St. Lucie County 4-H Association
8400 Picos Rd. Ste 101
Fort Pierce, FL 34945

Ages: 5 to 12
July 22-26
Monday - Friday: 8 AM - 4 PM

Come join us as we embark on an adventure to discover the treasures of Florida. Our travels will take us to the Brevard Zoo & Tree Top Trek, Ice Skating, South FL Science Museum, Everglades Holiday Park (Home of the Gator Boys), Sailfish Splash Park and more!!

$165.00 for the week

Email at sjmunyan@ufl.edu or call 462-1660 & sign up today!
*** This schedule is tentative and subject to change. ***

**Monday, July 22nd:**

8:00 am       Drop off (4-H Office, 8400 Picos Rd. Fort Pierce)
8:15 am       Introductions and camp overview
9:00 a.m.     Leave for Brevard Zoo / Tree Top Trek
4:00 p.m.     Pick up

What to bring: wear shorts, tennis shoes/sneakers, sunscreen, $ for lunch

**Tuesday, July 23rd:**

8:00 am       Drop off
8:30 am       Leave for North Beach (Beach treasure presentation, treasure hunt, sand castle contest, boogie boarding, snorkeling, Joy’s Ice Cream)
3:00 pm       Science project/healthy snacks demo
4:00 p.m.     Pick up

What to bring/wear: sunscreen, shorts, tshirt, flip flops, packed lunch, towel, bathing suit, boogie board, mask/snorkel (optional), plenty to drink, change of clothes

**Wednesday, July 24th:**

8:00 am       Drop off
8:30 am       Leave for Ice Skating & Science Museum in West Palm Beach. Skate rental and lunch is included
4:00 pm       Pick up

What to bring: High socks to wear with ice skates, long pants

**Thursday, July 25th:**

8:00 am       Drop off
8:30 am       Leave for Everglades Holiday Park (Gator Boys) airboat ride & gator show
4:00 p.m.     Pick up

What to bring: $ for lunch or bring your own lunch, wear shorts, camp t-shirt, comfortable shoes, $ for gift shop (optional)

**Friday, July 26th:**

8:00 am       Drop off/Science projects
9:30 am       Leave for Sailfish Splash Park
1:30pm        Florida Oceanographic Society
4:00 pm       Pick up

What to bring: lunch, swim suit, towel, sunscreen, and change of clothes, plenty to drink

**4-H Discovery Camp will provide bottles of water and snacks for campers. However, when packing lunch please send plenty to drink**
Enrollment Form
July 22-26, 2013
$165.00

Only 20 openings are available.
Enrollment is on a first-come, first-serve basis with payment in full.
Make checks payable to: SLC 4-H Association

Date: ______________ Birth date: ______________ Phone: ______________

Name: ______________________________________

Address: ______________________________________

Mother’s Name: _______________________________ Phone: ______________

Father’s Name: _______________________________ Phone: ______________

Current Email Address: _________________________

Age: _______ Grade: _______ Gender: _______

The Institute of Food and Agricultural Sciences (IFAS) is an Equal Opportunity Institution authorized to provide research, educational information and other services only to individuals and institutions that function with non-discrimination with respect to race, creed, color, religion, age, disability, sex, sexual orientation, marital status, national origin, political opinions or affiliations. U.S. Department of Agriculture, Cooperative Extension Service, University of Florida, IFAS, Florida A. & M. University Cooperative Extension Program, and Boards of County Commissioners Cooperating.
4-H Swimming Form

I certify that my child has basic swimming skills.

__________________________________________
Parent or Guardian Signature

__________________________________________
Date

4-H Discovery Camp

Please specify a T-shirt size

Check One (1) Youth Adult

XS (2-4) ____

S (6-8) ____ S ____

M (10-12) ____ M ____

L (14-16) ____ L ____

XL (18-20) ____ XL ____
Florida 4-H Participation Form

Note: This form must be completed by the participant and/or parent/guardian in order to participate in the 4-H program. All items must be completed, if the response is not applicable, indicate by using N/A. This form must be present while traveling to, and during each event. Failure to complete this form in its entirety will result in the person being ineligible to participate in 4-H activities.

