

2009 NW Region "Fun in the Sun" 4-H Camp



(For ages 8 to 13-Jan 1,
2009)

Mail Check, Health Form and Application to:
4-H Camp
Davies County Extension Office
102 N. Main
Gallatin, Mo. 64640
660-663-3232

BY
May 15, 2009

Check One

- No Preference-session 1, 2, 3
 Session 1 June 2-5, 2009
 Session 2 June 5-8, 2009
 Session 3 June 9-12, 2009

Correct Mailing Address of Camper:

Name _____
(Please print in dark ink or type your name.)
Street or RR _____ Box _____
City _____
Missouri Zip _____

- ◆ Home Telephone Number _____
◆ Mom's Name _____
◆ Mom's Business # _____
◆ Dad's Name _____
◆ Dad's Business # _____

Parent's address (if different from Camper's)

◆ **Fill out Health Form on Back**

2009 CAMP FEE \$95.00

**(Note: Please bring NO MONEY –
Canteen cost & T-shirt included in fee)**

- ◆ Age (Jan.1, 2009) _____
◆ Birthday (mm/dd/yy) _____
◆ 4-H County _____
◆ "Please Circle One" **BOY** or **GIRL**
◆ Years in 4-H _____
◆ Previous Years attended 4-H Camp _____
◆ Name wanted on Name tag. _____

T-Shirt Size (Circle One)

Youth - S M LG XLG
Adult - S M LG XLG
OTHER _____

**If you want to be in the same cabin with
another 4-H camper, list one or two persons
in order of preference:
(4-H camper, not adult or counselor)**

1. _____
2. _____

No refunds after May 22nd, except in cases of serious illness or accident of camper applicant. Cancellations due to serious illness or accident must be made prior to the starting of camp. Those that just don't come will forfeit their fees.

**Crowder State Park
Trenton, Missouri**

The Camp is located 5 miles West and North of Trenton, Missouri. Activities include Swimming, Canoeing, Sports, Crafts and many other group activities. It is a very rewarding experience for 4-H Youths of all ages.

**UNIVERSITY OF MISSOURI 4-H YOUTH DEVELOPMENT PROGRAMS
YOUTH HEALTH STATEMENT AND PARENTAL CONSENT/ACTIVITY/EVENT ACCEPTANCE FORM**

Event _____ Dates of Event _____ Social Security Number _____

Name _____ Age ____ M ____ F ____ Birth date _____ County of Membership _____

Address _____ City _____ State _____ Zip _____ Home # () _____ Work # () _____

Insurance Company Name _____ Group/Policy Number _____

If parent/guardian cannot be reached, list two other people to contact:

Name _____ Relationship _____ Home # () _____ Work # () _____

Name _____ Relationship _____ Home # () _____ Work # () _____

County 4-H YS/YEA _____ Phone # () _____

PARENT/GUARDIAN - PLEASE COMPLETE

1. Will your child be bringing any type of medicine to this event? ____ Yes ____ No If yes, give type and instructions _____

2. Does your child have any allergies? ____ Yes ____ No If yes, explain: _____

3. Describe any special needs (medical, physical, or mental challenges) officials should be aware of in making this program safe and accessible for your child.

Explain: _____

4. Does your child have any special dietary needs? Explain: _____

5. Does your child have any other restrictions or needs, not described above? _____

6. Last tetanus immunization _____ Family doctor _____ Phone #(office) () _____ (home) () _____

7. May your child be given pain relievers (such as Tylenol, Motrin, etc.)? ____ Yes ____ No

If necessary, I do approve of officials taking my child, _____, to the nearest doctor or hospital. I further understand that should a health problem arise, I will be notified, but that if I cannot be reached by telephone, such medical treatment, including surgery, as deemed necessary by competent medical personnel, would be rendered.

I understand if I do not have this health statement and consent form notarized, it could cause delay in the treatment of my child.

4-H ACTIVITY/EVENT ACCEPTANCE

Educational events and activities are coordinated by the University of Missouri 4-H Youth Development Programs. All participants (adult and youth) must observe the following guidelines for conduct:

1. Participate fully in all sessions.
2. Show respect for property and facilities used during the activity and assume financial responsibility for any damage they cause.
3. Observe the established schedule, including being in their own rooms at the announced curfew.
4. Appropriate and courteous behavior is expected. Swearing and obscene gestures are not permitted. All other participants, guests, chaperons, and visitors should be treated with respect and common courtesy. Participants are expected to dress appropriately. Clothing with alcohol or tobacco advertisements or sexual connotations, etc. are prohibited.
5. No alcohol, stimulants, non-prescription drugs or tobacco products will be allowed.

We understand and accept the responsibility for following the above guidelines, and understand that failure to do so will result in dismissal from the event or activity. Further, we accept financial responsibility for damages to property or materials, travel costs, and/or program costs which might result from violation of this agreement. I understand and agree that in consideration of the acceptance of my child in these activities, I release the 4-H, the Curators of the University of Missouri, their respective officers, agents, and/or employees from all liability and loss (including court costs and attorney fees), resulting from any property damage, personal injury and bodily injury, including death, to me or my child, which is caused or claimed to be caused, in whole or part, by the negligent acts or omissions of the 4-H, the Curators of the University of Missouri, their respective officers, agents, and/or employees. I will be bound by all rules and regulations while participating in said events.

Both youth and parent (guardian) must sign this form. If you choose to have this form notarized, the parent/guardian signature must be witnessed by the Notary Public.

Youth's Signature **Date**

Parent/Guardian's Signature **Date**

Notary Public Signature **Date**

PHOTO POLICY

Public Relations are an important part of the Missouri 4-H Program. Photographs are used in various print and electronic media to recognize members for their work and to let others know what is happening in 4-H. Should you prefer that your child not be photographed at 4-H events, we want to work with you to keep his or her photo from being taken. Because there are so many youth involved in the 4-H program, we cannot assure you that your child will not be photographed. We will ask 4-H photographers to honor individual's requests not to be photographed. Please visit with your children about your wishes and encourage them to let photographers know that they request not to be photographed. Should a photo of your child be made and used against your wishes, please let us know so that we will not use it again in the future.

4-H/MU is an Equal Opportunity Institution. For concerns about access or opportunity, contact your local Extension Office or call (573) 882-7430. The University of Missouri – Columbia complies with the guidelines set forth in the Americans with Disabilities Act of 1990. If you have special needs as addressed by the Americans with Disabilities Act and need assistance with this or any portion of the enrollment process, notify us at 573-882-2719. Reasonable efforts will be made to accommodate your special needs.