

2017 4-H Adventure Camp at Loon Lake

Share in the exciting experience of 4-H Camp with your child



Dates: Sept 29-Oct 1 (Friday- Sunday)

Location: Loon Lake 4-H Camp, Bigfork, MT

For: Youth 4-H Age 8-13 and at least one parent or guardian must accompany youth at the camp

Register by: Sept. 13 to Ravalli County MSU Extension Office – space is limited

Cost: \$50 for youth and one guardian, \$25 for each additional youth or adult. Includes six meals, lodging, supplies and activities at camp. Please include dietary restrictions on Medical Release Forms.

Important information:

- Welcome table opens at 5 PM on Friday at the camp and camp ends at 11 AM on Sunday.
- Youth camper must be accompanied by a parent or guardian to the 4-H Family Camp.
- First aid kit is available for use, parent/guardian is responsible for the health and safety of the youth.
- No refunds after September 13.
- Parent or guardians may not have a background check with the 4-H program. All leaders of the camp will be a certified 4-H Montana Leader or MSU Extension Agent.
- To request a disability accommodation or to inform us of special needs, please contact the MSU Extension Office—Ravalli County prior to the event at 406-375-6611.
- Questions? Contact us at Ravalli@montana.edu or 406-375-6611



Send registration, Medical Release Forms and fees to:

MSU Extension—Ravalli County
215 S. 4th Street, Ste G
Hamilton, MT 59840

Registration (Due Sept. 13 with payment and completed Medical Release Form for 4-H Youth & Adults for each participant)

Youth Name: _____ Age: _____ Male _____ Female _____

Youth Name: _____ Age: _____ Male _____ Female _____

Adult Parent/Guardian Name: _____ Male _____ Female _____

Adult Parent/Guardian Name: _____ Male _____ Female _____

Address, City, Zip: _____ County: _____

Phone: _____ Email: _____

Additional Family Members:

Youth Name: _____ Age: _____ Male _____ Female _____

Please check your accommodations:

_____ I'm willing to share an eight bunk cabin with another family of the same gender that I may not know

_____ I'm willing to share an eight bunk cabin with another family, they are: _____

_____ I'll bring my own RV camper, which is self contained. 4-H Camp does not have electricity or septic accommodations.

_____ I'll bring my own tent

_____ My family requires their own cabin.

Code of Conduct

1. Have fun and be safe! Participate in everything! Be on time!
2. Wear your name tag (except when sleeping, swimming or showering)!
3. Be at the dock ONLY when parent/guardian is present!
4. Stay on the premises!
5. Wear appropriate clothing: Swim suit in the lake; appropriate clothes on at all times, hat off in dining room; shoes on when walking outside!
6. Quiet and cabin time is from 10:30 pm to 7:00 am for sleeping and for being good neighbors!
7. No: Pranks! Fireworks! Foul Language! Alcohol! Illegal Drugs! Tobacco of any kind! Items that could cause harm to other campers!
8. Follow the direction of camp leaders!

Media Release

MSU Extension - 4-H would like to use photos or video of the participant 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 participant 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 the applicant at 4-H events or activities.

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

Consent to Participate

Description of Event: RAVALLI COUNTY 4-H CAMP. *This four to five day event held at Darrell Fenner Loon Lake 4-H Camp provides a variety of workshops such as crafts, canoeing, games, dance, campfires, archery, and swimming. Campers sleep in cabins with an adult chaperone and teen camp counselor(s). Transportation to and from camp is provided by school bus.*

Consent: I/we understand the program and activities which are involved, consent to my/our child's participation, and agree to have my/our child abide by all the applicable rules, regulations and directions specified by the adult leader(s). In consideration of my/our child's being permitted to participate in the Ravalli County 4-H Junior Camp, I/we hereby assume all the risks associated with participation and necessary travel. We understand that if we have any questions about this event and its activities, we can secure more information before signing this consent form by calling the MSU/Ravalli County Extension Office, 375-6611. 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.

I agree to follow the Code of Conduct. Date and Signature of Applicants:

I understand that in the event of misconduct, the applicants will be sent home at own expense.

Date and Signature of Parent or Guardian:

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, ect) | <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.

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| <input type="checkbox"/> Nervous disorder (convulsions, epilepsy, dizziness, ect) | <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? |
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