Name: __________________________ Last: __________ First: __________ Birth Date: ______/_____/______ 4-H Age: ______

Home Address: __________________________ City, State, Zip: __________________________

Primary Emergency Contact: __________________________ Work Phone: (_______)

Email: __________________________ Cell Phone: (_______)

Alternate Emergency Contact: __________________________ Telephone: (_______)

Name of Family Doctor: __________________________ Work Phone: (_______)

Health Insurance Company: __________________________ Policy #: __________________________

Name of Insured: __________________________ Relationship to Participant: __________________________

Health History

Does the participant, have, or at any time had, any of the following? Check “Yes” or “No” for each item. Please explain “Yes” answers (noting the # of the item) in the space below or on an additional sheet of paper if necessary. Reporting conditions will not prevent a person from attending and will be kept confidential.

1) Asthma __________________________ [ ] [ ]
2) Bronchitis __________________________ [ ] [ ]
3) Convulsions __________________________ [ ] [ ]
4) Diabetes __________________________ [ ] [ ]
5) Ear Infection __________________________ [ ] [ ]
6) Fainting __________________________ [ ] [ ]
7) Heart Condition __________________________ [ ] [ ]
8) Headaches __________________________ [ ] [ ]
9) Hypoglycemia __________________________ [ ] [ ]
10) Serious Insect Stings __________________________ [ ] [ ]
11) Wear Glasses __________________________ [ ] [ ]
12) Wear Contact Lenses __________________________ [ ] [ ]
13) Penicillin Allergy __________________________ [ ] [ ]
14) Aspirin Allergy __________________________ [ ] [ ]
15) Tetanus Allergy __________________________ [ ] [ ]
16) Other Drug Allergies __________________________ [ ] [ ]
17) Food Allergies __________________________ [ ] [ ]
18) Poison Ivy, Oak or Sumac __________________________ [ ] [ ]
19) Other Allergies __________________________ [ ] [ ]
20) Other Health Conditions __________________________ [ ] [ ]

Date of last Tetanus shot: __________________________

The following over-the-counter medications may be administered to my child, without contacting me.

[ ] Antihistamine [ ] Ibuprofen (Advil) [ ] Acetaminophen (TYLENOL)
[ ] Decongestant [ ] Dramamine [ ] Hydrocortisone [ ] Polysporin (topical antibiotic)
[ ] Other __________________________ [ ] Please contact me for permission to administer ANY over-the-counter medications.

Parent/Guardian Signature: __________________________ Date: __________

You must complete both sides.

Rev 8/31/08
Florida 4-H Participation Form: Youth and Adults

Official Authorizations

Florida 4-H Events—Youth/Adult Code of Conduct: As a participant in Florida 4-H Events, I have the responsibility of representing Florida 4-H programs to the public. I am expected to conduct myself in a manner that will bring honor to me, my family and 4-H. To do that I must: 1) obey local, state and federal laws. Follow policies set for county, district, state or national 4-H youth programs. I am responsible to know the rules for the event. 2) Speak and act in a responsible, courteous and respectful way. 3) Act responsibly to maintain a safe environment for all participants. Report threats to the well being of a participant. 4) Know that the use or possession of tobacco, alcohol and illegal drugs is prohibited at all 4-H events. 5) Know that the possession or use of firearms is prohibited, except when part of an approved shooting sports educational program. 6) Respect all persons, facilities and vehicles. I will be responsible for any damage caused resulting from my behavior. Know that harassment of any type is illegal. 7) Help others have a pleasant experience by making every attempt to include all participants in activities. 8) Be in the assigned program areas (example—dorms, cabins, programs etc.) at all times. If I am unable to attend, I will tell the adult in charge. 9) Dress appropriately for each event. 10) Not use a cell phone during any scheduled events.

Participant: Yes □ No □ I have read the Florida 4-H Code of Conduct above and agree to live up to the expectations. I realize my failure to do so could result in a loss of privileges during the event and in the future.

Verification by Parent/Guardian or Adult Participant—

Yes □ No □ I understand and agree to the Florida 4-H Events Youth/Adult Code of Conduct above—considered a Parent/Guardian or Adult Participant Signature.

