***4-H Camp Registration Form***

July 24-28, 2017 at Camp Susan, Antigo

Due to UW Extension Office by June 15. Grade Level (as of January 1, 2016) \_\_\_\_\_\_\_\_

Early Bird Reg.: Postmarked by May 31. Boy \_\_\_\_\_ Girl \_\_\_\_\_

Name Email

Address City Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4-H Member: Yes or No

I will board the Bus in: \_\_\_\_\_Shawano \_\_\_\_Wittenberg I have \_\_\_ have not \_\_\_\_ attended 4-H Camp before

I would like to have my friend, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ stay the in same cabin with me.

(We will only guarantee first name listed, so make sure you check with your buddy)

Any health information we need to be aware of prior to camp. (You will receive a health form sent prior to camp that must be completed and turned in before boarding the bus)

Circle one race: White Black Am.Indian/Alaskan Hispanic Asian

Circle one ethnicity: Hispanic Non-hispanic

Enclose a check payable to: Shawano Co. 4-H Leaders, Inc**. Cost: Early Bird: $90 member $100 non-member Please Check below if interested:** After June 1st: $100 member $110 non-member

*\_\_\_\_I am in 6th or 7th grade and would like to participate in the 2 hour horseback trail ride. Please enclose an additional $20.*

\_\_\_ *I am in 6th or 7th grade and would like to participate in the overnight camping, including 2 meals on the trail. (no extra fee!)*

**4-H Camper Behavior Agreement Form**

All campers are expected to uphold the name of 4-H in all their actions and follow camp rules as explained on the first day of camp. Campers must participate in all planned activities and behave in ways acceptable to other participants and camp staff. Campers must be responsible for your own property and respect that of others, as well as public property.

I have read and understand the above expectations. If I break this agreement or my conduct is not satisfactory, I understand I may be sent home and my parent/guardian will be responsible for paying all costs incurred by early departure. I understand that I may be asked to forfeit all funds expended upon my behalf during the event.

. Camper’s Signature Date

**Parent Authorization**

I have read the behavior agreement outlined above and discussed with my child. I understand and agree to the conditions set forth. In case of medical emergency I understand that every effort will be made to contact me. In the event I cannot be reached I give my permission and consent to the physician selected by the adult leader in charge, to hospitalize and/or secure proper treatment for my child named above. I do not hold the 4-H staff or the UW-Extension Office responsible for accidents arising out of this program.

I grant the UWEX the right to use, publish and copyright my image (including audio, moving image or photo) for educational purposes, websites and promotion.\_\_\_\_ PLEASE CHECK HERE if you do not wish to allow this.

Parent/Guardian Signature Date

*An EEO/AA employer, University of Wisconsin-Extension provides equal opportunities in employment and programming, including Title IX and ADA requirements. Requests for reasonable accommodations for disabilities or limitations should be made as soon as possible prior to the program or activity for which it is needed so that proper arrangements can be made. Requests are kept confidential.*