

Sustainable Communities Project

LEADERSHIP CAMP 2017

**Forest Glen Camp
34 Forest Glen
Huntsville, TX**

**THE SUSTAINABLE COMMUNITIES PROJECT
LEADERSHIP CAMP HAS 15 AVAILABLE OPENINGS
FOR SENIOR 4-H MEMBERS**

JOIN US FOR A FREE 4-H LEADERSHIP CAMP IN HUNTSVILLE

This camp offers learn-by-doing leadership development experiences that will enhance and build your leadership knowledge and potential.

Are you...

- *Enthusiastic*
- *Interested in learning about food security, nutrition, energy, and sustainability*
- *Willing to participate in hands-on activities*
- *Willing to stay for the entire camp*
- *A team player*
- *Ready to build your leadership qualities and camp experience*

Registration Packet Deadline is Tuesday June 7th, 2017

Email, Fax, or Drop off Packets to Rhovonda Brown

Camp cost of \$125.00 is fully covered by Texas A&M AgriLife Extension Service.

Return Packets to: Rhovonda Brown,
Texas A&M AgriLife Extension Service
Administrative Assistant for Urban Youth Development
(713) 274-0968; rhovonda.brown@ag.tamu.edu

TEXAS A&M
AGRILIFE
EXTENSION



Texas A&M AgriLife Extension Service-Harris County Leadership Camp Guidelines

Event Information	Leadership Camp is a three-day, two-night leadership training for students attending Cristo Rey Jesuit College Preparatory School and Mickey Leland College Preparatory Academy for Young Men. Leadership Camp offers learn-by-doing leadership development experiences that will enhance and build skills to lead peers and community. Participants gain valuable knowledge and skills they can take home and implement in their school 4-H program. By combining work and play, activities are designed to explore creativity in leadership roles, enhance team building skills, develop communication and public-speaking skills and research agriscience topics that affect their communities.
Location	Sustainable Communities Project-Leadership Camp will be held at Forest Glen Camp, Huntsville, TX (34 Forest Glen Camp, Huntsville, TX) *Bus Transportation will be provided to and from camp *Pick-up Locations: Cristo Rey Jesuit College Preparatory & Mickey Leland College Prep Academy for Young Men
Time	June 9, 2017- 2:00PM Bus Pick-Up at Cristo Rey Jesuit College Preparatory 2:45PM Bus Pick-up at Mickey Leland College Prep Academy for Young Men June 11, 2017- 10:30PM Depart Forest Glen Camp to Mickey Leland; 11:45AM Depart Mickey Leland to Cristo Rey.
Cost <i>(Parent Please Initial)</i>	\$125 for lodging, meals, and camp amenities is covered by Texas A&M AgriLife Extension Service. Students who register but cannot attend are asked to notify Mrs. Brown by June 7, 2017. Please be mindful of the cost for camp and help us provide this opportunity to others if your child/children cannot attend.
Registration	Registration Packet must be completed (all parent signatures areas signed) by June 7, 2017. No late registration packets will be accepted. No on-site registrations. <i>*Chaperones must be over 21 years, complete background check, and Texas A&M AgriLife Extension Service Child Protection Online Training.</i>
Age Requirement	Grades 9th - 12th as of August 31, 2016 may participate, including graduating 2017 seniors.
Dress Code	Attire for Leadership Camp is casual but must be appropriate. Items not allowed: *tops with spaghetti straps, halter type tops, shirts that reveal the midriff, excessively loose fitting pants or jeans, short shorts or skirts, clothing advertising or referencing alcohol, drugs, violence or having sexual content. * Two-piece swimsuits are allowed, but should adequately cover all body parts.
What to Bring	Bedding (pillow, sheets, and blankets), towels, washcloths, shower shoes, and any personal items needed. <i>All participants (youth and adults) will be housed in dorm facilities.</i> <ul style="list-style-type: none"> • Clothes and shoes for active sports, swimsuits, water shoes, outdoor recreation and nightly dance. • Light jacket or sweater in case of inclement weather or cold classrooms. • Tennis shoes, boots or some other closed toe shoes that can get WET and DIRTY. • Beach towel, sunscreen, hat, and mosquito spray. • <i>Please do not bring valuable electronic equipment.</i> • <i>A plastic bag or clothes bag to take home any wet clothes</i>
Medical Information	Each participant (youth & adult) is required to complete the following forms Forms should be completely filled out, including ALL SIGNATURES <ul style="list-style-type: none"> • Campus Liability, Waiver, and Authorization for Medical Treatment • Health Statement • Code of Conduct • Consequences of Misbehavior

Harris County 4-H Sustainable Communities Project

Field Trip: Leadership Camp 2017 on Friday, June 9, 2017

Please return Permission Packet to Mrs. Rhovonda Brown by Wednesday, June 7, 2017.

