

**CARBON 4-H CAMP APPLICATION
CAMPER
JUNE 10-13, 2014**

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

WHO CAN GO TO CAMP?

To attend 4-H Camp:

1. You must be enrolled in 4-H for the 2013 - 2014 4-H year as a full-fledged member (not a Cloverbud) in Stillwater, Carbon or Yellowstone County.
2. Applicants must be no older than 13 **by the time of camp--June 10.**

APPLICATION PROCESS: 1) Complete the **4-H Camp Application Form**—front AND back— & **Code of Conduct Form (available at office).**

- 2) Due into Carbon County Extension Office by **May 9, 2014**
- 3) 50 campers from our county will be accepted on a first-come, first-served basis.
- 4) Send this application with the registration fee to:

**Carbon County Extension Office
PO Box 230
Joliet, MT 59041**

- 5) Information regarding camp details (what to bring, arrival times, etc.) will be mailed to each camper family after the registration due date.

REGISTRATION FEE: **\$135.00** due **into Carbon County Extension Office by May 9**
Make checks payable to: *Carbon County 4-H Council*

LOCATION: Beartooth Mountain Christian Ranch, Southwest of Columbus, MT

Name: _____ Address: _____

City: _____ Zip: _____ Telephone: _____
Club: _____ Birthday: _____ Boy: _____ Girl: _____

Parent or sibling in the military? If yes, please list Military Branch _____

What type of recreation do you like? _____

List games you like to play _____

List one person you would like to be your roommate _____

Your age as of June 11, 2013 _____

4-H ACTIVITY/HEALTH AGREEMENT

Family Physician _____ Address _____ Phone _____

Your Insurance Carrier _____ Policy/Group # _____

How may you be contacted in case of an emergency? _____

Person to contact if family can't be contacted _____ Phone _____

Person(s) other than named above, to whom the camp may release the child upon request. _____

1. Has your child been away from home overnight before? Yes _____ No _____

2. Mark any of these supervised activities in which the camper is NOT allowed to participate:

____ Horseback Riding ____ Zip-line ____ Workshops ____ Swimming
____ Ropes Course ____ Archery ____ Pellet Guns ____ Climbing wall
____ Backpacking ____ Other _____

Has child had swimming lessons? ____yes ____no

(OVER)

To request disability accommodation or inform us of special dietary or other needs, please contact Roni Baker, Yellowstone County 4-H/Youth Development Agent, PO Box 35021, Billings, MT 59107. Phone: 406-256-2828

3. Does your child have any known allergic reactions (include food, medicine, plants, insects)? _____

4. Does your child have any illnesses requiring medication? _____
Medication _____ Dosage _____ Prescribed by _____
Medication _____ Dosage _____ Prescribed by _____
All medicines must be sent with the camper and be reported and checked in with the camp nurse.
5. What kinds of situations might cause your child distress? _____
6. Does your child wear Medic-Alert Tags? Yes _____ No _____ Where? _____
7. Is your child subject to: (Answer yes or no)
- | | | |
|----------------------|----------------------------|---------------------|
| _____ Abdominal Pain | _____ Ear or Sinus Trouble | _____ Heart Trouble |
| _____ Asthma | _____ Epilepsy | _____ Nose Bleeds |
| _____ Bed wetting | _____ Fainting Spells | _____ Sleep Walking |
| _____ Cramps | _____ Hay Fever | _____ Tonsillitis |
| _____ Diabetes | _____ Headaches | Other _____ |
- Describe child's reactions or other information we should know (e.g., disabilities): _____

8. Date of your last tetanus shot? _____
9. List any chronic illness or other condition for which your child needs treatment. (Explain - This is for a physician who might need to treat your child in case of illness or injury or for the insurance company.) _____

Authorization

I _____ being the parent or legal guardian of _____ affirm that this form is complete and accurate to my knowledge and grant permission for her/him to participate in the Yellowstone/Stillwater/Carbon County 4-H Camp. I will not hold the sponsoring organization or host facility or their representatives responsible in case of an accident.

(Signature of Parent or Guardian) (Mailing Address, City, Zip)

(Signature of 4-H Member) (Telephone)

I give permission for the Camp Nurse/MSU Extension Agent to administer simple medications such as aspirin, Tylenol, Pepto Bismol, cough syrup, etc., to my child if s/he is not allergic to medication. In case of a medical emergency, if I cannot be reached, I give permission for the director of the Camp to contact a physician. If I cannot be reached, I give permission for the attending physician to treat her/him in an emergency situation. I know the plans of the trip, including the dates, who will chaperon the group, the mode of travel, where the group will stay, and the planned activities. My son or daughter **agrees to abide** by the rules of no use or possession of alcohol, drugs, tobacco, cigarettes, knives, guns or any other items that could be considered a weapon. He or she also agrees to abide by the curfew and other rules established. Violations of these rules will result in a parent picking up the 4-H member or financing transportation home immediately.

I AGREE TO THE TERMS ABOVE:

(Signature of Parent or Guardian) (Mailing Address, City, Zip)

(Date) (Work Telephone) (Cell Phone)