



**Find your treasure at 4-H Camp**

2011



# 4-H CAMP APPLICATION

**“Find your treasure at 4-H Camp”**

**JUNE 20, 21, 22, 2011**

**Boy Scout Camp, Fort Peck**

## **WHO CAN GO TO CAMP?**

If you are interested in attending 4-H Camp:

- 1) You must be enrolled in 4-H for the 2010-2011 4-H year as a full-fledged member (not a Cloverbud) in Roosevelt, Valley, Daniels, Sheridan or Richland County.
- 2) Applicants must be a Junior member at camp time no older than 14 **on October 1, 2011**).

## **APPLICATION PROCESS:**

- 1) Complete the 4-H Camp Application Form
- 2) Due in Richland County Extension Office by **June 1, 2011**
- 3) Send this application with the registration fee to:  
**Richland County Extension Office**  
**123 West Main**  
**Sidney MT 59270**
- 4) Information regarding camp details (what to bring, where to meet, arrival times, etc.) will be mailed to each camper family after registration and are available on the camp web site.

**REGISTRATION FEE:**    **\$60 Camper**            **\$30 Counselor**            **\$30 Leader**  
Make checks payable to: **Richland County 4-H Council**

**MEMBER INFORMATION:**

LOCATION: Boy Scout Camp, Fort Peck, MT. (See map on website)

Name: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Email \_\_\_\_\_

Age (as of today) \_\_\_\_\_ Male / Female (circle one)

**T-SHIRT ORDER:**

A souvenir t-shirt will be available for this year's 4-H camp. The t-shirt is included in the registration fee.

**YOUTH SIZES**

\_\_\_\_\_ Medium (10-12)  
\_\_\_\_\_ Large (14-16)  
\_\_\_\_\_ X-Large/Adult Small (18)

**ADULT SIZES**

\_\_\_\_\_ Medium  
\_\_\_\_\_ Large  
\_\_\_\_\_ X-Large  
\_\_\_\_\_ XX-Large

**CAMP INFORMATION:**

What type of recreation do you like?

\_\_\_\_\_

List games you like to play

\_\_\_\_\_

Has your child been away from home overnight before? Yes \_\_\_\_\_ No \_\_\_\_\_

Mark any of these supervised activities that will be at camp in which the camper is NOT allowed to participate:

\_\_\_\_\_ Canoeing \_\_\_\_\_ Swimming \_\_\_\_\_ Working with concrete (steeping stones)  
\_\_\_\_\_ Nature Hikes \_\_\_\_\_ Air Rifle \_\_\_\_\_ GPS \_\_\_\_\_ Team Building  
\_\_\_\_\_ Challenge Course \_\_\_\_\_ Archery \_\_\_\_\_ Travel

**NOTE** - Camp will be filled on a first-come, first served basis. Each camper accepted to camp will receive a confirmation letter after June 15. It will include more details and a list of what to bring to camp.

Camp web site: [www.richland.org/camp](http://www.richland.org/camp)

**For Office Use**

**Check#** \_\_\_\_\_ **Cash** \_\_\_\_\_ **Amount** \_\_\_\_\_ **Received By** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Received** \_\_\_\_\_

**CAMP 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 to upon request.  
\_\_\_\_\_

Do you have any known allergic reactions (include food, medicine, plants, insects)?  
\_\_\_\_\_

Do you 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.***

***\*If your child is taking behavior modification medicine, please continue medication through camp.***

What kinds of situations might cause your child distress? \_\_\_\_\_

Does your child wear Medic-Alert Tags? Yes \_\_\_\_\_ No \_\_\_\_\_ Where? \_\_\_\_\_

Is your child subject to: (Answer yes or no)

_____ Abdominal Pain	_____ Ear or Sinus Trouble	_____ Heart Trouble
_____ Asthma	_____ Epilepsy	_____ Nose Bleeds
_____ Bedwetting	_____ Fainting Spells	_____ Sleep Walking
_____ Cramps	_____ Hay Fever	_____ Tonsillitis
_____ Diabetes	_____ Headaches	_____ Other _____

Describe child's reactions or other information we should know  
(e.g. Disabilities): \_\_\_\_\_

**Date** of your last tetanus shot? \_\_\_\_\_ (Please list date, do NOT list "current")

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 "Find your Treasure at 4-H Camp". I will not hold the sponsoring organization or host facility or their representatives responsible in case of an accident. I give permission for the Camp Nurse or MSU Extension Agent to administer simple medications such as aspirin, Tylenol, Pepto Bismal, cough syrup, etc., to my child. 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)

\_\_\_\_\_  
(Signature of 4-H Member)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Work Telephone)

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 or family status.

