



# 2009 4-H CAMP & JR. LEADER RETREAT



## -- REGISTRATION FORM --

Due Wednesday May 20, 2009

to Extension Office – 2500 College Drive A-700, Rock Springs, WY 82901

- Only one member per registration form (photocopy or obtain more from the Extension Office.)
- All fees must be paid before attending camp.
- No refunds will be made after the deadline without a medical emergency.
- Bring a sack lunch or eat prior to arriving at camp. This is your lunch on the first day.
- A signed medical form **MUST** be completed and on file in the Extension Office **BEFORE** camp.
- Members planning to ride the bus must reserve a spot.

MEMBER NAME: \_\_\_\_\_ AGE AS OF JAN 1st: \_\_\_\_\_ Gender: M F

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ PARENT'S DAYTIME PHONE: \_\_\_\_\_

<b>4-H CAMP</b> Wednesday, June 17 thru Friday, June 19  Check in -- 1:00 p.m. at Youth Camp (Please do not arrive before 1:00 p.m.) <i>(bring sack lunch or eat prior to arriving)</i>	<input type="checkbox"/> 4-H Camp (by May 26) <span style="float: right;">\$40.00</span>		
	<input type="checkbox"/> Late registration (after May 26)		
	<input type="checkbox"/> I will be riding the bus <u>Bus leaves:</u> 10:00 a.m.- WWCC West Parking Lot		<input type="checkbox"/> yes <input type="checkbox"/> no
	<b>Free shirt if registration is turned in by May 20</b> <b>Circle size</b> --(Adult Sizes) S M L XL XXL		<b>Must be registered by</b> <b>May 20</b>
<b>JUNIOR LEADER RETREAT</b> Tuesday, June 16 thru 1:00 Wednesday, June 17 Check in -- 10:00 a.m. at Youth Camp on Tuesday	I need a ride to Jr Leader Retreat <span style="float: right;">No Charge</span>		<input type="checkbox"/> yes <input type="checkbox"/> no
	Registration Fee		
<b>FAMILY MEAL</b> – Friday June 19 Dinner will begin at 6:30 p.m. Plan to join us for dinner and pick up your campers. <b>Do not</b> include youth who are attending the entire camp in this count.	Number of <b>Adults</b>		\$4.00
	Number of <b>Youth</b> <i>Do not include youth attending          camp here</i>		\$3.00
Paid Amount _____ Check _____ Cash _____			Total Amount _____

<b>ACTIVITIES PERMISSION</b>  This section <b>MUST</b> be completed and signed before members will be allowed to participate in the following activities.	My signature to the right reflects my consent for the member named on this form to participate in the specified activity.	<b>Parent Signature</b>
	<b>Riflery/Archery</b>	

(Emergency information on other side **MUST** be completed)

**EMERGENCY INFORMATION FOR 4-H CAMP**

Camper's Name: \_\_\_\_\_

1. \_\_\_\_\_  
Name of Parent or Guardian

2. \_\_\_\_\_  
Phone(s)

4. \_\_\_\_\_  
Doctor's Name and phone:

3. In case of emergency, call the following numbers. Please list numbers in the order you want them called.

Number	Person to speak to

5. List allergies (including foods, medications, bee stings, dust, etc.) \_\_\_\_\_  
\_\_\_\_\_

6. State any pertinent medical information (chronic illness such as diabetes, epilepsy, fainting. Other items such as bedwetting or sleepwalking):  
\_\_\_\_\_

7. Date of last tetanus immunization received: \_\_\_\_\_

8. Please list any over the counter medication that your child cannot have such as Tylenol, pepto bismal, allrest, etc. \_\_\_\_\_  
\_\_\_\_\_

9. I plan to send the following medications with my child. All medications must be in an original prescription bottle or original bottle in which purchased. Medications must be given to a 4-H leader or Extension Personnel upon arrival at camp, youth will not be allowed to keep them in their cabins.

Special instructions (why you want your child to receive medication): \_\_\_\_\_  
\_\_\_\_\_

Amount of medication to be given: \_\_\_\_\_ Times to be given: \_\_\_\_\_

*I hereby give permission for my child to attend 4-H camp. I hereby give permission for you, in your capacity as nurse in charge of health procedure at the Uinta County 4-H Camp, to provide for medical attention you deem necessary.*

*I hereby authorize University of Wyoming Cooperative Extension -- Uinta County and its faculty members in charge of my child to obtain all necessary medical care for my child in the event that I cannot be reached to authorize it myself. I hereby authorize any licensed physician and / or medical personnel to render necessary medical treatment to my child. Every reasonable attempt will be made to contact you before using this authorization.*

Signature of Parent or Guardian

Date

Does your child have any food allergies or special dietary needs (please list or attach instructions)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**All medications -- including aspirin, allergy, etc. -- must be turned into the camp nurse upon arriving.**

Issued in furtherance of Cooperative Extension work, acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture. Glen Whipple, Director, Cooperative Extension Service, University of Wyoming, Laramie, Wyoming 82071.

Persons seeking admission, employment, or access to programs of the University of Wyoming shall be considered without regard to race, color, religion, sex, national origin, disability, age, political belief, veteran status, sexual orientation, and marital or familial status. Persons with disabilities who require alternative means for communication or program information (Braille, large print, audiotape, etc.) Should contact their local UW CES Office. To file a complaint, write the UW Employment practices/Affirmative Action Office, University of Wyoming, P.O. Box 3434, Laramie, Wyoming 82071-3434.