

2008 GEORGIA YOUTH SUMMIT CODE OF CONDUCT

Youth's Name: _____ County: _____

School: _____ Grade: _____

BEHAVIOR STANDARDS

All rules and regulations governing program activities and events will be discussed with adult leaders and youth. The Georgia Youth Summit Code of Conduct is valid for one year and applies to all activities related to the Summit

- ? Youth are expected to attend all sessions as part of a planned program exhibiting positive character and behavior including (but not limited to) trustworthiness, responsibility, respectfulness, caring, citizenship and fairness.
- ? Youth are expected to be responsive to the reasonable requests of the leaders and respectful of the needs for their personal safety and the safety of others.
- ? Youth should dress appropriately, use appropriate language and respect the rights of others.
- ? Youth may not use alcohol, drugs, or tobacco, nor be associated with or remain in the presences of others using the substances.
- ? Youth may not behave recklessly, engage in sexual misconduct, assault, threaten or harm another person nor may they misuse or abuse public or private property.
- ? Youth may have access to computers at UGA/CES offices and facilities. Computer use is for educational purposes. Youth may not access inappropriate websites.
- ? Realizing these guidelines are not "all inclusive" the University of Georgia Extension Staff reserves the right to make adjustments to these policies

CONSEQUENCES OF MISBEHAVIOR

Youth and adults who observe a breach in the Code of Conduct should report the misbehavior to the appropriate leader. Youth misbehaving will have the opportunity to explain their actions to leaders in charge of the activity and may request a review board. The person coordinating the event may also convene a review board for the purposes of determining what has occurred and what disciplinary action should be taken. A review board will consist of one Extension faculty or staff member, two volunteers and three youth. The Extension faculty member coordinating the event will serve as chairperson. Disciplinary action should only be discussed with those involved, their parents/guardians and their Extension leaders.

If the youth is found in violation of the actions listed below and receives disciplinary action issued through the review process, his/her parents/guardians will be notified, the youth may be sent home at the parents' expense and may be suspended from participation in Youth Summit events for a period of no more than 6 months

- Breaking curfew or disturbing the peace
- Unexcused absences from the activities of an event
- Unauthorized use of vehicles during the event
- Reckless behavior
- Use of foul or offensive language
- Possession or use of tobacco
- Unethical behavior
- Remaining in the presence of those using alcohol, illegal drugs or tobacco

If the accused is found in violation of the items below, his/her parents/guardians will be notified, the youth may be sent home at the parents' expense and suspended from participation of Youth Summit events for a period of no more than 12 months.

- Possession or use of illegal drugs or alcoholic beverages
- Theft, misuse or abuse of public or personal property
- Sexual misconduct
- Possession of weapons or fireworks
- Unauthorized absence from the premise of the event
- Assault or personal harm

In extraordinary cases, the Youth Summit review board may recommend suspension exceeding those listed above.

If a youth wishes to appeal the decision of the review board, the youth must appeal in writing through the County Extension office. Appeals must be filed within 10 days of notification of the disciplinary action. The appeal is sent to the Program Development Coordinator of the youth delegate and the State 4-H Leader. If the district and state 4-H staff can not resolve the matter, an appeal board will meet within 30 days of the youth's request. The appeal board will consist of one Extension worker, two volunteers and three youth.

Following any disciplinary action, the person coordinating the activity must provide written notification concerning the action to the youth's parent/guardian, the county Extension faculty and the 4-H Program Development Coordinator.

PARENT/GUARDIAN & YOUTH AGREEMENTS Release Waiver of Liability and Covenant Not to Sue

I have read the Georgia Youth Summit Code of Conduct and agree to participate fully in all aspects of program activities. I understand the standard of behavior and agree to maintain such during Youth Summit programming.

Youth Signature

Date

I have reviewed the Code of Conduct and agree to all of its provisions. For the sole consideration of the Cooperative Extension Service's arranging for participation in Youth Summit programming, I hereby release and forever discharge The University of Georgia, the Board of Regents of the University System of Georgia, their members individually, and their officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind that I may have, either on my own behalf or in my capacity as a legal representative of my child, arising from or in any way connected with my child's participation in the Youth Summit. I further covenant and agree that for the consideration stated above I will not sue the Institution, the Board of Regents of the University System of Georgia, its members individually, its officers, agents or employees for any claim for damages arising or growing out of my child's participating in the program. I understand that the acceptance of this Release, Waiver of Liability, and Covenant not to sue the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or part, of sovereign immunity by said Board, its members, officers, agents, and employees. I certify that my child is participating in the Georgia Youth Summit with my knowledge and consent. I have read and understand all of the above policies. I also give permission for photographs, videos, or audio tape of my child to be used for promotional and educational purposes by the Georgia Youth Summit and the University of Georgia. I realize that these images may appear in print media as well as the Internet.

