



4-H International Camp United Program

Participant Information Sheet

This information will be used to inform program staff of important issues.

Please answer the questions as truthfully and completely as possible.

This information will be kept confidential and will not be shared with other program participants

1	Delegate's Last Name:					
2	First Name:				Middle name:	
3	Language skills: Intro, Intermediate, advanced					
	Language	Reading	Writing	Speaking	Comprehension	Years Studied
4	Address:					
5	Country:				Birth Date	
6	Email Address:				Gender	
7	Guardian #1's name:				Speaks English? Yes ___ No ___	
8	Guardian #1's email address:					
9	Guardian #1's phone number:					
10	Guardian #2's name:				Speaks English? Yes ___ No ___	
11	Guardian #2's email address:					
12	Guardian #2's phone number:					
13	For emergency, I prefer you to contact name: _____ relationship: _____ email: _____ phone number: _____					
14	Do you smoke?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please note: In the United States, persons under 18 are prohibited from purchasing tobacco products, and smoking generally prohibited indoors.						

Delegate's Name: _____ Country: _____

15	Do you have any allergies?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
16	If so, to what? (For example, allergic to pollen, shellfish, peanuts, cats, dust) Please list any treatment for allergies, if applicable (please use additional space if needed).	Allergy		Treatment	
		1.			
		2.			
17	List your dietary restrictions or preferences, if any. (For example: vegetarian, gluten free, vegan, no pork, kosher, halal, no shellfish.) We will try our best to accommodate you.	3.			
18	List physical/mental conditions in addition to allergies, both mild and severe. Please be comprehensive and include any details about diagnosed depression, anxiety, etc. in order for us to best support applicants during the program.				
	Condition/Illness	Additional information the staff should be aware of	name of medication		dosage
19	Do you use social networking sites such as Facebook or Twitter, Instagram or Snapchat ?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
20	Do you have access to high speed internet?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
21	If yes, where (example: at home, at an internet café, at school)?				
22	Is there anything else you would like us to know about you that has not been addressed elsewhere during the application process?				
23	Please list any previous international travel experience.				
	Country	Length of stay	Dates/Year	Purpose (tourist, study, etc.)	

Delegate's Name: _____ Country: _____

24	<p>Do you have a current passport? (International participants only)</p> <p>Yes ____ Submit a copy of photo page (with signature). The passport must be valid for 6 months after the intended return travel date. Check the expiration date and renew, if needed.</p> <p>No ____ Apply in advance. It may take as long as two months, and applicants who are under 16 years of age must apply in person accompanied by both parents/guardians. Submit a copy of photo page (with signature) when passport is received.</p>			

Delegate's Name: _____ Country: _____

TRAVEL RELEASE/AUTHORIZATION

I/we, the parent(s) and/or legal guardian(s) of _____ (full name), hereby grant permission for my/our child "the delegate" to travel and participate in the New Jersey 4-H International Camp United Program "4-H."

I/we agree to accept the flight itinerary that 4-H arranges for the delegate. 4-H (Board, staff, and volunteers), partner Land Grant Institutions (their personnel and volunteers), and the international partner organization shall have no liability if the delegate voluntarily or otherwise withdraws or is dismissed from the program. Furthermore, I/we understand that program fees, airfare, and travel agent fee must be paid in full by the established deadlines in order for the delegate to participate in the program. In the event that the delegate cancels due to unforeseen circumstances, delegates will not receive a refund for any payments to the 4-H program. Airfare may be non-refundable or airline credit may apply according to the airline's policies.

MEDICAL RELEASE

I/we hereby authorize the representatives of 4-H, the States' 4-H Board, international partner organization(s) or the parents of the family assigned as hosts for my/our child, to make arrangements for my/our child's welfare, including transportation in the event of an emergency, and for whatever emergency medical care may be deemed necessary for my/our child's welfare, while participating in this program. I/we grant permission to release information regarding my/our child's health to any individual designated by 4-H.

INSURANCE AGREEMENT

I/we will be provided Sickness and Accident Insurance information for the company chosen by 4-H. I/we acknowledge that this coverage is secondary insurance and supplements any primary sickness and accident insurance that my/our family may have. I/we understand that this insurance provides coverage for accidents, injuries, or illnesses that occur and are treated while the delegate is out of the Home Country. I/we understand that the insurance coverage is limited (\$250,000 maximum medical expense per person; does not cover any preexisting condition) and that I/we are responsible for any medical expenses above and beyond those identified in the Insurance Plan Summary, including coverage determined to be in excess of *reasonable and customary*, as defined by the insurance provider. **Program insurance does not cover pre-existing conditions nor the treatment of mental and nervous disorders.**

The delegate agrees to follow the 4-H Safety Guidelines at all times. I/we understand that the Safety Guidelines are based on insurance coverage rules and exclusions. If the delegate is injured while participating in a prohibited activity, I/we will be responsible to pay for the resulting medical bills.

LIABILITY RELEASE

This liability release covers the time period from when the delegate departs his/her home state until he/she returns to his/her home state. While under the sponsorship of Arkansas 4-H, the delegate may not participate in any high-risk activities and must follow Arkansas 4-H code of conduct.

I/we, the undersigned, authorize the delegate to participate within the program guidelines established by 4-H. I/we hereby release 4-H (Board, staff, and volunteers), partner Land Grant Institutions (their personnel and volunteers), the international

Delegate's Name: _____ Country: _____

partner organization, program chaperones, and host families past and present from any and all current and future claims, losses, expenses, charges, costs and/or causes of action for loss of property, personal injury, illness, accident or death sustained by the delegate during the time he/she is a participant in the program.

I/we agree to supply the delegate with spending money to cover his/her personal needs and expenses for the duration of the program and return home above the cost of transportation and hotel stay in DC. I/we understand and agree that 4-H is not responsible for the delegate's money or personal property, whether lost or stolen, while he/she is participating in the program.

I/we understand the program will pay for: Transportation to and from airports in the US, hotel room in DC (in participating in pre-summit), transportation to Little Rock, Arkansas, and transportation back to home location.

I/we understand that the delegate will pay for: meals in Washington DC.

I/we certify that all information provided in the Delegate Application is correct and complete, including medical history. I/we also understand that any changes in the information provided, including but not limited to changes in the delegate's medical history or condition, must be reported to 4-H immediately. I/we understand that withholding information and/or providing incorrect information and/or not reporting changes after the medical form has been submitted are grounds for possible termination from the program and repatriation at my/our expense with no refund of program fees.

PHOTO/MEDIA RELEASE

I/we grant 4-H and its representatives' permission to copyright and use, publish, and republish for purposes of advertising, public relations, trade, or any other lawful use, information about my/our child and reproductions of my/our child's likeness (photographic or otherwise), whether or not related to any affiliation with 4-H, with or without my/our child's name. I/we hereby waive any right that I/we may have to inspect or approve the copy and/or finished product or products that may be used in connection therewith or the use to which it may be applied.

I CERTIFY that all information in this application is true and complete to the best of my knowledge. I understand the purposes and objectives of the 4-H International Programs and agree to participate within the framework of the program. The signature of the undersigned delegate and parent(s)/legal guardian(s) indicates a complete understanding of and a willingness to abide by the above Travel Release/Authorization, Medical Release, Insurance Agreement, Liability Release, Photo/Media Release, Code of Conduct, and Cancellation Policy listed above

Print delegate's name _____ Date _____

Signature of delegate: _____

Print legal guardian's name: _____ Date: _____

*Signature of legal guardian: _____