

4-H CAMP APPLICATION
"Fantastic 4-H"
 JUNE 28, 29 & 30, 2010



WHO CAN GO TO CAMP?

If you are interested in attending 4-H Camp:

1. You must be enrolled in 4-H for the 2009-2010 4-H year as a full-fledged member (not a Cloverbud) in Roosevelt, Valley, Daniels, Sheridan or Richland County.
2. Applicants must be a Junior member at camp time no older than 14 **on October 1, 2010**.

APPLICATION PROCESS:

- 1) Complete the 4-H Camp Application Form
- 2) Due in Richland County Extension Office by June 15, 2010
- 3) Send this application with the registration fee to:
Richland County Extension Office
123 West Main
Sidney MT 59270
- 4) Information regarding camp details (what to bring, where to meet, arrival times, etc.) will be mailed to each camper family after registration and are available on the camp web site.

REGISTRATION FEE:

\$50 Camper \$20 Counselor \$20 Leader \$10 Camp Shirt
 Make checks payable to: **Richland County 4-H Council**

MEMBER INFORMATION:

LOCATION: Pines Youth Camp, Fort Peck, MT. (See map on website)

Name: _____ Address: _____ City: _____ State _____ Zip: _____

Telephone: _____ Email _____ Age (as of today) _____ Male / Female (circle one)

T-SHIRT ORDER:

A souvenir t-shirt will be available for this year's 4-H camp. The t-shirt fee of \$10.00 is in addition to the camp registration fee. Your camp registration and t-shirt fees can all be made with one check. Please check one

YOUTH SIZES

- _____ Medium (10-12)
- _____ Large (14-16)
- _____ X-Large/Adult Small (18)

ADULT SIZES

- _____ Medium
- _____ Large
- _____ X-Large
- _____ XX-Large



CAMP INFORMATION:

What type of recreation do you like? _____

List games you like to play _____

Has your child been away from home overnight before? Yes _____ No _____

Mark any of these supervised activities that will be at camp in which the camper is NOT allowed to participate:

- | | | |
|------------------------|-----------------|--|
| _____ Canoeing | _____ Swimming | _____ Working with concrete (steeping stones) |
| _____ Nature Hikes | _____ Air Rifle | _____ GPS _____ Team Building |
| _____ Challenge Course | _____ Archery | _____ Travel |

NOTE - Camp will be filled on a first-come, first served basis. Each camper accepted to camp will receive a confirmation letter after June 15. It will include more details and a list of what to bring to camp.

Camp web site: www.richland.org/camp

For Office Use

Check# _____	Cash _____	Amount _____	Received By _____	Date Received _____
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CAMP HEALTH AGREEMENT

Family Physician _____ Address _____ Phone _____

Your Insurance Carrier Policy/Group # _____

How may you be contacted in case of an emergency? _____

Person to contact if family can't be contacted _____ Phone _____

Person(s) other than named above, to whom the camp may release the child upon request. _____

Do you have any known allergic reactions (include food, medicine, plants, insects)? _____

Do you have any illnesses requiring medication? _____

Medication _____ Dosage _____ Prescribed by _____

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****All medicines must be sent with the camper and be reported and checked in with the camp nurse****

****If your child is taking behavior modification medicine, please continue medication through camp****

What kinds of situations might cause your child distress? _____

Does your child wear Medic-Alert Tags? Yes _____ No _____ Where? _____

Is your child subject to: (Answer yes or no)

_____ Abdominal Pain _____ Ear or Sinus Trouble _____ Heart Trouble

_____ Asthma _____ Epilepsy _____ Nose Bleeds

_____ Bedwetting _____ Fainting Spells _____ Sleep Walking

_____ Cramps _____ Hay Fever _____ Tonsillitis

_____ Diabetes _____ Headaches Other _____

Describe child's reactions or other information we should know (e.g. Disabilities): _____

Date of your last tetanus shot? _____

List any chronic illness or other condition for which your child needs treatment. (Explain - This is for a physician who might need to treat your child in case of illness or injury or for the insurance company.)

