

## CUSTER COUNTY 4-H SCHOLARSHIP APPLICATION

The Custer County 4-H Foundation will provide part of the cost of this event. This application for funding needs to be returned to the Extension Office two (2) weeks prior to the event. Your portion of the fee must then be paid to the Extension Office (1) one week prior to the event. You are required to thank the Foundation for their support.

In the event a child does not attend a camp or activity that has been paid for in full or in part by the Custer County 4-H Foundation or Custer County Extension Office and circumstances do not allow reimbursement by camp/activity organizers, the child/family responsible will reimburse the Custer County 4-H Foundation and Custer County Extension Office for the amount provided.

We are requesting a scholarship from the Custer County 4-H Foundation for help in paying the cost of this camp/activity and agree to the terms as stated above. (Foundation membership scholarship 75% of camp cost; Non-member scholarship 25% of camp cost)

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4-H Member

4-H parent

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Age \_\_\_\_\_ Club \_\_\_\_\_

How many years have you been in 4-H? \_\_\_\_\_

What trip are you applying for? \_\_\_\_\_

Why do you want to go to this camp or event?

What do you expect to learn?

How are you going to use this knowledge in the 4-H program?

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For Office Use Only

Cost of camp \_\_\_\_\_ Foundation \_\_\_\_\_

Youth \_\_\_\_\_ Date paid \_\_\_\_\_

## CSUCE 4-H Youth Development Code of Conduct Acceptance/Agreement For Participation in Colorado 4-H Youth Development Events

County: \_\_\_\_\_ Event: \_\_\_\_\_

Legal name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Emergency Telephone Numbers (h): \_\_\_\_\_ (w): \_\_\_\_\_

Telephone Numbers: (h): \_\_\_\_\_ (w): \_\_\_\_\_

Other name to contact if parent unavailable: \_\_\_\_\_

Program participants are expected to abide by the stated rules for Colorado 4-H Youth Development activities and events including, but not limited to:

- Conduct themselves in a courteous, respectful manner, use appropriate language, exhibit good sportsmanship and provide a positive role model;
- Adhere to program rules, curfews, dress codes, policies and guidelines;
- Abstain from illegal and immoral behavior;
- Fully participate in scheduled activities;
- Respect property and privacy rights of others;
- Refrain from physical, verbal, or emotional abuse or neglect;
- Apply rules of safety to individuals, groups and property; and
- Accept personal responsibility for behavior.

Conduct not in keeping with Colorado 4-H Youth Development standards will not be tolerated. Violation of items listed above will result in consequences to the participant. Consequences may include removal, at the individual's expense and without refund, from participation in this event; restitution or repayment of damages; sanctions on participation in future Colorado 4-H Youth Development events; forfeiture of financial support for this event; removal from offices held; etc.

Age, office held in the Colorado 4-H Youth Development organization, presence of an adult or other perceived status is not grounds for behavior outside of established guidelines.

We understand the reason for this agreement is to ensure the safety of the 4-H participant and to ensure conduct and behavior that will result in each participant receiving the full benefit of enjoyment and educational experience from this event. It is not intended to place undue restrictions upon participants.

Delegate's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CUSTER COUNTY 4-H CODE OF CONDUCT ACTIVITY CONTRACT

I, \_\_\_\_\_ hereby acknowledge that the Custer County 4-H Foundation will be funding all/part of this trip and as such I agree to obey all the rules and regulations set forth pertaining to my behavior as a 4-H member representing Custer County. These rules will include all those set forth by the National 4-H Federation as well as those set forth by my local chapter. These include the following:

1. Conduct myself in a courteous, respectful manner, use appropriate language, exhibit good sportsmanship and provide a positive role model.
2. I will adhere to the policies of the program facility.
3. I will abstain from illegal and immoral behaviors.
4. I will accept responsibility for my behavior.

I recognize that I must accept responsibility for my behavior and any misconduct will be dealt with immediately by my 4-H Leader or 4-H Representative in charge. My parents will be contacted immediately and I will be sent home at my parents' expense.

If this should happen, I accept responsibility of reimbursing the 4-H Foundation for all costs put forth on my behalf. The 4-H Foundation is funding this trip in the amount of \$\_\_\_\_\_.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



**Health Registration Form**

Name of Event: \_\_\_\_\_ Date of event: \_\_\_\_\_

Legal Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: CO Zip: \_\_\_\_\_

Parent's or Guardian's Name: \_\_\_\_\_

Street address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(if different from child's)

City: \_\_\_\_\_ State: CO Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Phone: \_\_\_\_\_

If neither parent or guardian can be located, in case of emergency call: \_\_\_\_\_  
(include name and phone number)

Persons designated to take child from event: \_\_\_\_\_  
(include name, address and phone if not listed above)

Persons not permitted to take child from event: \_\_\_\_\_

Do you have any medical condition that may limit your ability to participate in this event without accommodation? If so, please explain the nature of your condition and any accommodation requested. Do you have any allergies, or drug reactions or special dietary needs we should be aware of? If so, please explain:

\_\_\_\_\_

Youth must have had a physical examination within the preceding 24 months by a licensed physician or a licensed nurse practitioner. The event has the right to refuse admission of a youth who does not have examination verification.

Date of last physical examination: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Attach Colorado Certificate of Immunization or complete the following:

***Vaccine***

***Month/year immunization was given***

Diphtheria-Tetanus-Pertussis (DTP or baby shots)

or

Tetanus-Diphtheria (TD)

\_\_\_\_\_

Polio

\_\_\_\_\_

Measles (hard, red)

\_\_\_\_\_

Rubella (German measles)

\_\_\_\_\_

Mumps

\_\_\_\_\_

Other

\_\_\_\_\_

*Authorization to participate or exclude participation in event activities:* I give permission for my child to participate in all event activities with the following exceptions:

\_\_\_\_\_

*Authorization for medical care:* I hereby give my permission to event officials to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child, \_\_\_\_\_, should an emergency arise. It is understood that event officials will make a conscientious effort to locate the emergency contacts listed on this document before any action will be taken. If it is not possible to locate emergency contacts listed, I/we will accept the expense of emergency medical or surgical treatment.

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Subscriber Name and address: \_\_\_\_\_

Parent's or Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**COLORADO STATE UNIVERSITY EXTENSION  
HOLD HARMLESS RELEASE**

In consideration of allowing my child \_\_\_\_\_  
(child's legal name)

to participate in \_\_\_\_\_, I assume all risks in connection with the  
(name of camp/conference)

activities involved and agree to release Custer County, Colorado State University Extension, and their employees and volunteers from any injury or damage which may befall \_\_\_\_\_  
(child's legal name)

while he/she is participating in said activities whether foreseen or unseen. I hereby release Custer County, Colorado State University Extension, and their employees and volunteers, from any and all action, causes of action, claims, damages, cost, expenses, compensation, person loss or any other loss or injury received or incurred by \_\_\_\_\_ during his/her participation in  
(child's legal name)

\_\_\_\_\_, to be held on \_\_\_\_\_. I agree to  
(name of camp/conference) (dates of camp/conference)

hold all listed parties harmless from any claim by me or my family estate, heirs, or assigns arising out of \_\_\_\_\_ participation in these events.  
(child's legal name)

I have read the contents of this affirmation and understand its contents. I understand that with any activity there is a potential for injury or damages to participants.

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Signature of Parent or Guardian

Date