Medical Release: I understand participants will be supervised and that, if serious illness or injury develops, medical and/or hospital care will be given. I hereby give my permission to the attending physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child, or myself and affirm that the information set forth in the Health History is true and correct to the best of my knowledge and belief. I realize the event’s insurance will cover only a portion of the medical costs and I, or my personal insurance, may be responsible for the remaining expenses. **You must complete the medical information on the back of this sheet.**

Yes □ No □ I understand & Agree to the Medical Release, considered a Parent/Guardian or Adult Participant Signature.

General Release: I hereby release the Florida 4-H Foundation, local extension boards, the University of Florida, the State of Florida, and their agents, trustees, officers and employees, from all claims, demands and causes of actions of any kind, including the claims of negligence, which may arise from participation of myself or my minor child in any Florida 4-H sponsored activity, and this release is specifically granted in consideration of the services, programs and activities being provided by Florida 4-H.

Yes □ No □ I understand and agree to the General Release—considered a Parent/Adult or Adult Participant Signature.

If you, or your child, may not participate in any of the below items you must □ “No”.

Publicity Release: I authorize UF IFAS Extension and the Florida 4-H Foundation or their assignees to record and photograph my image and/or voice (or that of my child if under 18) for use in research, educational and promotional programs. I also recognize that these audio, video and image recordings are the property of UF IFAS Extension and the Florida 4-H Foundation.

□ No, I do not authorize use of my—or my child’s individual image or voice.

Survey & Evaluation Release: I hereby establish my willingness to participate as an adult (i.e. 4-H leader, other volunteer, parent/guardian, site manager, etc.) and give permission for my child (under 18 years of age) to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program. I understand that participation in surveys and evaluations is voluntary and that my child and I may choose not to participate and may withdraw from surveys and evaluations without impact on my or my child’s eligibility to participate in the 4-H program. I understand that my child or I may be asked for consent before completing a survey or an evaluation.

□ No, I am not willing to participate—or give permission for my child to participate—in any program evaluation.

Member Signature: ___________________________ Date: ___________________________

Parent/Guardian Signature: ___________________________ Date: ___________________________

You must complete both sides.

Rev 8/31/08
RELEASE, HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

I/We, ________________________________, the parent(s)/legal guardian(s) of ________________________________, whose date of birth is ________________________________ (hereinafter "minor"), hereby certify that I/we am/are over the age of eighteen (18) years of age, am/are of sound mind and memory at the time of the execution of this Release.

WHEREAS, the BREYARD ZOO (hereinafter "ZOO") has available zipline activities and TreeTop Trek Aerial Adventures for visitors at the ZOO; and

WHEREAS, the ZOO agrees to allow the minor to participate in those zipline activities and TreeTop Trek Aerial Adventures in consideration of both the payment of the fees for same and my/our execution of this Release on behalf of the minor as his/her parent(s)/legal guardian(s) and agreeing to be bound by its terms.

NOW, THEREFORE, IN CONSIDERATION of the foregoing and the minor being allowed to participate in such activities, I/we hereby agree as follows:

(1) I am aware of and fully understand the inherent dangers involved in participating in the zipline activities and the TreeTop Trek Aerial Adventures provided by the ZOO, including the risk of death and/or personal injury or damage to myself, other persons and/or my property or the property of others while participating in such activities or having my property at the site of such activities. I further acknowledge that participants in such activities and other person involved in these activities may not be covered under insurance of the ZOO. I freely and voluntarily execute this Release with such knowledge, and assume full and sole responsibility for the risk of death, personal injury and/or property loss arising from or in any way connected with my participation in the zipline activities and the other TreeTop Trek Aerial Adventures provided by the ZOO.

(2) I agree to abide by all regulations that the ZOO may impose regarding the operation and utilization of the zipline activities and the TreeTop Trek Aerial Adventures. I specifically acknowledge that I will be required to listen carefully during the mandatory briefing session presented by the ZOO, to follow all safety rules and to undertake all activities in a responsible manner. IF I AM UNWILLING OR UNABLE TO FOLLOW ANY SAFETY RULES ASSOCIATED WITH THE ZIPLINE AND OTHER TREETOP TREK AERIAL ADVENTURES ACTIVITIES, ZOO STAFF WILL TERMINATE MY CONTINUATION OF SUCH ACTIVITIES, AND I WILL NOT BE ENTITLED TO ANY REFUND OF MY ADMISSION FEE.

