

Scioto County 4-H Cloverbud Day Camp
Wednesday, June 18, 2008
Scioto County Fairgrounds



NAME _____ AGE (1/1/07) _____

ADDRESS _____

PHONE _____ GENDER MALE _____ FEMALE _____

PARENT/GUARDIAN NAME _____

4-H CLUB _____

Please complete this section only if you sold 4-H Candy Bars for your club.

Candy Scholarships

For every candy bar sold, you can subtract 25 cents from your camp fee.

Amount of candy bars sold _____ X 25 cents = \$ _____ (Scholarship amount).*

	Camp fee	\$13
--	<u>Scholarship amount</u>	_____
	Total \$ enclosed	_____

*Advisors must verify the amount of candy sold per youth on a Club Member Sales Data form and turn it in to the Extension Office in order for 4-Hers to receive candy scholarships to any camp.

Enclosed is \$ _____ camp fee. (Make check or money order payable to the **Scioto County 4-H Committee**.) Complete and return this form, along with the fee, health form and any notes for special accommodations or situations.

RETURN TO: OSU Extension, Scioto County or Fax: 740-355-8338
Attn: Camp Registration
602 Seventh Street, Courthouse Rm. 7
Portsmouth, Ohio 45662

If you have any questions or concerns, please contact Jo Williams, 740-354-7879, or williams.2213@osu.edu.



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CLOVERBUD DAY CAMP HEALTH/ACTIVITY RELEASE FORM

NAME: _____ AGE: _____

PARENT/GUARDIAN NAME(S): _____

EMERGENCY CONTACT NUMBERS: HOME _____

CELLULAR _____ WORK _____ OTHER _____

Please indicate on the lines below any known medical conditions or allergies that the adults in charge of Cloverbud Day Camp should be made aware of prior to the camp.

Statement of Understanding

By signing this statement for participation in the programs of the Scioto County Cloverbud Day Camp, you acknowledge that certain activities are physically demanding. Therefore, physical fitness will increase an individual’s enjoyment and ability to participate in the activity. If for any reason you question your (or your child’s) ability to participate in the activity, please consult with the instructors prior to participation.

While it is impossible to foresee all possible dangers, some of the specific hazards which might be encountered by participants in our Outdoor Education programs and activities, which includes running and jumping during games, slipping or falling, insect bites, poison ivy, bumps, bruises, cuts, sprains, fractures or other associated injuries and hazards. Most activities are conducted outdoors, in all kinds of weather, so proper dress (and sunscreen) may be essential to avoid undue exposure to the elements.

Course instructors will take every reasonable precaution to minimize exposure to known risks, however, as a participant (or parent/guardian of a participant) you acknowledge the nature of the activity and the fact that not all of the stresses and hazards connected with these activities can be foreseen.

Participants have the personal responsibility to follow the established safety rules and procedures to the extent that they participate in such activities. If at any time a participant has questions about an activity, they have the responsibility to consult with the instructor.

“I recognize that there is a significant element of risk in any adventure, sport, or activity associated with the outdoors. Knowing the inherent risks, dangers and rigors involved in the activities, I certify that my family and I, including any minor children, are fully capable of participating in the activities.”

Signature _____ **Date** _____

(Parent or legal guardian must sign for all persons under 18 years of age)