



**Get Moving-  
Get Healthy**   
*With New Jersey 4-H*

# OCTOBER 13<sup>TH</sup>-15<sup>TH</sup> 4-H HEALTHY LIVING RETREAT

Youth in grades 7-10 are invited to spend a fun filled weekend at the L.G. Cook 4-H Camp learning about the world of Healthy Living. Youth will get the opportunity to participate in fun hands-on activities, learn in interactive workshops, and speak with professionals working in the healthy living field.

**All registration materials must be sent to:**  
Passaic County 4-H  
1310 Route 23 North  
Wayne, NJ 07470

**For more information: 973-684-4786 or  
passaic4h@njaes.rutgers.edu**

**Learn about careers  
& other  
opportunities in the  
healthy living field!**

**Attend workshops  
on trending topics in  
Healthy Living!**

**Take the 500 Mile  
Challenge, and  
participate in  
archery, sunrise  
yoga, hiking, & much  
more!**

**Register by  
September 29<sup>th</sup>  
Space is limited!!!**

**Retreat Location:**  
Lindley G. Cook 4-H Camp  
100 Struble Road, Branchville,  
NJ 07826

**Date:**  
October 13-15, 2017

**Cost:**  
\$120.00

**Registration Deadline:**  
September 29, 2017





## **NJ 4-H Healthy Living Retreat**

**October 13-15, 2017**

### **Registration Form**

To register, please complete this Registration Form and a NJ 4-H Event Permission Form. **Registration materials are due to the Passaic County 4-H office no later than September 29, 2017.** These forms should be mailed to Marycarmen Kunicki, Passaic County 4-H Agent, 1310 Route 23 North Wayne, NJ 07470 by **September 29, 2017**. For questions about registration, please contact Marycarmen Kunicki at 973-684-4786.

#### **Section I. REGISTRANT INFORMATION**

Name: \_\_\_\_\_ Preferred Name on Nametag: \_\_\_\_\_

4-H County: \_\_\_\_\_

4-H Club(s) and Project Area(s) \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade (as of Sept. 2017 school year) \_\_\_\_\_ Check one: Male \_\_\_ Female \_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent Phone: \_\_\_\_\_ Youth Cell: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Participant Email: \_\_\_\_\_ Parent/Guardian Email: \_\_\_\_\_

T-Shirt Size: (Circle one) Youth XL Adult SM Adult MED Adult LG Adult XL

Please indicate any dietary needs that are medically necessary that you may have:

\_\_\_\_\_

#### **Section II. REQUIRED ITEMS TO BE INCLUDED WITH REGISTRATION FORM FOR YOUTH PARTICIPANTS**

Enclosed with this registration form are the following items:

\_\_\_\_\_ A check or money order made payable to ***Rutgers, The State University*** for the full conference fee of \$120.00.

\_\_\_\_\_ A completed copy of the *4-H Event Permission Form for Youth*, signed by my parent/guardian and myself.

***All registration forms must be submitted to the Passaic County 4-H office on or before September 29, 2017.***

### **Section III. OTHER**

***Members Seeking Sponsorship for the Conference:*** 4-H members seeking sponsorship to attend this conference are encouraged to contact their county 4-H office to determine if sponsorship opportunities exist through county 4-H associations, advisory councils, boards of agriculture, etc. There is currently no sponsorship available at the state level.

***Registration/Refund Policy:*** Once a member is registered for the New Jersey 4-H Healthy Living Retreat, they are responsible for the cost of the conference and are expected to attend. No refunds will be made unless participant is ill and has a doctor's note. It is the participant's responsibility to contact Marycarmen Kunicki at 973-684-4786 no later than the Monday prior to the conference in order to be eligible for the refund due to illness.

***Conference Chaperones:*** The New Jersey 4-H Healthy Living Retreat is being planned and conducted by NJ 4-H faculty and staff members. They will also serve as chaperones for the event. Like 4-H volunteers, 4-H faculty and staff are in compliance with the Rutgers University Policies to Working with Minors, including background checks and youth protection training.

