



# 2025 BUTTE COUNTY 4-H CAMP

## Adult Information

Volunteering as an Adult Camper is an excellent opportunity to enhance and share your leadership skills AND provide an enjoyable experience for campers. The major responsibility of an adult will be to assist and guide teen counselors, as well as help campers, when needed. If this appeals to you, we encourage you to apply to be a member of the 2025 4-H Camp Staff.

Each club must provide one woman for every 7 girls and one man for every 7 boys or fraction thereof.

**Registration: Due by Friday, May 16, 2025, 5:00 PM to the 4-H Office**

All adults interested in attending camp, as a counselor must:

- ☞ Be certified and have fingerprint clearance by the 4-H office, along with having filled out and turned in a 4-H leader application. If you are not presently certified, please arrange with Maisie Cousins to participate in a one-hour certification session prior to camp.
- ☞ Complete adult registration, code of conduct, and medical release forms.
- ☞ Attend one camp counselor meeting for safety training in June

**4-H Camp: Camp McCumber, McCumber Reservoir, Shingletown, California.**

**ROLE OF THE ADULT CHAPERONE:** The adult chaperones play a special role at 4-H Camp. They are at Camp to ensure safety for our youth campers and teen counselors. While adults are there to watch and guarantee safety, the teen counselors have planned and trained for this camp all year, please allow them to make decisions and handle situations. This is a learning experience and adults are there to provide support and reason, if needed.

**SPECIAL ACCOMODATIONS:** If you have need of a special accommodation, please contact the 4-H Office prior to or when submitting your Adult Registration.

**HOUSING and SLEEPING ARRANGEMENTS:** adult chaperones will be placed in a cabin with other adults of the same sex.

Adult Campers attend Tuesday July 8, 2025 at 4:00 P.M. through Saturday July 12, 2025 at 1:30 P.M. (**Full-time attendance is required!**) The 4-H Council is paying adult Camper fees.

If you have any questions, please call either Co-Camp Directors, Bill Anderson at 864-5572 or Kim Hogan at 990-5042, or the 4-H Office at 552-5812.

- 4-H Camp presents an opportunity for youth to explore and discover individual interests and friends in a safe and inclusive environment. Camp is often a first step toward independence for youth and often plays an important part in development and growth. Independence and confidence are areas of growth that often happen at Camp when parents are not present.
- For teens, it is especially important to have independence from their parents to allow them to do the job they have been given: working with campers. Your teen has attended meetings and trained for this job all year, let them show us what they have learned. If they struggle or need any advice or support, they have their peers, camp directors, and 4-H staff to assist them. We will of course reach out to you and make housing changes as necessary if there is a medical difficulty or emergency, or extreme behavioral difficulty.

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## 2025 4-H Adult Volunteer Registration

Butte County 4-H Camp  
July 8, 2025 to July 12, 2025  
Camp McCumber, 35440 Deer Flat Rd, Shingletown, CA 96088

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

GENDER: \_\_\_\_\_ AGE: \_\_\_\_\_

WHAT 4-H CLUB/COUNTY ARE YOU A MEMBER OF? \_\_\_\_\_

**4-H Council will pay for T-Shirt.**

T-SHIRT SIZE (circle one)      SMALL      MEDIUM      LARGE      X-LARGE      XX-LARGE  
(\$2.00 Extra)

Adults are needed to help camp run smoothly. Car keys may be required to be given to Camp Directors.

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*My signature indicates that I have read and understand the Camp Code of Conduct and the consequences of any violations.*

\_\_\_\_\_  
Adult Counselor Signature

\_\_\_\_\_  
Date

Make sure that your completed application form arrives in the 4-H Office  
**by 5:00 PM, Friday, May 16, 2025.**

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Participant's Name: \_\_\_\_\_  
(Please Print)

County: \_\_\_\_\_ Club/Unit \_\_\_\_\_

University of California  
Division of Agriculture and Natural Resources  
4-H YOUTH DEVELOPMENT PROGRAM

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

**Waiver:** In consideration of being permitted to participate in any way in *California 4-H Youth Development Activities and Projects*, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue The Regents of the University of California, its officers, employees, and agents from liability from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in *California 4-H Youth Development Activities and Projects*.

**Assumption of Risks:** Participation in *California 4-H Youth Development Activities and Projects* carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains; 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions; and 3) catastrophic injuries including paralysis and death.

**I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in *California 4-H Youth Development Activities and Projects*. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

**Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in *California 4-H Youth Development Activities and Projects*, and to reimburse them for any such expenses incurred.

