



# Save The Date!!



Teen leaders that are interested in helping plan camp and who would like to participate as camp counselors please contact your local Extension Agent for more information!

# 2017 Multi-County 4-H Camp 4-H Ultimate Survivor



District 5 Multi-County  
4-H Camp  
**June 24-27**

Darrell E. Fenner 4-H Camp  
Bigfork, Montana 59911



## General Camp Information

### Dates:

Arrive Sunday, June 24, between 2pm and 3pm  
Depart Tuesday, June 27, between 11am and Noon

### Location:

Darrell E. Fenner 4-H Camp  
Bigfork, Montana  
(406) 837-1246

### Fee:

Early Bird (before May 5) \$135.00  
After May 5 and before June 2, 2017 \$145  
After June 2 (based on availability) \$ 155  
Refund: 100% if cancelled by Friday, June 10, 2017.

**Space is limited, register early to reserve your spot!!**

## The 4-H Camp Experience

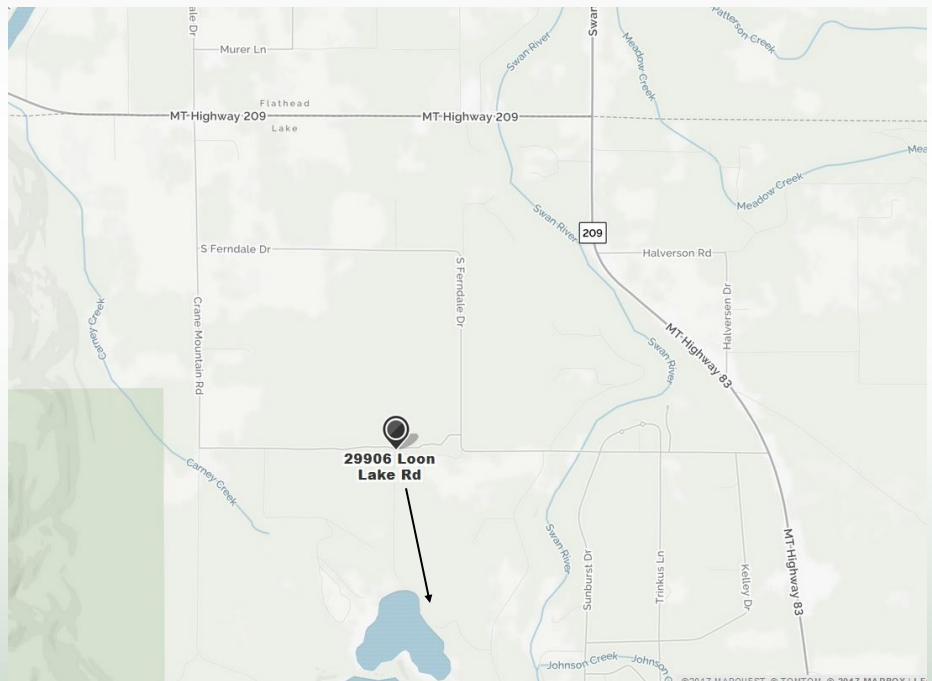
This camp is unique in many ways, campers not only get the opportunity to learn new skills but also improve ones they already have! In addition, campers learn:

- Team Work
- Sharing
- Diversity
- Discovering their Strengths
- Building Self-Confidence
- Communication
- Leadership
- Responsibility

Camp Staff are 4-H Teen Leaders under the guidance of adult 4-H Leaders and 4-H Agents. It is mandatory that all extension offices send one adult chaperone.

Transportation to and from camp is being coordinated. More information will be coming soon.

The U.S. Department of Agriculture (USDA), Montana State University and the Montana State University Extension Service prohibit discrimination in all of their programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital and family status.



Please remit payment, application, and health form to your local 4-H Extension Office prior to June 2, 2017.  
 Beaverhead County 683-3785; Deer Lodge County 563-4000; Granite County 859-3304; Madison/Jefferson County 287-3282; Powell County 846-9791; Silver Bow County 723-0217

# 2017 District 5 Multi-County 4-H Camp Application June 24-27,

Early Bird Registration (before May 5) \$135      Regular Registration (Before June 2) \$145

Late Registration accepted based on availability after June 2 \$155

Name \_\_\_\_\_ County \_\_\_\_\_

I am (check  Camper  Counselor  4-H Leader  Extension  Other

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age at camp: \_\_\_\_\_ Sex:  Female  
 Male

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Parent(s)/Guardian(s) Address: \_\_\_\_\_

Emergency Telephone: (day) \_\_\_\_\_ (evening) \_\_\_\_\_

*All water activities are supervised by a certified Lifeguard. A Swim Test will be administered the first day of camp. Anyone canoeing must wear a life jacket. Archery is under the direct supervision of a certified 4-H Shooting Sports Instructor.*

My child has permission to: Canoe:  Yes  No

Swim:  Yes  No

Archery:  Yes  No

Media Re-  Yes  No lease:

Do you authorize the use of photos or videos of your child at this event? We may like to use photos or videos taken during this event in a press release or other publicity, on a website, or other marketing materials. We will not use personal details, full names, email or postal addresses, phone numbers, or inappropriate images.

Method of Payment: Cash \_\_\_\_\_ Check # \_\_\_\_\_ (payable to your county 4-H)

Application form and fees are due to your local Extension Office by Friday June 2, 2017

# 2017 Multi-County 4-H Camp Health Form

Camper: \_\_\_\_\_ County: \_\_\_\_\_

If parent is unavailable in an emergency, please contact: Name \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

[ Please do not leave any sections blank. Indicate "NA" if Not Applicable]

Any chronic or recurring illness, and treatment, or other condition which may need to be addressed while at camp:

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Dietary modifications and current medications (List allergies—e.g. bees, etc.):

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Specific activities to be restricted are:

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Name of family physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Please check the appropriate box below:

The Camp       Does  Does Not      Have permission to administer non-aspirin pain reliever and/or allergy medicine to my child.

This health history is correct so far as I know and the camper herein described has permission to engage in all camp activities except as noted above. I hereby give permission to the physician selected by the 4-H Camp to order x-rays, routine tests, and treatment for the health of my child and, in the event I cannot be reached in an emergency, to secure proper treatment such as hospitalization, injection, and/or surgery. I have read and understand the 4-H Camp Rules on the application and agree to provide transportation for my child from camp if discipline requires my child to be sent home early.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date