Last Name: \_\_\_ First Name: County: Age:\_\_\_\_\_\_\_

**Florida 4-H Camping Official Authorizations**

**Cell Phone Policy:** I know in this technological age it is difficult for youth to not be in contact via cell phone. Camp is a unique environment. We are trying to help youth develop life skills at camp including independence and self-reliance. Campers are not allowed to bring cell phones or any other electronic devices to camp. If a cell phone is brought with a camper it will be held by the County Agent until they return to the county office. I understand that in case of emergency my camper maybe contacted by calling the office of the 4-H Camp my child is attending or by contacting their county agent directly while at camp.

**Yes □ No □** **Participant:** I have read the cell phone policy 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.

**Yes □ No □ Verification by Parent/Guardian:** By checking the boxI understand and agree to the cell phone policy above. Checking the box is considered a Parent/Guardian Signature.

**Graffiti Policy:** Graffiti is defined as words or images that are written, scratched, painted or sprayed on walls or surfaces. Campers are not allowed to defame or deface ***ANY*** camp property. Campers/County will be held responsible for any and all graffiti and may be subject to any costs associated with the cleanup and/or repair of said graffiti.

**Special Dietary Needs:**

In the space provided please list all **food allergies** for the person listed above and any necessary precautions that should be taken:

In the space provided indicate any **food restrictions (non-allergy)** for the person listed above and food substitutes that may be considered:

**Cabin Assignments:** Please indicate the name of a friend going to camp that you would like to be in the cabin with (1 person of the same sex). We will do our best to accommodate your request, but we cannot make guarantees. Please understand that we group campers in cabins based on age and your camper’s choice must be within two years of your camper’s age in order to be considered.

**NAME OF FRIEND GOING TO CAMP**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Camp Release**

This authorization form must be completed in full for someone other than the signing parent(s) to pick up a child from camp. Persons leaving camp will be required to check out and show their license or other picture ID as proof of identification. If a teen drives themselves or other friends be sure to list the teen driver as an authorized release person.

X

Signature of Parent or Legal Guardian Date Signature of 2nd Parent or Legal Guardian Date

\* If married, or divorced but having joint custody of the youth, both parents must sign. If divorced and having sole custody of the youth, only that parent with sole custody needs to sign.

**Member Signature: Date:**

**Parent/Guardian Signature: Date:**