

**OPERATION:
Military**



Back to School Bash (S.E.T. Camp)

August 26, 2011 @ 7:00pm – August 28, 2011 @ Noon

Gillis W. Long Center – 5445 Point Clair Road, Carville, Louisiana 70721

Louisiana Operation: Military Kids presents the Back to School Bash Camp. You are invited to attend a two night camp full of exciting activities. Campers will enjoy their time learning skills and participating in activities related to Science, Engineering, and Technology(S.E.T.). Possible subject areas will be movie makeup, robotics, wetlands, wind energy, and much more!! The camp will be filled with games and activities to gain a true camping experience.

The camp is open to all military youth who are five years to eighteen years in age. Activities will be planned for all age groups.

Registration for the event is \$10 per youth. Adults who are coming to volunteer do not need to pay a registration fee. This includes the overnight stay, t-shirt, and meals. Checks can be made payable to the LSU AgCenter.

We are also looking for adult volunteers to help at the camp. In order to adhere to guidelines, we must meet a minimum ratio of adults to youth. If you are interested in joining us please fill out the adult registration packet.

All youth and volunteers should fill out the attached forms and return by **August 8, 2011**. Registrations received after this date will not be guaranteed a spot at the camp, t-shirt, or other amenities. Once your registration is received, it will be confirmed with an email. The registrations can be mailed to:

4-H State Office, Attn: Leslie Moran, P.O. Box 25100, Baton Rouge, LA 70894

If you have any questions, please contact Leslie Moran at lmoran@agcenter.lsu.edu. Thank you and hope to see you there!

Leslie Moran
OMK Program Coordinator
225-578-2196
lmoran@agcenter.lsu.edu





Back to School Bash (S.E.T. Camp) – Adult Registration Packet

DUE AUGUST 8, 2011

Last Name _____ First Name _____ Age _____ Gender M F

Address _____ City _____ State _____ Zip Code _____

Parish _____ Day Phone _____ Cell Phone _____

Email _____

Branch of Service you are affiliated with:

- | | | |
|---------------------|-------------|------------------------|
| Army National Guard | Army | Army Reserves |
| Air National Guard | Navy | Air Force Reserves |
| Navy Reserves | Air Force | Marine Forces Reserves |
| Marine Corps | Coast Guard | Coast Guard Reserves |

Are you a member of:

- | | | |
|-----------------------------|-----------------------------|-------|
| Speak Out for Military Kids | American Legion | 4-H |
| Boy Scouts | Boys and Girls Clubs | Other |
| Veterans of Foreign Wars | American Legion Auxiliary | _____ |
| Girl Scouts | Sons of the American Legion | |

T-Shirt Size:	Child Sizes (when available)	Adult Sizes
	S M L	S M L XL 2XL 3XL

How did you hear about OMK? _____

How did you hear about this camp? _____

Transportation will be provided depending on the amount of participants coming from an area. If you are interested in transportation, please check the appropriate box below:

- | | |
|---------------------------|-----------------------------|
| Traveling from Shreveport | Traveling from Lafayette |
| Traveling from Alexandria | Traveling from Belle Chasse |

I have completed the Louisiana 4-H Overnight Chaperone Application and Training

YES NO

I am available to:

Serve as camp nurse/medical staff (I have the proper training including first aid, CPR, etc)

Please return a completed registration packet to: 4-H State Office, Attn: Leslie Moran, P.O. Box 25100, Baton Rouge, LA 70894 no later than August 8, 2011. Adult who are volunteering do not have to pay a registration fee.

Completed adult registration includes the following enclosures:

- | | |
|-------------------|-----------------|
| Registration Form | Code of Conduct |
| Health Form | |



Explain any "Yes" items and list any other problems, including the diagnosis, date of injury or illness, hospital, length of hospitalization, name of doctor, etc. List any exposure to infectious disease in the two weeks prior to event. _____

(Attach a page if extra space is needed for explanation)

Immunizations (latest date): **Tetanus** _____ **Hepatitis** _____

Special or Prescription Medications:

Please list any special medication being taken including the name and phone number of the prescribing physician, dosage, consumption rate and interval.

<u>Name of Medication</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Prescribing Physician & Number</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Special Restrictions:

Chronic or recurring illness and treatment which may be needed _____

Dietary modifications require physician's written instructions be given to 4-H staff two (2) weeks prior to the event.

Statement of Health:

To my knowledge, I have no health problems, unless stated earlier, and can SAFELY PARTICIPATE in this event. I would rate my health as: (please circle one)

POOR FAIR GOOD EXCELLENT.

I have no contagious or communicable disease and have had no illness within 30 days that would preclude me from participating in this event. If I do have any health problems or illnesses, they are explained in the space provided on page one.

Insurance Information:

LSU AgCenter insures all participants while they attend 4-H sponsored events. This insurance is limited to \$3,000 and does not cover crutches. Remaining medical bills are the responsibility of the participant and his/her parent or guardian.

It is the policy of the Louisiana Cooperative Extension Service that no person shall be subjected to discrimination on the grounds of race, color, national origin, gender, religion, age, or disability.



Code of Conduct for Adult 4-H Events



Rules and regulations governing 4-H events will be discussed by staff and leaders before the event.

Extension personnel are in charge of ensuring that adult 4-H Events run smoothly and that all participants have a positive experience. Each Adult Volunteer will be expected to participate fully in all programs and uphold exemplary standards of behavior.

The following are grounds for the dismissal of a volunteer from an event and may be grounds for suspension in district, regional and state events for up to 12 months.

- Possession or use of illegal drugs, alcoholic beverages in the presence of minors, and tobacco products in the presence of minors.
- Misuse or abuse of public or personal property. (Individuals responsible will also be required to pay for damages).
- Disrespect for the authority of professional staff, deformation of character of professional staff, or open/damaging criticism of an LSU AgCenter event without speaking to the 4-H/LSU AgCenter Professional in charge. (failing to follow specific rules or instructions or using abusive language).
- Absence from the premises of the event without notifying the lead professional – in case of emergencies.
- Unauthorized use of AgCenter vehicles during the event.
- Unauthorized possession of firearms and other weapons.
- Disturbing the peace.
- Unauthorized presence in room of another volunteer.

Realizing these guidelines are not all inclusive, the LSU AgCenter reserves the right to adjust these policies. Decisions on discipline will be the responsibility of the Extension professional staff supervising the event in consultation with others designated as supervisors.

Date

Signature of Volunteer