



Flathead County 4-H Camp 2016
July 18-July 22, 2016



For those Age 8-12yrs *as of your age on Oct. 1, 2015*
 Must be **at least** 8yrs old and **no older than** 12yrs old *as of Oct. 1, 2015*

Registration, Code of Conduct & Medical Release forms must be returned to the Extension Office
by Tuesday July 5, 2016

Fees: \$110.00 for existing 4-H Members, \$130.00 for all others

Name: _____ M or F Birth Date: _____ Age: _____

Address: _____ City/State: _____

4-H Club: _____ Email: _____

Parent/Guardian(s) Name: _____

Parent/Guardian(s) Phone number: _____

2016 camp t-shirts will be sponsored by CHS

Please mark your T-SHIRT Size? Youth M____ Youth L____ Adult S__ Adult M____ Adult L____

Permission to Swim: Yes _____ No _____ Permission to Canoe: Yes _____ No _____

List any specific activities to be restricted?: _____

Have you ever attended an over-night camp before? Yes _____ No _____

Parents/Guardians: Are there any concerns that you or your child has about attending camp

Yes _____ No _____ If yes, what are they?

My child has permission to engage in all camp activities except those noted above.

Parent/Guardian Signature: _____

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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 Flathead County Extension Office at 758-5553 in advance of your participation or visit.

Office Use Only
Check # _____
Cash: _____



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Flathead County 4-H Camper Code of Conduct

Parent's – please read these to your camper and discuss each point thoroughly. It's very important that we have your support in keeping camp safe for everyone.

1. Fireworks, firearms, illegal drugs, knives (even pocket knives), tobacco and intoxicants of any kind are not permitted in camp. Campers possessing any will be sent home.
2. Respect privacy and personal belongings of all fellow campers. Boys are not permitted in girl's cabins and girls are not allowed in boy's cabins at **any** time. Socializing on cabin porches will be permissible during free time.
3. Respect the camp facilities and natural surroundings. Do not deface or destroy them in any way. **Fines** will be assessed to the **INDIVIDUAL** or to the **CABIN** for damages. Do not write on walls or misuse property. All people residing in a unit are responsible for the protection of that unit and will assume all financial responsibility for any damage.
4. The lake and shore area are off limits to all campers except during scheduled times when the lifeguard is on duty. Always act in a safe manner around the lake.
5. After 10:30 pm no one will be allowed out of their cabins, except to go to the bathroom. If a camper does have to use the bathroom after 10:30, they will be accompanied by a counselor.
6. Always be polite to campers and counselors. Do not put people down or bully them while you're at camp. This goes for siblings as well.
7. Use of objectionable language (swearing) will not be permitted.
8. If a camper is found to be out of compliance with this Code of Conduct, they will be suspended from camp activities with a possibility of being expelled. In the event that a camper is expelled, parents will be called to pick up their child (regardless of the time of day).

I have read the Flathead County Code of Conduct and agree to follow the expectations.

Member's Signature: _____ *Date:* _____

Parent/Guardian Signature: _____ *Date:* _____

Medical Release Form for 4-H Youth & Adults

Participant Information:

Name: _____ County: _____

Address: _____

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

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

In Case of Emergency

Primary Contact: _____ Phone: _____

City: _____ State: _____

Alternate Contact: _____ Phone: _____

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)

Stomach or Intestinal problems _____

Diabetes or hypoglycemia (low blood sugar) _____

Nervous disorder (convulsions, epilepsy, dizziness, ect.) _____

Respiratory problems _____

Heart Disease _____

Any allergies to medication _____

Any allergies to food or plants _____

Special diet or food restrictions _____

Are you currently under a doctor's care? _____

Are you currently taking medications? _____

Are there any physical restrictions or medical problems that may require special considerations? _____

Authorization for Treatment (YOUTH ONLY)

I, _____ do hereby give permission to _____
Parent or 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.

Adult Participant Signature _____ Date _____

OR

Youth Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



MONTANA
STATE UNIVERSITY

EXTENSION



Montana 4-H Center
FOR YOUTH DEVELOPMENT

MEDIA RELEASE FORM

Montana State University Extension

Name of participant: _____

County: _____ 4-H Year: _____ - _____

MSU Extension - 4-H would like to use photos or video of your child during 4-H events or activities to use in press releases and other publicity. The photo or film may be used for the following purposes:

- Website
- Press Release
- News Story
- Marketing Materials
- Other

CONDITIONS OF USE:

1. We will not use personal details or full names (first name and last name) of any child in a photograph on our web site.
2. We will not include personal e-mail or postal addresses or telephone numbers on our web site or in other printed publications.
3. We may use the name of the child in accompanying text or a photo caption.

I DO authorize the use of photos or video of my child at 4-H events or activities.

I DO NOT authorize the use of photos or video of my child at 4-H events or activities.

I have read, consent, and agree, individually and, as a parent or guardian of the minor named above, to the foregoing terms and provisions. I warrant that I am of full legal age and have every right to contract for the minor in the above regard.

Parent or Guardian Signature _____ Date _____