Personal Information

Full Name:	_____	Age:	_____	Grade:	_____
	<i>Last</i>		<i>First</i>		
Address:	_____			_____	
	<i>Street Address</i>			<i>Apartment/Unit #</i>	
	_____	_____	_____	_____	
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>		
Home Phone:	() _____	Alternate Phone:	() _____		
E-mail Address:	_____				

Primary Emergency Contact

Full Name:	_____	_____	_____
	<i>Last</i>	<i>First</i>	<i>M.I.</i>
Address:	_____		_____
	<i>Street Address</i>		<i>Apartment/Unit #</i>
	_____	_____	_____
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
Primary Phone:	() _____	Alternate Phone:	() _____
Relationship:	_____		

YES I _____ permit my child(ren) to attend the Leadership Camp 2017 Field Trip on June 9, 2017.

Cost: (Parent Please Initial)

_____ \$125 for lodging, meals, and camp amenities is covered by Texas A&M AgriLife Extension Service. Students who register but cannot attend are asked to notify Mrs. Rhovonda Brown by June 7, 2017. Please be mindful of the cost for camp and help us provide this opportunity to others if your child/children cannot attend.

Do you have any special dietary needs? If so, please specify.

Do you require any special accommodations? If so, please specify.

Is your child taking any medications that he/she is required to carry throughout the day? If so, please list them.

Texas A&M AgriLife Extension provides equal opportunities in its programs and employment to all persons, regardless of race, color, sex, religion, national origin, disability, age, genetic information, veteran status, sexual orientation, or gender identity.

PARENTAL PERMISSION FORM

Project Title: Texas A&M Sustainable Communities Project

We are inviting you to take part in a research study being conducted by Dr. Manuel Piña, Jr. from Texas A&M University and funded by the United States Department of Agriculture (USDA). We are providing you this form to help you and your child decide whether or not to take part in this study. If you decide to allow your child to take part in the study, we are asking you to sign this permission form. If you decide to not let your child take part in this study there will be no penalty to you or your child, and your child will not lose any benefits they normally would have. Your child will be able to participate in activities of this project, but would be excluded from the study.

The purpose of this study is to get input from your child about the project. We want to see if your child is learning about: how to work better with other teens; better nutrition; career opportunities related to food, health, and the environment; and about going to college.

We are requesting your child to take part in this study because we are offering your child the opportunity to participate in a series of activities related to this project. It would be great if your child would participate in the activities and take part in this study.

This project takes place in Houston and San Antonio over a period of four years. At each site we expect to have two or three groups of teens in activities of the project in each of the four years. We estimate that as many as 350 teens from each site will take part in the study for a total of about 700 teens at both locations.

As already mentioned, you may choose: (a) to permit your child to take part in the study or (b) to not take part in the study.

If you permit your child to take part in the study, we will ask your child to give us input about the project through two surveys. The first survey will be at the start of the series of activities that make up the project. The second survey will be at the completion of all activities in the series. The series of activities may last as short as two weeks or as long as 10 weeks. It will take about 20 minutes to take each survey. Each survey will be introduced and explained by project staff and be administered in a classroom setting. Responses to the surveys will be completely anonymous and confidential. Original copies of the responses will be sent to Dr. Piña who will compile all information, submit it to the USDA, prepare a report to Texas A&M University (Texas AgriLife Extension Service), and destroy all original responses three years after completion of the study.

We would also like to take photographs of your child. These photographs would be used only for educational purposes, for example, showing the activities in which your child participated and sharing the success of the program with other colleges and universities. . However, it is up to you if we may photograph your child.

TEXAS A&M UNIVERSITY HUMAN SUBJECTS PROTECTION PROGRAM

PARENTAL PERMISSION FORM

Please indicate your decision about us photographing your child by checking one of the following two options. Please note your child will be eligible to participate in project activities even if you do not give permission for your child to take part in the study or to be photographed.