Issued in furtherance of cooperative extension work in agriculture and home economics, acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture, Douglas L. Steele, Vice Provost and Director, Extension Service, Montana State University, Bozeman, MT 59717.

**Camper/Counselor Travel Form**  
**PERMISSION TO TRAVEL BY PERSONALLY OWNED AUTO OR**  
**PERMISSION TO TRAVEL WITH OTHERS**

Date: \_\_\_\_\_

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

Name of Participant: \_\_\_\_\_

MSU Extension 4-H programs schedule a number of activities and events which involve travel by way of motor vehicle. When part of the activity or event, the authorized organizers of these activities and events may coordinate, arrange, and/or provide transportation for 4H participants. All participants are expected to utilize this transportation, as it is provided, unless written permission from the 4-H participant's parent(s) or legal guardian is obtained by use of this form. MSU Extension 4-H recognizes that there are circumstances wherein the 4-H participant may be required or chooses to provide his/her own transportation in conjunction with scheduled 4-H activities or events. MSU Extension 4-H may allow 4-H participants to opt out of the transportation provided by the authorized 4-H event organizers. In order to opt out of the travel requirements set forth by the authorized 4-H activity or event organizers, the participant and parent/legal guardian must authorize and request this alternative to 4-H provided transportation by completion of the following:

**As a Participant:**

I hereby request to be allowed to provide for my own travel to any or all events or activities scheduled by\_\_\_\_\_. This includes operating my own vehicle, a vehicle provided by another, or traveling with an individual of my choice. By doing so, I understand the risks associated with this travel option and hereby agree to hold harmless, Montana State University, MSU Extension 4-H, the State of Montana, 4-H leaders, volunteers, officials, sponsors, supervisors or other MSU Extension 4-H authorized individuals for any personal injury or claim resulting from my travel to or from any 4-H activity or event.

Participant's Signature\_\_\_\_\_

Date\_\_\_\_\_

**As Parent or Legal Guardian:**

I hereby request and authorize my minor child to travel to any or all MSU Extension 4-H activities or events organized, scheduled, or arranged by the \_\_\_\_\_by traveling with the person of my child's choice or by operating his/her own motor vehicle or a motor vehicle provided by another. In requesting and authorizing travel not arranged or provided by the authorized 4-H activity or event organizers or officials, I clearly understand the risks associated with my child's travel and assume all risks thereof. I hereby agree to hold harmless, defend and indemnify Montana State University, MSU Extension 4-H, the State of Montana, 4-H leaders, volunteers, officials, sponsors, supervisors or other MSU Extension 4-H authorized individuals for any personal injury or claim resulting from my child's travel to or from any 4-H activity or event.

Parent/Legal Guardian Signature \_\_\_\_\_

Date\_\_\_\_\_

**Camper/Counselor Photo Form  
Consent Form for Photographs of Youth**

MSU Extension

**To:** Name of parent or guardian \_\_\_\_\_

**Name of Program** in which child participated Summer 4-H Camp

**Date and Location** when photograph was taken June 20, 21, 22 4-H Camp

The **MSU Extension Service** would like to use a photograph(s) of your child that was/were taken during this program to potentially use in a press release and other publicity related to this event. We wish to use the photograph(s) for the purposes circled below:

Purpose (circle all that apply) Website Press Release News Story

Other \_\_\_\_\_

May we use the photograph of your child for these purposes? Yes No

I consent and agree, individually and, as a parent or guardian of the minor named above, to the foregoing terms and provisions. By signing below, I hereby waive any right that I (and a minor) may have to inspect or approve the copy and/or finished product or products that may be used in connection therewith or the use to which it may be applied. I warrant that I am of full legal age and have every right to contract for the minor in the above regard. I have also read and understand the conditions of use listed below.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Correct spelling of your child's name (in block capital letters) \_\_\_\_\_

MSU Extension Staff Obtaining this Permission: Agents involved in Camp

**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, telephone or fax 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.
4. We may use group or photographs with very general labels.
5. We will only use images of children in suitable dress, to reduce the risk of inappropriate use of images.