



REAL LIFE Academy

Preparing teens for life on their own.

June 25-29, 2018

Salem County Vocational Technical School

For teens who are completing 7th, 8th, 9th grades.

RUTGERS
New Jersey Agricultural
Experiment Station



★ Salem County ★
Vocational Technical School District
SCVTS

Cooperating Agencies: Rutgers, The State University of New Jersey, U.S. Department of Agriculture, and County Boards of Chosen Freeholders. Rutgers Cooperative Extension, a unit of the Rutgers New Jersey Agricultural Experiment Station, is an equal opportunity program provider and employer.

When: June 25-29, 9:00 a.m. - 3:00 p.m.

Where: Salem County Vocational Technical School, 880 Route 45, Woodstown, NJ.

Who: Salem County teens who are completing 7th, 8th, 9th grades.

What: A week-long academy to prepare teens for life away from home. Activities include:

- cooking skills
- financial management
- consumerism skills (grocery store field trip)
- basic nutrition
- basic first aid
- clothing care (sew on a button, iron a shirt, remove a stain)
- basic etiquette
- and more!

Cost: \$100 to cover cost of food and supplies. Lunch and a snack included each day. (Current 4-H members and SCVTS students receive a \$20 discount on registration fee. 8th graders enrolled in SCVTS in the fall also receive the discount.)

Scholarships: A limited number of full and partial scholarships are available thanks to funding from the Salem Health & Wellness Foundation. Participants applying for scholarship money should include a need statement instead of payment. Statements will be kept confidential. Scholarship recipients will be notified by June 8.

How to register: Complete the attached for registration form, Permission Form, and mail a check to "*Salem County 4-H Leaders Association*" to RCE of Salem County, 51 Cheney Rd., Suite 1, Woodstown, NJ 08098.

Registration deadline is June 1. Registration limited to first 24 teens.

The program is being coordinated by the 4-H Youth Development program of Rutgers Cooperative Extension and hosted by the Salem County Vocational Technical School District. Additional support for the program is being provided by the Family and Community Health Sciences Department of Rutgers Cooperative Extension, the Salem County Department of Health & Human Services, and the Salem Health & Wellness Foundation.

REAL LIFE Academy - REGISTRATION FORM

First Name: _____ **Last Name:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Email Address:** _____

School: _____ **Current Grade (Circle One):** 7 8 9

T-shirt size: _____

List any special dietary needs: _____

Registration Fee _____ \$100 Regular registration fee
(Check One): _____ \$80 for current 4-H members, SCVTS students, incoming SCVTS students
_____ Applying for a full scholarship of \$100 (be sure to include need statement)
_____ Applying for a partial scholarship of \$50 (be sure to include need statement)

Please return Registration Form, Youth Permission Form, and a check for registration fee made out to "*Salem County 4-H Leaders Association*" by **June 1** to: Annette Devitt, RCE of Salem County, 51 Cheney Rd., Suite 1, Woodstown, NJ 08098.

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: _____

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: _____

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.

Name of parent/guardian Phone number Name of additional emergency contact Phone number

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 _____

Continued on other side

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

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.**

Revised: January 2013