_____ I give permission for my child to be photographed

_____ I do not give for my child to be photographed

The risks that your child will have in this study are no greater than what your child faces in everyday life. The surveys do not include any questions that will be stressful or upsetting to your child. Our interest is in getting input from your child to improve our work with teens.

Your child will benefit from this project and study by learning about: how to work better with other teens; better nutrition; career opportunities related to food, health, and the environment; and about going to college. Aside from their time in the study, there is no cost for taking part in the study and there is no compensation for you or your child for taking part in the study.

The records of this study will be kept private. No identifiers linking your child to this study will be included in any report that might be published. Research records will be stored securely and only Dr. Piña will have access to the records. Information about your child will be stored in a locked file cabinet and computer files protected with a password. This consent form will be filed securely in an official area.

Information about your child will be kept confidential to the extent permitted or required by law. People who have access to your information include the Principal Investigator and research study personnel. Representatives of regulatory agencies such as the Office of Human Research Protections (OHRP) and entities such as the Texas A&M University Human Subjects Protection Program may access your child's records to make sure the study is being run correctly and that information is collected properly.

The agency that funds this study (USDA) may also see your child's information. However, any information that is sent to them will be coded with a number so that they cannot tell who your child is. If there are any reports about this study, your child's name will not be in them.

You may contact Principal Investigator Darrell Dromgoole to tell him about any concern or complaint you may have about this study at 979 845-0855 or d-dromgoole@tamu.edu. For alternate contact you may contact Co-Principal Investigator Chris Boleman at 979 845-1211 or cboleman@ag.tamu.edu

For questions about your child's rights as a study participant; or if you have questions, complaints, or concerns about the research, you may call the Texas A&M University Human Subjects Protection Program office at (979) 458-4067 or irb@tamu.edu.

This study is voluntary and you may choose to allow or not allow your child to be a part of this study. Your child may decide to not begin or to stop taking part in this study at any time. If your

TEXAS A&M UNIVERSITY HUMAN SUBJECTS PROTECTION PROGRAM

PARENTAL PERMISSION FORM

child chooses to not take part in this study or stop taking part in this study, there will be no effect on your child's student status or participating in activities of this project.

STATEMENT OF CONSENT

The procedures, risks, and benefits of this study have been told to me and I agree to allow my child to be in this study. My questions have been answered. I may ask more questions whenever I want. I do not give up any of my child's or my legal rights by signing this form. A copy of this consent form will be given to me.

Child's Name

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Signature

Date

INVESTIGATOR'S AFFIDAVIT:

Either I have or my agent has carefully explained to the parent the nature of the above project. I hereby certify that to the best of my knowledge the person who signed this consent form was informed of the nature, demands, benefits, and risks involved in his/her participation.

Signature of Presenter

Date

Printed Name

Date



TEXAS A&M UNIVERSITY HUMAN SUBJECTS PROTECTION PROGRAM

MINOR'S ASSENT FORM

Project Title: Texas A&M University Sustainable Communities Project

We are inviting you to participate in a research study related to the 4-H Youth Development project in which you are participating. It is sponsored by the United States Department of Agriculture. A research study is where we try to get information from participants to improve what we do. We do this by asking you to give your input through two surveys. One survey will be at the start of the series of activities that make up the project. The other survey will be at the completion of all activities in the series.

You do not have to be in this research study and you can stop at any time. If you have any questions, you can talk to your parents or the person talking to you about this form.

Do you have any questions? Yes ____ No ____

Will you be in this research study? Yes ____ No ____

Minor's Name

Minor's Signature (*if applicable*)

Date

Presenter's Signature

Date

If signed assent is not obtained, provide the rationale below:

TEXAS A&M UNIVERSITY HUMAN SUBJECTS PROTECTION PROGRAM

MINOR'S ASSENT FORM

Título del Proyecto: Texas A&M Proyecto de Comunidades Sostenible

Les invitamos a participar en un estudio de investigación relacionada con el proyecto de Desarrollo Juvenil 4-H Club en la que está participando. Está patrocinado por el Departamento de Agricultura de los Estados Unidos. Un estudio de investigación es donde tratamos de obtener información de los participantes para mejorar el programa. Hacemos esto para pedirle su opinión a través de dos encuestas. Una encuesta se distribuirá al inicio de las series de actividades que compone el proyecto. La otra encuesta se distribuirá al final de todas las actividades del proyecto.