Authorization

I _____ being the parent or legal guardian of _____ affirm that this form is complete and accurate to my knowledge and grant permission for her/him to participate in "Fantastic 4-H" 4-H Camp. I will not hold the sponsoring organization or host facility or their representatives responsible in case of an accident. I give permission for the Camp Nurse or MSU Extension Agent to administer simple medications such as aspirin, Tylenol, Pepto Bismal, cough syrup, etc., to my child. In case of a medical emergency, if I cannot be reached, I give permission for the director of the Camp to contact a physician. If I cannot be reached, I give permission for the attending physician to treat her/him in an emergency situation. I know the plans of the trip, including the dates, who will chaperon the group, the mode of travel, where the group will stay, and the planned activities. My son or daughter **agrees to abide** by the rules of no use or possession of alcohol, drugs, tobacco, cigarettes, knives, guns or any other items that could be considered a weapon. He or she also agrees to abide by the curfew and other rules established. Violations of these rules will result in a parent picking up the 4-H member or financing transportation home immediately.

I AGREE TO THE TERMS ABOVE:

(Signature of Parent or Guardian)

(Mailing Address, City, Zip)

(Signature of 4-H Member)

(Telephone)

(Date)

(Work Telephone)

Camper/Counselor Travel Form
PERMISSION TO TRAVEL BY PERSONALLY OWNED AUTO OR
PERMISSION TO TRAVEL WITH OTHERS

Date: _____

County: _____

Name of Participant: _____

MSU Extension 4H programs schedule a number of activities and events which involve travel by way of motor vehicle. When part of the activity or event, the authorized organizers of these activities and events may coordinate, arrange, and/or provide transportation for 4H participants.

All participants are expected to utilize this transportation, as it is provided, unless written permission from the 4H participant's parent(s) or legal guardian is obtained by use of this form.

MSU Extension 4H recognizes that there are circumstances wherein the 4H participant may be required or chooses to provide his/her own transportation in conjunction with scheduled 4H activities or events. MSU Extension 4H may allow 4H participants to opt out of the transportation provided by the authorized 4H event organizers. In order to opt out of the travel requirements set forth by the authorized 4H activity or event organizers, the participant and parent/legal guardian must authorize and request this alternative to 4H provided transportation by completion of the following:

As a Participant:

I hereby request to be allowed to provide for my own travel to any or all events or activities scheduled by _____. This includes operating my own vehicle, a vehicle provided by another, or traveling with an individual of my choice. By doing so, I understand the risks associated with this travel option and hereby agree to hold harmless, Montana State University, MSU Extension 4H, the State of Montana, 4H leaders, volunteers, officials, sponsors, supervisors or other MSU Extension 4H authorized individuals for any personal injury or claim resulting from my travel to or from any 4H activity or event.

Participant's Signature _____ Date _____

As Parent or Legal Guardian:

I hereby request and authorize my minor child to travel to any or all MSU Extension 4H activities or events organized, scheduled, or arranged by the _____ by traveling with the person of my child's choice or by operating his/her own motor vehicle or a motor vehicle provided by another. In requesting and authorizing travel not arranged or provided by the authorized 4H activity or event organizers or officials, I clearly understand the risks associated with my child's travel and assume all risks thereof. I hereby agree to hold harmless, defend and indemnify Montana State University, MSU Extension 4H, the State of Montana, 4H leaders, volunteers, officials, sponsors, supervisors or other MSU Extension 4H authorized individuals for any personal injury or claim resulting from my child's travel to or from any 4H activity or event.

Parent/Legal Guardian Signature _____ Date _____

Camper/Counselor Photo Form
Consent Form for Photographs of Youth
MSU Extension

To: Name of parent or guardian _____

Name of Program in which child participated _____ *Summer 4-H Camp* _____

Date and Location when photograph was taken _____ *June 28, 29 & 30 4-H Camp* _____

The **MSU Extension Service** would like to use a photograph(s) of your child that was/were taken during this program to potentially use in a press release and other publicity related to this event. We wish to use the photograph(s) for the purposes circled below:

Purpose (circle all that apply) Website Press Release News Story

Other _____

May we use the photograph of your child for these purposes? Yes No

I consent and agree, individually and, as a parent or guardian of the minor named above, to the foregoing terms and provisions. By signing below, I hereby waive any right that I (and a minor) 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 warrant that I am of full legal age and have every right to contract for the minor in the above regard. I have also read and understand the conditions of use listed below.

Signature: _____

Date: _____

Correct spelling of your child's name (in block capital letters) _____

MSU Extension Staff Obtaining this Permission: _____ *Agents involved in Camp* _____

CONDITIONS OF USE:

1. We will not use personal details or full names (first name and last name) of any child in a photograph on our web site.
2. We will not include personal e-mail or postal addresses, telephone or fax numbers on our web site or in other printed publications.
3. We may use the name of the child in accompanying text or a photo caption.
4. We may use group or photographs with very general labels.
5. We will only use images of children in suitable dress, to reduce the risk of inappropriate use of images.