**Severability:** The undersigned further expressly agrees that the foregoing Waiver and Assumption of Risk Agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgment of Understanding:** I have read this Waiver of Liability, Assumption of Risk, and Indemnity Agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

\_\_\_\_\_  
Signature of Adult Participant

\_\_\_\_\_  
Date

This waiver applies to all California 4-H Youth Development Activities and Projects including, but not limited to project meetings, club meetings, educational field days, field trips, camps, exchange programs, fundraisers, community service activities, volunteer trainings, fairs, and projects.

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## 4-H CAMP CODE OF CONDUCT

This **CODE OF CONDUCT** has been established to create a positive educational experience for all campers, teen counselors, and adult staff. In order to provide the best educational camp program possible, it is necessary that all participants are aware of and agree to abide by the rules and the consequences for not abiding by these rules. Rules are as follows:

### **1. Be concerned for the safety of campers and staff.**

- A. All meals and snacks are provided, (NO ENERGY DRINKS). Food in the cabins will attract rats, mice, insects, squirrels, SKUNKS and other wildlife. **Any food found will be confiscated.**
- B. No running in camp unless during an organized activity.
- C. You must wear closed-toe shoes for camp activities. Flip-flops are not safe on uneven terrain. It is OK to wear sandals to and from swimming areas; no bare feet at any time.
- D. Sleeping areas shall be kept neat and free of litter.
- E. Throwing objects will not be allowed unless during a planned activity such as sports.
- F. No jumping or swinging on or from beds.
- G. Campers, Councils, and Adult Chaperones cannot leave the camp boundaries.
- H. Campers and Teen Counselors must be in their cabins by 10 PM unless permission is given by the Camp Directors and/or cabin adult. During rest time and "lights out", campers are to be quiet and supervised by a teen counselor or an adult chaperone at all times.
- I. Swimming and boating will be permitted only at scheduled times with lifeguards on duty. Swimmers must have a buddy. Boaters must wear life jackets. Swim test must be passed before allowed in the lake.
- J. All prescription and over-the-counter drugs must be given to the Camp Medical Staff upon arrival at camp.
- K. Fishing poles, tackle boxes, bait, and hooks cannot be kept in the cabins. For safekeeping, a storage area will be available.

### **2. Respect the rights and property of others.**

- A. Do not touch other campers' belongings; this means no cabin raiding or trashing of the cabins.
- B. Boys are not allowed in the girls' cabins; the girls are not to visit boys in their cabins.
- C. All campers must be invited before visiting other cabins.
- D. Disrespectful, abusive language will not be a part of camp (no profanity, racial slurs, or putdowns)
- E. Do not damage or deface camp facilities or property. No food in cabins. No writing or carving on the cabins (inside or outside), tables, benches, or trees.
- F. Do **not** bring hair dryers & curling irons, radios, cell phones or other electronic devices. Electrical power outlets are limited and circuits are easily overloaded.
- G. Label all personal items with name; 4-H is not responsible for lost items.
- H. Rudeness, lack of courtesy, cheating and disrespect toward authority and/or other campers will not be tolerated.
- I. Fighting and threatening physical abuse are **not** acceptable behaviors.

### **3. 4-H Camp is a fun experience and everyone is to participate in the planned activities.**

- A. When you hear the bell, report immediately to the stage seating area.
- B. Be on time and ready to participate. All campers and teen counselors must attend all camp activities and meals unless permission given by the Camp Directors.
- C. If ill, report to the Camp Nurse.
- D. Be a positive team member of your group and cabin.
- E. "Lights out" means quiet and in bed.
- F. Phones and electronic devices which are brought must be turned into the Camp Directors. Access to a phone is with permission of Camp Director only, and is reserved for emergency use only.

**4. The following items and activities are NOT allowed at camp. Campers, teen counselors and adult staff having or doing such will be sent home at their own expense immediately.**

- Possession of alcoholic beverages, knives, firearms, fireworks, illegal drugs, matches, candles, vape pens, and/or tobacco.
- Gambling or betting with money, excessive displays of affection, fighting, threatening physical abuse, stealing, tampering with emergency equipment, setting off fire alarms for fun, and being under the influence of drugs or alcohol are not acceptable behaviors.
- Campers may NOT be out of their cabins, without permission, 30 minutes after "lights out".
- Campers leaving their cabins after lights out must be accompanied by a Teen Counselor.
- Clothing that displays anything about alcohol, drugs, tobacco products or has any sexual connotation. NO SIERRA NEVADA BREWERY ITEMS or DRUG PARIPHANILIA on clothing (includes marijuana leaves).

**CONSEQUENCES:**

(The following actions will be taken if a camper or Teen Counselor does not abide by the rules.)

