____ I want the medication or medical device administered by the Nurse/Health Professional
However, a limited amount of medication for life threatening conditions may be carried by my son/daughter/ward. (i.e. bee sting kits, inhalers)

Name of medication(s)

Prescribing Doctor

Doctor's phone number

Amount to be taken

How is it taken?

When to be administered

Day(s) to be taken

Special Instructions

Signature of parent or guardian

Date:



4-H Member Name _____
Name of Club _____
Event: New England 4-H Dog Camp & Clinic, 2007

CONNECTICUT 4-H PROGRAM CODE OF CONDUCT AGREEMENT

As an enrolled 4-H member, I agree to the following code of conduct:

I will:

- ❖ Participate fully in the 4-H program.
- ❖ Be responsible for my own behavior and uphold high standards for the group.
- ❖ Use language and manners that are respectful and appropriate for a 4-H activity.
- ❖ Support and abide by the adult advisors' leadership.
- ❖ Follow all scheduled times for program or club events.
- ❖ Display a positive attitude and good sportsmanship.
- ❖ Respect others.
- ❖ Act as a cooperative team member.
- ❖ Not use alcoholic beverages, illegal drugs, fireworks or tobacco while participating in any 4-H activity.
- ❖ Not carry or use any weapons.
- ❖ Not leave the assigned area without permission from the adult chaperone or leader.
- ❖ Understand that 4-H project animals are shown at my risk.

I, _____ have read and understand the Code of Conduct and promise to follow the code as stated. I agree to abide by the Connecticut 4-H Program Code of Conduct as stated above. I understand that some of the activities in which I may choose to be involved may have inherent risks associated with them. I accept responsibility for my own actions and shall indemnify the 4-H organization and its volunteers against legal or other proceedings in regard thereto.

4-H Member's Signature _____ Date _____

Parent/Guardian Statement

I have read the above Code of Conduct. I realize that I am personally responsible for my son/daughter/ward's behavior while he/she is at any sanctioned 4-H Event or Program. I expect that if he/she breaks the Code of Conduct or becomes disruptive and the adult leaders find it necessary to dismiss him/her, that I am responsible for his/her transportation home. I understand that some activities and events may have inherent risks to my child by participating, and that 4-H project animals are shown at the risk of the 4-H member. Any damages to persons or property are the legal and financial responsibility of the 4-H member and their family. I shall indemnify the 4-H organization and its volunteers against legal or other proceedings in regard thereto.

I will allow the use of any photos taken of my child/ward to be used in future promotional activities for the University of Connecticut 4-H program. Checking no to this option does not exclude anyone from membership or participation in any Connecticut 4-H programs

- Yes, I give permission for my child/ward's photo may be taken and/or used
- No, I do not give permission for my child/ward's photo to be taken and/or used

4-H members age 18 and over may check photo permission without parent signature.

Parent/Guardian Signature _____ Date _____

New England 4-H Dog Camp & Clinic Dog Health Form

Attach a copy of your dog's current health statement from your veterinarian to this form. The printout must include your dog's inoculation record and current rabies information. Dog health forms will not be returned, but will be kept on file after this program. The printout must include the dog's name.

4-H Member's name _____

Address: _____

State _____ Zip _____ County _____

Dogs brought to shows come in contact with many other animals. For the protection of your dog, the 4-H Dog Camp & Clinic requires current Rabies and Distemper vaccinations; and strongly recommends Parvo, Corona, Bordatella, and Leptospirosis. Dogs should be tested annually for worms and heartworm and given a heartworm preventative.

Dog's call Name: _____

Dog's age: _____ Sex: _____ Breed: _____

4-H DOG CLINIC EQUIPMENT AND CLOTHING LIST

Following is a list of items it is suggested that you bring with you to the New England 4-H Dog Camp & Clinic

Clothing and Personal

Towels, washcloth
Soap, toothbrush, toothpaste, shampoo
Sleeping bag or 2 sheets and a blanket
Suitcase, duffel bag or pack
Dirty clothes bag
T-shirts or long sleeved shirts
Jeans or other pants
Sweatshirt
Warm jacket or fleece
Sneakers, boots or hikers
Socks
Personal care items, underwear
Pajamas or sleepwear
Insect repellent
Writing paper/pen/notebook
Cards, or book to read
Board game
Flashlight

Dog Equipment

dog food/water/treats
Pillow and pillow case
dog crate
obedience leash
show leash
clean up/plastic bags for dog
blanket for on top of crate
soft cloth or towel for in crate
dog dishes
several old towels –for spills
grooming supplies
old blanket to put under crate
dog's vaccination record
copy of dog's current rabies
certificate

REQUIRED ITEMS:

Registration Information and Personal Health Forms
Copies of current Rabies Certificate and current inoculations
4-H Member Code of Conduct

REMEMBER, please:

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