Usted no tiene que estar en este estudio de investigación y puede parar en cualquier momento. Si usted tiene alguna pregunta, puede hablar con sus padres o con la persona que esta distribuyendo este formulario.

¿Tiene usted alguna pregunta? Si ____ No ____

¿Vas a participar en este estudio de investigación? Si ____ No ____

Nombre del Menor

Firma del Menor (*si es aplicable*)

Fecha

Firma del Presentador

Fecha

Si no se obtiene la firma para el consentimiento, proporcionar la justificación :

Texas 4-H Youth Development Consequences of Misbehavior

Violators May Expect:

To have the opportunity to explain actions to the professional Extension staff in charge.

Behavior that is disruptive to the event will be documented and a letter describing such will be sent to the District 4-H Leadership Team, County Extension Agent(s) and parents/guardians of those involved. Examples of offenses are as listed below, but not limited to:

Minor Offenses

1. *Habitually late to program activities*
2. *Not in room at designated time*
3. *Not possessing good manners or use threatening, obscene, or sexual harassing language toward others*
4. *Not respecting the rights and privacy of those rooming with or attending an activity*
5. *Lying or untruthfulness to chaperones, leaders, event organizers or others in attendance*

Intermediate Offenses

1. *Inappropriate visitation*
2. *Leaving a 4-H activity without the permission of staff member(s) in charge*
3. *Intentional damage to meeting site, sleeping quarters, person, or other person's property*
4. *Bullying*

Major Offenses

1. *Smoking or using tobacco products*
2. *The use of alcohol or drugs*
3. *Carrying an unauthorized weapon*
4. *Threatening another person with a weapon or causing bodily harm*
5. *Cheating*
6. *Sexual activities or harassment*
7. *Theft of any kind*
8. *Acting in a manner considered by 4-H leadership to be harmful or potentially harmful to the health or well-being of themselves or others, whether such act occurred within, or outside of the 4-H program.*
9. *Violation of the law*

Consequences

- For every offense 4-H member will receive a verbal reprimand.
- For every offense the violator shall write letters of apology to the appropriate people.

Major Offenses

- Automatic removal from event/activity and/or sending a participant home at the parent's/guardian's expense.
- One major offense during any 4-H year may lead to suspension of membership in all Texas 4-H Youth Development programs for the remainder of the 4-H year, along with the possibilities of facing criminal charges, pending offense. In addition, 4-H member may be asked to resign from all 4-H offices or leadership roles held or give up monetary awards or scholarships from the Texas 4-H program.

Intermediate Offenses

- One or two violations is grounds for removal from the event/activity and/or sending a participant home at the parent's/guardian's expense.
- Three violations during one calendar year is grounds for the 4-H member to not be allowed in any county, district or state activities for the remainder of the 4-H year. In addition, 4-H member may be asked to resign from all 4-H offices or leadership roles held or to give up monetary awards or scholarships from the Texas 4-H program.

Minor Offenses

- Consistent discipline problems requiring more than two reprimands is grounds for sending a 4-H member home at the parent's/guardian's expense.
- Habitual discipline problems requiring more than four reprimands during one calendar year is grounds for the 4-H member to not be allowed in any county, district or state activities for the remainder of the 4-H year. In addition 4-H member may be asked to resign from all 4-H offices or leadership roles held or to give up monetary awards or scholarships from the Texas 4-H program.

Course Of Action

Event managers responsible for 4-H events and activities are encouraged to communicate to 4-H participants and adult chaperones prior to the event a standard of acceptable behavior, via the Consequences of Misbehavior and Code of Conduct. Standards of behavior and consequences should be reviewed with participants as part of the initial orientation.

1. Event Manager obtains all the relevant facts.
2. Brief the on-site adult responsible for the youth delegate (Extension faculty member or 4-H volunteer).
3. If not on-site, but available via phone, brief the county Extension faculty member and District Extension Administrator responsible.
4. Review consequences of misbehavior. The following steps should be taken when sending a 4-H member home:
 - Extension faculty member contacts parents.
 - Parents advised that child is being sent home by safest, most direct means, and that parents are responsible for cost.
 - Event manager decides if parents should be given the option of picking up the child.
 - County Extension faculty member collects money from parent to pay transportation charges.
 - Follow-up correspondence from event's manager to appropriate county Extension faculty member, District 4-H Leadership Team, child and parent for documentation.
5. For all reprimands a Summary Letter and Accident/Incident Report Form will be completed and mailed to the 4-H member, parent, County Extension Agents, District Extension Administrator, County Extension Directors (if applicable), 4-H Specialist, and Texas 4-H Youth Program Director.