**DEPENDING UPON THE SEVERITY OF THE RULE BREAKING AND ACTIONS, THE CAMP DIRECTORS AND 4-H STAFF RESERVE THE RIGHT TO SKIP THE STEPS OUTLINED BELOW AND SEND THE CAMPER, TEEN COUNSELOR, OR ADULT HOME IMMEDIATELY.**

**ADULTS WILL ONLY RECEIVE ONE WARNING BEFORE BEING SENT HOME.**

**STEP 1:** **First Infraction** - Discuss the inappropriate behavior with a Teen Counselor/Camp Director and clarify the rule.

**STEP 2:** **Second Infraction** - Discuss the inappropriate behavior with Camp Director(s) and given a "time-out" or task for up to 30 minutes related to the infraction.

**STEP 3:** **Third infraction** - Camp Director will request parent to pick up Camper/Teen Counselor to be taken home at Camper/Teen Counselor expense and camp fee will not be refunded. Adult Chaperone will be requested to leave camp immediately.

Additional consequences may include: barring the individual from future 4-H activities or next year's camp, assessing the cost of damages and repairs in the event of destruction of property, releasing the individual to the nearest law enforcement agency, and/or termination of 4-H membership. Parents will be notified if any action is taken beyond Step 2.

Adult's Signature \_\_\_\_\_ Date \_\_\_\_\_





Adult Volunteer Treatment Authorization Form
(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER)

This Treatment Authorization Form is authorized for all 4-H Youth Development meetings and activities during the dates specified below. (Please Note: This information must be updated annually).

First Name Last Name

Club/Unit Name

County and State

EMERGENCY CONTACT INFORMATION

First & Last Name: Home/work/other Phone:

Relationship: Cell Phone:

While I am attending or traveling to or from this 4-H function, I HEREBY AUTHORIZE THE ADULT 4-H VOLUNTEER OR 4-H STAFF MEMBER, or in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR ME SHOULD I BE UNABLE TO MAKE A DECISION:

Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code Section 2000 et seq.; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code Section 1600 et seq.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until my child completes his/her activities in this program unless sooner revoked in writing. I understand that as a parent/guardian, I will be responsible for the cost of any service or treatment provided not covered by the 4-H Accident/Sickness Insurance Program sponsored by UC Cooperative Extension.

AUTHORIZATION, CONSENT, AND RELEASE

I hereby certify that I am in good health and can travel to and participate in all functions of the 4-H Youth Development Program as described above. I understand it is my responsibility to keep the information on this form updated (including Health History) by contacting the County 4-H Office.

Signature of Parent/Guardian

Date

NON-CONSENT

I do not desire to sign this authorization and understand that this will prohibit my child from receiving any non-life-threatening medical attention in the event of illness or accident.

Signature of Parent/Guardian

Date

University policy and the State of California Information Practices Act of 1977 require the following information be provided when collecting personal information from you. The information entered on this form is collected under authority of the Smith-Lever Act. Submission of the medical data is voluntary. However, a signature is required on one or the other of the two signature lines above. Failure to provide the medical information and authorization may result in our inability to provide necessary medical treatment. You have the right to review University records containing personal information about you, with certain exceptions as set forth in policy and statute. Copies of University policies pertaining to the collection, use, or release of personal data are available for your examination from the local UCCE County Director 4-H Youth Development Advisor, 4-H Program Representative or the Associate Director of 4-H Program & Policy at University of California, Division of Agriculture and Natural Resources, California State 4-H Office, 2001 Second Street, Davis, CA 95618-7774, (530) 750-1334, ca4h@ucanr.edu. Only your own records are open to your review.



**Health History Information**

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER; SHRED AFTER THE PROGRAM YEAR)

First Name

Last Name

County

Date of Birth

Date of last Tetanus Vaccination: \_\_\_\_\_ Not sure \_\_\_\_\_ None \_\_\_\_\_

**Please check over-the-counter medications that may be administered:**

Tylenol \_\_\_\_\_ Ibuprofen \_\_\_\_\_ Cough Syrup \_\_\_\_\_ Decongestant \_\_\_\_\_ Dramamine \_\_\_\_\_

Antacid \_\_\_\_\_ Polysporin \_\_\_\_\_ Hydrocortisone \_\_\_\_\_

Please identify if this participant has any health conditions that are important for program staff to know in order to maximize participation and ensure safety and well-being.

Or check box if no information needs to be shared

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Please list all current medications: (please list on next page if more space is needed)

Name of Medication	Dosage	Times Taken

Please identify allergies including allergies to food, medications, and drug reactions:

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Please include any additional remarks and special instructions to better assist emergency service personnel.

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If additional space is needed to answer any questions above, please use the space below to include information.



## Camp Medical Instructions

All prescription and over the counter medications are kept locked in the health center and will be administered only as authorized by your physician. Only asthma inhalers may be kept in the cabin. No medications will be administered unless it is received in its **original container** with the signed authorization form.

