



2008 4-H CAMP

July 13-17, 2008

Due: July 3rd, 2008

T-SHIRT SIZE



Office Use Only

Date rec'd _____
Cash _____ m.o. _____
Ck# _____

I would like to make reservations for the La Paz/Mohave County 4-H Camp to be held at Pinal 4-H Camp near Williams, AZ. The camp will begin Sunday at 2:00 PM on **July 13th** and end the morning of **Thursday, July 17th**. Total cost will be **\$100.00** for the first member of the family, and **\$90.00** per camper for each additional camper in the same family (ages 9-19).

The total camp registration fee, completed medical release, and this application are **due no later than 5:00 PM by July 3rd**. Make checks payable to the **La Paz County 4-H Council** and mail to La Paz County Cooperative Extension, PO Box 3485, Parker, Arizona 85344, or bring to the office on Mutahar Rd

PLEASE COMPLETE THE FOLLOWING INFORMATION:

CAMPER'S NAME _____ AGE _____ PHONE _____

ADDRESS _____

CITY _____ ZIP _____ BIRTHDAY _____ M/F _____

Email _____ GRADE IN SCHOOL _____

PARENT/GUARDIAN _____ ADDRESS _____

EMERGENCY PHONE NUMBER _____

I pledge my full cooperation as a participant in the 2008 4-H Camp,. My signature indicates that I understand that camp means having a positive attitude, "learning by doing" and fun, and I am to remain within the 4-H Camp boundaries at all times and participate in the planned program.

Unless this box is checked, I grant permission to the University of Arizona, it's certified volunteers to use images of my child (visual, audio, newspaper, and digital) in production and promotion of educational programming.

MEMBER'S SIGNATURE _____ AGE _____ DATE _____

PARENT'S RELEASE STATEMENT: I am willing for _____ to attend the La Paz/Mohave County 4-H Camp. I hereby release the University of Arizona, members of its staff and employees, the 4-H Council and 4-H volunteer leaders, from all liability for injuries, accidents and/or illness of any kind sustained during 4-H Camp, including time of transportation. It is understood that the University of Arizona Staff and Employees and 4-H volunteer leaders will supervise the activities of the 4-H youth during camp. I further understand that any damage to camp or facilities caused by the camper will be the financial responsibility of the parent to repair or replace. I also certify that he/she is physically able to attend camp and has permission to go.

SIGNED AND APPROVED BY _____ **DATE** _____

(Parent or Legal Guardian)

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(OVER)

INFORMATION ON APPLICATION MUST BE FILLED IN COMPLETELY

The following medical information about this 4-H'er is for the purpose of obtaining immediate medical attention necessary and instituting adequate precautions and/or programs to make 4-H Camp a safe and enjoyable experience.

Family Doctor _____ Phone _____

Regular medication required
(Insulin, Antihistamine, etc.)

Type of activities prohibited due to physical limitations

Allergies (Food, drug, insect, etc)

Immunization Dates **(required)**

Measles/Mumps _____

Tetanus _____

Other _____

This certifies that the above named 4-H member is physically able to participate in 4-H activities with the exception of the items listed. In the event of injury or illness to my child, I authorize the Camp Director or Nurse to arrange for necessary and appropriate medical treatment by any doctor licensed to practice medicine in the State of Arizona, and I agree to pay all doctor and hospital bills.

SIGNED AND APPROVED BY _____
(Parent or Legal Guardian)

GUN & ARCHERY SAFETY PROGRAM - The 4-H Camp program includes a gun and archery safety program. This certifies that the above-named 4-H member has my permission and consent to take part in group activities and to handle firearms (pellet gun) and archery equipment under the guidance of a certified adult instructor while the group receives supervised instructions and training at the 4-H Camp.

I understand that any live ammunition used in this course will be furnished by the instructor and that the camper will **NOT bring live ammunition or firearms to camp.**

Participation in the Gun Safety and Archery Program is optional. Please check if you wish your child to participate.

Archery _____ May Participate _____ May Not Participate
Gun Safety _____ May Participate _____ May Not Participate

Date Signature of Parent or Guardian

Persons with a disability may request a reasonable accommodation, such as a sign language interpreter, by contacting our office. Requests should be made as early as possible to allow time to arrange the accommodation.