(3) I acknowledge that the zipline activities and the TreeTop Trek Aerial Adventures are unguided, which means ZOO staff will not be on the course(s) with me, but will remain on the ground to monitor the activity of all current participants, offer guidance and encouragement and be available to assist in the event of participant difficulty on the course.
(4) I have no physical or emotional issue(s) which would adversely affect my ability to participate any zipline or TreeTop Trek Aerial Adventures activity that I or the group I am with may perform.

(5) I hereby release and forever discharge the ZOO, its agents, employees or independent contractors and their respective sureties, insurors, successors, assigns and legal representatives, from any liability, claim, cause of action, demand and damages for injury, death or damages of any kind or nature whatsoever to me or my property as a result of my participation in zipline activities and other TreeTop Trek Aerial Adventures, whether such injury, death or property damage is caused by the intentional or negligent act or omission on the part of (i) any other participant in zipline activities or TreeTop Trek Aerial Adventures provided by the ZOO, (ii) any employee, agent or independent contractor of the ZOO, or (iii) any other person at the ZOO. Furthermore, I agree to pay any and all attorney's fees and costs of the ZOO, and any of its agents, employees and independent contractors if I bring any action, claim or demand against the ZOO or any of its agents, employees and independent contractors for any reason for which this Release applies.

(6) I agree to indemnify and hold the ZOO, its agents, employees and independent contractors, their sureties, insurors, successors, assigns and legal representatives harmless from any liability, claim, cause of action, demand or damages for injury, death or damages of any kind or nature whatsoever to any person or their property as a result of my participation in the zipline activities and other TreeTop Trek Aerial Adventures as a result of any actual or claimed intentional or wrongful act or omission by me arising from or as a result of my presence at the ZOO or my participation in zipline activities and other TreeTop Trek Aerial Adventures. Furthermore, I agree to pay attorney's fees and costs for any persons covered herein for any action arising under this Paragraph, whether or not such action is well-founded.

(7) I agree to and hereby bind my heirs, executors, assigns and all other legal representatives by executing this Release.

(8) I hereby acknowledge and agree that this agreement is intended to be construed and interpreted as broad and inclusive as permitted by the laws of Florida. If any portion of this Release is found or declared to be invalid or unenforceable, such invalidity shall not affect the remainder of this Release not found to be invalid and the remainder of this Release shall remain in full force and effect.

(9) I authorize the ZOO to administer all first aid measures I may need, including the decision to have me transported to a hospital, all of which will be done at my expense.

(10) BY EXECUTING THIS RELEASE, I/WE ACKNOWLEDGE THAT I/WE HAVE READ THIS RELEASE, UNDERSTAND THE CONTENTS HEREOF, HAVE BEEN ADVISED AND HAD THE OPPORTUNITY TO SEEK INDEPENDENT COUNSEL OF MY/OUR CHOICE AND CERTIFY THAT I/WE HAVE FREELY AND VOLUNTARILY EXECUTED THIS RELEASE. I/WE FURTHER ACKNOWLEDGE THAT, BUT FOR THE EXECUTION OF THIS AGREEMENT AND AGREEING TO BE BOUND BY THE TERMS HEREOF, THE ZOO WOULD NOT AUTHORIZE THE MINOR TO PARTICIPATE IN THE ZIPLINE ACTIVITIES AND TREETOP TREK AERIAL ADVENTURES AT THE ZOO.
NOTICE TO THE MINOR CHILD’S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY

YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY - ZIPLINE AND TREETOP TREK AERIAL ADVENTURES. YOU ARE AGREEING THAT, EVEN IF THE ZOO USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD’S RIGHT AND YOUR RIGHT TO RECOVER FROM THE ZOO IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THIS ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE ZOO HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS RELEASE.

EXECUTED this ___ day of ________________, 20__.

__________________________________________  ____________________________
Parent/Guardian Printed Name                        Parent/Guardian Signature

_____________________________________________
Parent Contact Information (cell/home#)