

2019 4-H Camp Registration

July 16-18 at Camp Rotary

Ck# _____
Cash _____
Amount _____
Received By _____
Date Received _____

Name: _____ Club: _____

Address: _____

Name of Parent or Legal Guardian: _____

Phone Number: _____ *Age (as of Oct. 1 of the current 4-H Year): _____

Grade in School (current year): _____ Two friends I would like in my cabin are: _____

Please complete this form and return with payment by **June 15** to:

MSU Extension Office in Teton County

P.O. Box 130, Choteau, MT 59422

After June 15, a \$10 late fee will be charged.

Please make all checks payable to: Teton County 4-H Council

NO REFUNDS AFTER JULY 1

List any additional information that would be helpful: _____

Enclosed is my registration and t-shirt fee (t-shirt purchase is OPTIONAL):

\$50 x _____ = \$ _____	first Teton County 4-H member from family
\$45 x _____ = \$ _____	additional Teton County 4-H members from same family
\$25 x _____ = \$ _____	camp counselor rate
\$20 x _____ = \$ _____	0-8 year old attending with a parent/guardian/adult
\$100 x _____ = \$ _____	non-4-H member
\$12 x _____ = \$ _____	t-shirts (optional)
TOTAL \$ _____	

Please put number of each t-shirt size (IF purchasing):

Children's: ☐ x-small ☐ small ☐ medium ☐ large
Adult's: ☐ small ☐ medium ☐ large ☐ X-large ☐ XX-large

The person picking my child up at camp: _____

Person(s) not permitted to take my child from camp: _____

- Youth younger than 8 by October 1, need to have an adult attending with them. Youth older than 14 (and not serving as counselors) may be interviewed or screened to determine eligibility.
- A letter will be sent to all attendees after registrations are received with further details related to camp. We will also develop a list of those attending camp to assist in carpool arrangements.
- Montana State University Extension encourages persons with disabilities to participate in its programs and activities. If you anticipate needing any type of special accommodations or have questions about the physical access provided, please contact the MSU Extension Office in Teton County at 466-2491 as early as possible in advance of your participation or visit. Ten working days before the program is reasonable.

Complete Medical Release/Health Form for Members & Adults on other side. This MUST be completed for each person attending camp! Please attach a medication list including doses and speak to the camp nurse before camp about any medications your child(ren) are taking. Medications need to be given to the camp nurse upon arrival at camp.

Medical Release Form for 4-H Youth & Adults

PARTICIPANT INFORMATION:

Name: _____ County: _____

Address: _____

Name of Parent or Legal Guardian: (YOUTH ONLY): _____

Primary _____ Physician: _____ Phone: _____

Dentist: _____ Phone: _____

IN CASE OF EMERGENCY:

Primary Contact: _____ Phone: _____

Relationship: _____ City: _____ State: _____

Alternate Contact: _____ Phone: _____

Relationship: _____ City: _____ State: _____

INSURANCE INFORMATION

Name of Insurance Carrier: _____

Policy Holder Name: _____ Policy #: _____

Date of Last:

Tetanus Shot: _____ Polio Shot: _____ Mumps Shot: _____ Measles Shot: _____ Rubella Shot: _____

Medical Information: (check all that apply and explain if necessary)

- | | |
|---|---|
| <input type="checkbox"/> Stomach or Intestinal problems | <input type="checkbox"/> Any allergies to food or plants |
| <input type="checkbox"/> Diabetes or hypoglycemia (low blood sugar) | <input type="checkbox"/> Special diet or food restrictions |
| <input type="checkbox"/> Nervous disorder (convulsions, epilepsy, dizziness, etc) | <input type="checkbox"/> Are you currently under a doctor's care? |
| <input type="checkbox"/> Respiratory problems | <input type="checkbox"/> Are you currently taking medications? |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Are there any physical restrictions or medical problems that may require special considerations? |
| <input type="checkbox"/> Any allergies to medication | |

AUTHORIZATION FOR TREATMENT (YOUTH ONLY)

I, _____ do hereby give permission to _____
PARENT/GUARDIAN Name CHAPERONE Name

to seek and obtain any medical care necessary for my child _____
YOUTH Participant Name

Parent/Guardian Signature _____ Date _____

ALL PARTICIPANTS

To the Best of my knowledge, accurate information has been provided in all areas of this form.

Participant Signature (youth/ adult) _____ Date _____

IF YOUTH: Parent/Guardian Signature _____ Date _____



MONTANA
STATE UNIVERSITY

EXTENSION



Montana 4-H Center
FOR YOUTH DEVELOPMENT

The Montana State University Extension Service is an ADA/EO/AA/Veteran's Preference Employer and Provider of Educational Outreach.