

4-H CLOVERBUD DAY CAMP APPLICATION

Spring Creek Community Center
Tuesday, June 21, 2016

CK #	_____
Cash	_____
Amount \$	_____
Rec'd By	_____
Date Rec'd	_____

WHO MAY GO TO CAMP? You must be enrolled in 4-H for the 2015 - 2016 4-H year in the 4-H Cloverbud project.

APPLICATION PROCESS:

- 1) Complete the 4-H Cloverbud Day Camp Application Form.
- 2) Due into Stillwater County Extension Office by **Friday, June 17th**.
- 3) Send this application with the registration fee to:
Stillwater County Extension Office
PO Box 807
Columbus, MT 59019

REGISTRATION FEE: **\$20.00 per Cloverbud and \$5.00 per additional person (parent, brother, sister, etc.) due into Stillwater Extension Office by 5:00 pm, on Friday, June 17th.**
Make checks payable to: **4-H Leaders Council.**

LOCATION: Spring Creek Community Center, approximately 8 miles west of Absarokee:
How to get to Spring Creek Community Center: Take Highway 78 into Absarokee. Turn west at the only traffic light in Stillwater County. Go about 8 miles. (If you go onto gravel, you have gone too far!!!!) Turn right on Spring Creek Road and go about 1/2 mile. The community center is on the right.

Name: _____ Address: _____

City: _____ Zip: _____ Telephone: _____

Club: _____ Birthday: _____ Boy _____ Girl _____

Is your parent coming? ___ Yes ___ No Name of family member(s) for nametags: _____

Other names: _____

4-H ACTIVITY/HEALTH AGREEMENT

Family Physician _____ Address _____ Phone _____

Your Insurance Carrier _____ Policy/Group # _____

Best way to contact you in case of an emergency? _____

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

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

1 Mark any of these supervised activities in which the camper is NOT allowed to participate:
__ Relays/races __ Flag Ceremonies __ Workshops __ Games
__ Hikes __ Campfires __ Songs __ Food Preparation
__ Crafts __ Pinatas __ Other _____

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

3 Does your child have any illnesses requiring medication? _____
Medication _____ Dosage _____ Prescribed by _____

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4 What kinds of situations might cause your child distress? _____

5. Does your child wear Medic-Alert Tags? ___ No ___ Yes Where? _____

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

<input type="checkbox"/> Abdominal Pain	<input type="checkbox"/> Ear or Sinus Trouble	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Asthma
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Nose Bleeds	<input type="checkbox"/> Bed wetting	<input type="checkbox"/> Fainting Spells
<input type="checkbox"/> Sleep Walking	<input type="checkbox"/> Cramps	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Tonsillitis
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Headaches	<input type="checkbox"/> Other _____	

Describe child's reactions or other information we should know (e.g., disabilities): _____

7. Date of your last tetanus shot? _____

8. 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 Stillwater County 4-H Cloverbud Day Camp. I will not hold the sponsoring organization or host facility or their representatives responsible in case of an accident. I grant permission for camp nurse/MSU Extension agent to administer simple over-the-counter medications such as ibuprofen (Advil), acetaminophen (Tylenol), Immodium, Benadryl, Dramamine/Bonine, etc., provided my child is not allergic to the medication as stated on this form.

In case of a medical emergency, if I cannot be reached, I give permission for the planners 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 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

Signature of 4-H Member

Telephone

Date

Work Telephone

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