***For questions about registration, please contact New Jersey 4-H Healthy Living Retreat coordinators Marycarmen Kunicki & Kenneth Faillace at 973-684-4786 and/or Brittany Rigg at 609-625-0056***

# New Jersey 4-H Event Permission Form for Youth



Both sides of this form must be completed by all youth participating in overnight activities, field trips, events requiring group transportation, and any other events sponsored through the 4-H Youth Development Program where it is deemed necessary by the event coordinator(s) (paid 4-H staff and/or registered 4-H volunteer) responsible for the youth participants. The form should be submitted prior to the event. The form has five parts: (1) information about the participant and activity, (2) parental permission and liability release, (3) medical emergency authorization and health information, and (4) code of conduct and (5) media policy. *Be sure to complete all five parts and sign where requested!*

## Information about the Youth Participant and Activity

Name of Youth participant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

4-H county: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of activity/event: \_\_\_\_\_

Name of 4-H group sponsoring or participating in this event: \_\_\_\_\_

Location of event: \_\_\_\_\_

Date and time of participation of individual named above: \_\_\_\_\_

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## Parent Permission and Release of Liability

I hereby give my son/daughter named above permission to participate in the event listed. Although Rutgers Cooperative Extension and its event coordinator(s) will use the utmost precaution in guarding the health of the above participant and preventing accidents, I release them from any liability in case of illness or injury as a result of this activity. Furthermore, I release the owner and driver of the car transporting my child to and from the event, from any liability in case of illness or injury.

**Sign Here**

Signature of parent or guardian: \_\_\_\_\_

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## Medical Emergency Authorization and Health Information

I authorize the event coordinator(s) to dispense the prescription drugs and/or over the counter medications listed below in accordance with the instructions provided on the label (prescription drugs) or below (over-the-counter medications). In case of sudden illness or an accident to the above named participant requiring immediate treatment or surgery while he/she is a participant in this activity, I authorize the 4-H chaperone(s) to take such action as seems appropriate to protect the health and physical well-being of the above participant. This authority extends to any physician(s) and/or surgeon(s) selected by the event coordinator(s) to perform medical and/or surgical procedures including examinations and tests necessary to preserve the health and physical well-being of the above named participant. All efforts will be made to contact the parent(s) or guardian(s) in case of emergency.

_____	_____	_____	_____
<b>Name of parent/guardian</b>	<b>Phone number</b>	<b>Name of additional emergency contact</b>	<b>Phone number</b>

The following information is provided as an aid to the event coordinator(s) in dealing with the well-being of the participant. The participant has the following health conditions: (include allergies, handicaps, diabetes, pregnancy, asthma, medications needed, etc.).

Health conditions: \_\_\_\_\_

Medications/Instructions: \_\_\_\_\_

Health Insurance: Company Group# \_\_\_\_\_ ID# \_\_\_\_\_

**Sign Here**

Signature of parent or guardian \_\_\_\_\_

## New Jersey 4-H Code of Conduct



The primary purpose of the New Jersey 4-H Code of Conduct is to ensure the safety and well-being of all participants at 4-H sponsored events and activities. It applies to all participants, with participants defined as 4-H members, their parents, and volunteers.

As a participant in the 4-H program, I will:

- **Conduct myself in a courteous manner and treat members, parents, 4-H volunteers, Extension staff, judges and others with respect. Appropriate language and behavior are expected at all times.**
- **Respect and adhere to the rules and guidelines of the 4-H program including all those specific to a 4-H event or activity.**
- **Uphold an individual's right to dignity by supporting an environment of inclusion which welcomes involvement of participants from all backgrounds.**
- **Accept supervision and support from county and state 4-H staff while participating in the 4-H program. This includes acceptance of supervision and support from appointed 4-H volunteers coordinating 4-H events and activities.**
- **Obey local, state and federal laws.**

Participants who fail to adhere to the New Jersey 4-H Code of Conduct are subject to a range of disciplinary actions. Such actions will be taken in compliance with the New Jersey 4-H Discipline Policy and Procedure. When appropriate, immediate corrective action will be taken at the 4-H event to ensure the safety and welfare of all participants.

I understand if I fail to adhere to the above Code of Conduct, I will be subject to disciplinary action and potentially prohibited from attending and participating in the New Jersey 4-H Youth Development program.

	_____	_____
	Signature of participant in event	Date
	_____	_____
	Signature of parent or guardian	Date

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## New Jersey 4-H Media Policy and Release

The 4-H program routinely promotes activities through various media. This includes, but is not limited to newsletters, newspapers, brochures, and displays. In doing so, the names and photos of members may be included to help tell the 4-H story. However, New Jersey 4-H policy is that on web sites, youth in photos will not be identified by name(s).

- No, do not use my individual picture for any purpose.** I will make an effort to avoid opportunities to be in group photos.
- No, do not use my name for any purpose.**

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Revised: January 2013