1. Determine if you need to bring prescription or non-prescription medicine to Camp McCumber 4-H Camp.
  - A. **Do not** bring any of the following non-prescription medications because, with your signed permission, they are already available:

Benadryl (localized itch/insect bite)	Pepto Bismol (diarrhea)
Caladryl Lotion (poison oak)	Dulcolax (constipation)
Mylanta (upset stomach)	Neosporin Ointment (minor cuts/burns)
Cough Drops (cough)	Robitussin (cough)
Cortisone .5% Cream (itch/rash)	Tylenol (head/muscle aches)
  - B. If you are giving permission for these over-the-counter medications, see the back of this page.
  - C. If you are bringing other non-prescription medications, treat them as prescription drugs. Follow the procedure under #2 and list them on the Medical Treatment Form that is attached.
2. Verify that all medications are properly labeled and authorizations have been given. Verify that:
  - A. All medications are in original containers.
  - B. All medications are properly labeled, (use masking tape if necessary), including:
    - Camper's name (prescription must be for the camper only; no other name will be accepted).
    - Medication name
    - Precise dosage instructions, quantity and frequency (prescription only)
    - Physician's name (if prescription)
    - Spanish labels must be translated to English on the medical treatment form
  - C. The prescription medications are not expired.
3. All medications are listed on the signed Medical Treatment Form with proper instructions for administration.
4. Place all medications (both prescription and non-prescription in original containers) in a zip lock bag and give the bag to the Bucks Lake 4-H Camp Nurse.
  - A. Label the baggie with your name (use masking tape).
  - B. DO NOT bring any medication to camp in your suitcase.
  - C. Vitamins should not be sent to the site unless ordered by a doctor.
  - D. Turn in all medications to the Nurse at Camp.

If you have any questions regarding your medication or these instructions, please contact the 4-H Office (552-5812.) Thank you for your cooperation and help. We appreciate you taking the time to complete this form. It is important information, which will help make your experience safe and enjoyable!

(PLEASE SEE OTHER SIDE)



**Non-Prescription Medication at Camp McCumber:**

Occasionally it is necessary to provide campers with non-prescription medications when they are at the camp. The medications listed below are kept in stock at camp for this purpose. **Please do not bring any of these items to the camp. Please check below to indicate whether you give permission** for the listed medication to be administered by the Camp Nurse. **We will not administer any medication without authorization.**

Yes	No		Yes	No	
___	___	Benadryl (localized itch/insect bite)	___	___	Pepto Bismol (diarrhea)
___	___	Caladryl Lotion (poison oak)	___	___	Ibuprofen (muscle aches/sprains)
___	___	Mylanta (upset stomach)	___	___	Neosporin Ointment (minor cuts/burns)
___	___	Cough Drops {cough}	___	___	Robitussin {cough}
___	___	Cortisone 0.5% Cream (itch/rash)	___	___	Tylenol (head/muscle aches)
			___	___	Sudafed (hay fever - allergies/cold symptoms)

**I am authorizing the 4-H Camp Nurse to administer the listed non-prescription medications.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Save

**Turn In This Form With Medication Upon Arrival at Camp**

**Medication Form**

Please Complete Fully and Carefully

Adult's Name: \_\_\_\_\_  
(Last) (First)

Medications: \_\_\_\_\_

Precautions, special instructions, possible adverse effect(s), or comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication: \_\_\_\_\_  
Purpose of Medication: \_\_\_\_\_  
Dosage Prescribed: \_\_\_\_\_  
Time Schedule: \_\_\_\_\_  
Dose Form (tablet, liquid): \_\_\_\_\_

Medication: \_\_\_\_\_  
Purpose of Medication: \_\_\_\_\_  
Dosage Prescribed: \_\_\_\_\_  
Time Schedule: \_\_\_\_\_  
Dose Form (tablet, liquid): \_\_\_\_\_

Medication: \_\_\_\_\_  
Purpose of Medication: \_\_\_\_\_  
Dosage Prescribed: \_\_\_\_\_  
Time Schedule: \_\_\_\_\_  
Dose Form (tablet, liquid): \_\_\_\_\_

Medication: \_\_\_\_\_  
Purpose of Medication: \_\_\_\_\_  
Dosage Prescribed: \_\_\_\_\_  
Time Schedule: \_\_\_\_\_  
Dose Form (tablet, liquid): \_\_\_\_\_

The above-named adult is under the care of:

Physician's Name (print): Dr. \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Office Name and Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
\_\_\_\_\_

**I hereby authorize the Camp Nurse to administer the above listed medications in accordance with the instructions noted:**

Adult's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Health Technician's Use Only: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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