I have read the Texas 4-H Consequences of Misbehavior and understand what violators may expect. I agree with the Code of Conduct and do intend to abide by it throughout my 4-H activities.

4-H Member Signature

County

District

Date

As the parent or guardian of _____, I have read the commitment and do support all points. I give permission to the professional Extension faculty in charge to carry out the Code of Conduct as described including inspection of rooms.

Parent or Guardian

Date

**Texas 4-H Youth Development
2016-2017 Code of Conduct**



During my 4-H involvement...

1. I am expected to attend all sessions that are part of the planned program for all activities. I will inform staff if I am not feeling well or have a schedule conflict.
2. I will dress appropriately to the occasion and adhere to any attire requirements stipulated for the event I am attending. 4-H members should be courteous and clean, and possess good manners.
3. Language must be controlled and appropriate for a 4-H member — I will not use language that is socially offensive.
4. Except for planned tours and outings, I will not leave an activity facility any time without permission of the chaperone and/or staff responsible for the event.
5. I will not smoke or use tobacco products, or be in possession of such products, at any 4-H program event.
6. I will not be in possession of, use alcohol or drugs (except those directed by a doctor), or be associated with or remain in the presence of others when they are being used.
7. I will not be in possession of, use, or threaten another person with a weapon, bodily force or language.
8. I will respect the rights of privacy of those attending an activity and those with whom I may be rooming.
9. I will observe hours established by the staff and be in my room. No boys in girls' rooms, no girls in boys' rooms.
10. I will avoid unnecessary roughness to room furnishings, furniture, equipment, etc. Towels, ashtrays, etc., are not to be taken as souvenirs. Occupants of a room or conveyance are financially responsible for any damage or results of misconduct.
11. Any participant at an official 4-H activity who observes a breach of the code of conduct has the responsibility and obligation to report the misbehavior to appropriate chaperones.

Date

Member Signature

Date

Parent/Guardian Signature

2016-2017 TEXAS 4-H YOUTH DEVELOPMENT PROGRAM

Program Name

CAMP & ENRICHMENT PROGRAM WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

1. EXCULPATORY CLAUSE. In consideration for receiving permission for my/my child's participation in any and all activities of Texas 4-H (herein referred to as "camp"), which is sponsored by Texas A&M AgriLife Extension Service and Texas 4-H Youth Development Program, (herein referred to as "sponsor"), I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, The Texas A&M University System and its members, the Board of Regents for The Texas A&M University System, Texas A&M AgriLife Extension Service, Texas 4-H Youth Development Program, Texas 4-H Inc., Texas 4-H Youth Development Foundation, and their members, officers, servants, agents, volunteers, or employees (herein referred to as RELEASEES or INDEMNITEES) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me/my child while participating in such activity, while traveling to and from the activity, or while on the premises owned or leased by RELEASEES, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.
2. INDEMNITY CLAUSE. I am fully aware that there are inherent risks to my child, myself and others involved with this activity, including but not limited to all events and activities, and I choose to voluntarily participate/allow my child to participate in said activity with full knowledge that the activity may be hazardous to me, my child and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I/my child should not participate. **I agree to indemnify and hold harmless INDEMNITEES** from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to myself, my child, other participants, and third-persons as a result of my/my child's participation in said activity, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITEES.**
3. NO INSURANCE. I understand that RELEASEES may or may not maintain any insurance policy covering any circumstance arising from my/my child's participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Organization may not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so organization, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.
4. BINDS HEIRS. It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.
5. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand RELEASEES cannot be expected to control all of the risks articulated in this form and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my/my child's participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me/my child, even if an INDEMNITEE has signed hospital documentation promising to pay for the treatment

due to my inability to sign the documentation. I further agree to release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me/my child while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

6. VOLUNTARY SIGNATURE. In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. I understand I can choose not to sign this document and free myself and my child from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me/my child that has a lower level of risk to myself and my child. I further understand this is a voluntary, extracurricular activity. While I understand alternative activities are available to me/my child that do not have the risks associated with this activity I still desire to voluntarily engage/ permit my child to engage in this activity.

**SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS.
CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.**

SIGNED this _____ day of _____, 20 _____

Participant Signature: _____

Printed Name: _____

Participant's Date of Birth: _____

Parent or Legal Guardian Signature:
(If participant is under 18 years old) _____

Parent or Legal Guardian Printed Name:
(If participant is under 18 years old) _____

**In case of emergency, contact
at the following number** _____

If the participant has medical insurance, please indicate:

Insurance Company: _____

Policy Number: _____

Name of Primary Policy Holder: _____

Please list any special services your child may require: _____

HEALTH STATEMENT

Check one: Youth Adult County _____

The proposed activity provided by the Texas A&M AgriLife Extension, requires participation in physical exercises, which are, by their nature, physically demanding. Many of the activities will challenge you, and cause surges in blood pressure and pulse rates. It is imperative that you are free of any heart related or other disease. Therefore, all participants must be free of medical or physical conditions which might create undue risks to themselves or any others who depend on them. If there is any doubt about your ability to safely participate in this experience, you should have a physical examination.

Section I. Participant Information

Name: _____ Date of Birth _____ Age _____ Gender _____
Address: _____ Name of Physician _____
City, State, Zip _____ Physician's Phone _____
Home Phone _____ Date of last physical exam _____

Section II. In the event of an Emergency, please contact:

Name: _____ Home Phone _____
Address: _____ Work Phone _____
City, State, Zip _____ Cell Phone _____

Section III. Health History: (Check the appropriate answer and explain any YES responses.)

Have you had or do you currently have any heart problems (dates): _____ YES NO
Do you frequently suffer from pains in your chest: _____ YES NO
(NOTE: If you have any heart related problems you will need to have a physician's release.)
Do you often feel faint or have spells of severe dizziness: _____ YES NO
Has a doctor ever told you that you might have high blood pressure: _____ YES NO
Are you a smoker: _____ YES NO
Do you have arthritis, joint, or back problems that can be aggravated by exercise: _____ YES NO
Have you had any operations or serious injuries (dates): _____ YES NO
Do you have any chronic recurring illness or communicable diseases: _____ YES NO
Are there any activities to be limited/discouraged by a physician's advice: _____ YES NO
Are you allergic to any medications, food or food ingredients, insects, or pollens: _____ YES NO
Do you have Epilepsy: _____ YES NO
Do you have Diabetes: _____ YES NO
Do you have any prescribed meal plan or dietary restrictions (please describe): _____ YES NO
Are all immunizations up-to-date: _____ YES NO
Date of last Tetanus shot: _____ YES NO
Any other healthy related information for Center personnel to be aware of: _____ YES NO

PLEASE NOTE: ALL medications must be in ORIGINAL container with ORIGINAL LABEL.

Section IV. Medication: (Check the appropriate answer and explain any YES responses.)

Are there prescribed medications currently being taken (please describe): _____ YES NO

Please check "over the counter" medications which camp personnel may administer as necessary:

Immodium Pepto Bismol Ibuprofen (Motrin) Acetaminophen (Tylenol)
 Neosporin Benadryl Robitussin DM or CF Any as needed

Signature of Participant: _____ Date: _____
(Or guardian if participant is under the age of 18)

Signature _____ Date _____

**Texas 4-H Youth Development
2016-2017 Media/Photograph Release**



I understand the photograph(s) or video or audio recording(s) taken of me by agents, employees or representatives of the Texas A&M AgriLife Extension Service and its Texas 4-H Youth Development Program (hereinafter called "the Agency") shall be used in connection with the Agency's dissemination of information by its public service and academic programs to the general public.

I hereby irrevocably authorize the Agency to copy, exhibit, publish or distribute any and all such images and audio of me or wherein I appear, including composite or artistic forms and media, for purposes of publicizing Agency programs or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my likeness appears.

I hereby hold harmless and release and forever discharge the Agency from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization, including claims arising from agencies negligences.

Date	Member Signature
	Printed Name
	Street Address
	City/State/Zip Code

(If the person signing is under age 18, there should be consent by a parent or guardian, as follows:)

I hereby certify that I am the parent or guardian of _____, the minor named above, and do hereby give my consent without reservations to the foregoing on behalf of this person.

Date	Parent/Guardian Signature
	Parent/Guardian Printed Name