Parent/Guardian Signature

Date

Phone

VALID FOR ONE YEAR FROM DATE OF SIGNING

What to Bring to Georgia Youth Summit

****Everything should be marked in the owner's name with a waterproof marker.
Do not bring jewelry, MP3 Players or other items of value****

Items to Bring:

- Pen and paper for taking notes
- Linens, blankets or sleeping bag (Linens are NOT provided at camp)
- Towels (wash cloth, shower towels and beach/pool towels)
- Soap, toothpaste, toothbrush and other toiletries
- Rain jacket
- Sunglasses, hat and/or sunscreen
- Insect Repellent
- Money for canteen and pizza on Sunday night
- Depending on county plans, you may need lunch money for the trip to and from Youth Summit.

Optional Items

- Extra Pillow
- Day Pack
- Water Bottle
- Camera, film (use of disposables is recommended, mark your full name on camera)
- Shower Shoes

DO NOT BRING:

- Knives
- Radios, video games, CD players, MP3 Players (There is no way to secure these items)
- Shaving cream
- Fireworks
- Chewing gum
- Excessive amount of cash or items of great value (emotional or monetary)

Cell Phones:

- We understand that many in attendance will have cell phones for emergency contact reasons however, **cell phones must remain turned off and out of site during all Youth Summit Programs.**

Clothing guidelines:

- Saturday - Comfortable modest dress including shorts and tennis shoes.
- Sunday & Monday - Business Casual: clothing should be clean, pressed and in good taste. Clothing should be free of holes, frays and tears. No clothing alluding to violations in the 4-H Code of Conduct are allowed. Under garments should be worn but not be visible. Midriffs should not be exposed and pajama bottoms may not be worn in the place of pants.

Georgia Youth Summit Medical Information & Release

Event or Activity _____ Date of Event/Activity _____

Youth's Information

Name _____

Address _____

Date of Birth _____ Grade _____ Gender _____

Parent/Guardian Information

Name _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Please list the names of two adults other than parent/guardian who may be contacted in case of emergency.

Name _____ Home Phone _____ Work Phone _____

Name _____ Home Phone _____ Work Phone _____

Medical Information

Name of Physician _____ Phone _____

Date of Last Physical Examination _____ Drug Allergies _____

Other Allergies _____

Describe any physical limitations _____

Describe any recent illness or injury _____

Is there a history of heart condition _____ diabetes _____ asthma _____ epilepsy _____ rheumatic fever _____

PARENT/GUARDIAN AGREEMENT:

I understand that should a health problem arise, I will be notified but that if I can not be reached by telephone, such medical treatment, including surgery, as deemed necessary by competent medical personnel could be rendered; that such necessary information may be released for insurance purposes and that I understand the limitation of the coverage as indicated below. Furthermore, I am aware that participation in this event includes risk including, but not limited to, transportation to/from event, sports and recreational games, ropes courses, water activities, hiking, as well as risks that are not foreseeable. For the sole consideration of the Cooperative Extension Service's arranging for participation in Georgia Youth Summit programming, I hereby release and forever discharge The University of Georgia, the Board of Regents of the University System of Georgia, their members individually, and their officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind that I may have, either on my own behalf or in my capacity as a legal representative of my child, arising from or in any way connected with my child's participation in Georgia Youth Summit. I further covenant and agree that for the consideration stated above I will not sue the Institution, the Board of Regents of the University System of Georgia, its members individually, its officers, agents or employees for any claim for damages arising or growing out of my child's participating in the program. I understand that the acceptance of this Release, Waiver of Liability, and Convent not to sue the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or part, of sovereign immunity by said Board, its members, officers, agents, and employees. I certify that my child is participating in Georgia Youth Summit with my knowledge and consent. I have read and understand all of the above policies

Parent/Guardian Signature

Date

INSURANCE COVERAGE INFORMATION (to be completed by County Extension personnel)
Insurance for the event/activity has been purchased as indicated. For complete details of coverage, please contact the county Extension Office.

- ? Insurance for Summer Camp at Georgia 4-H Centers
- ? American Income Life Insurance (Plan 3)
- ? American Income Life Insurance (Dollar a Year Plan)
- ? Other Insurance Plan _____

PLEASE COMPLETE BOTH SIDES

Over the Counter & Prescription Medication Summary

Youth's Name _____ County _____

Please list any/all medication currently being taken by the youth participant including prescription and over the counter medications. Additionally, parent/guardian should list any over the counter medication that may be given to the youth in case of illness. Youth Summit personnel may not administer over the counter or prescription medication without parental/guardian approval unless prescribed by medical personnel.

Youth are expected to provide all medication(s) listed and administer the medication. If health facilities and/or personnel are available at the facility, a request may be made prior to the event to have medication administered by trained personnel. Additional copies of this page may be made as necessary.

Name of Medication:

What illness/condition is medication being taken for:

Describe dosage and special instructions:

Is medication self administered?

Dates for administration:

Name of Medication:

What illness/condition is medication being taken for:

Describe dosage and special instructions:

Is medication self administered?

Dates for administration:

Name of Medication:

What illness/condition is medication being taken for:

Describe dosage and special instructions:

Is medication self administered?

Dates for administration:

I am the parent/guardian of _____ and give permission for the medications listed to be administered to my child as directed.

Parent's signature

Date

PLEASE COMPLETE BOTH SIDES