



Idaho County 4-H Day Camp

Wednesday June 29, 2022

Idaho County Fair Grounds, Cottonwood

Return this Registration to the Idaho County Extension Office by June 15th

Name: _____ Age: _____ Grade: _____
(just completed)

Address: _____ Phone: _____

Parent/Guardian: _____ Alt. Phone: _____

Come join the fun at 4-H Day Camp!

You'll have a great time participating in all of the activities from games to T-shirt painting.

Hope you see you there!

Day Camp Schedule

T-Shirt Size: Youth or Adult

12:45 p.m. Check-in at the Fair Grounds

Small

1:00 p.m. Group Activities Begin

Medium

5:00 p.m. Parents pick up 4-H members

Large

X-Large

4-H Member Signature: If I am permitted to attend the Idaho County 4-H Day Camp, I agree to cooperate fully with the camp directors, instructors, camp leaders.

_____/_____
Applicant's signature Date

Parent/Guardian Permission: I hereby grant _____ permission to attend Idaho County 4-H Day Camp. I have completed the health statement on the back of this registration.

_____/_____
Parent/Guardian signature Date

Return this application and health statement (on back of this form) by June 15, 2022 to:
Idaho County Extension Office, 320 West Main Street Rm 3, Grangeville, ID 83530
Or sheckman@idahocounty.org

(Over for Health Statement)

HEALTH STATEMENT

NAME _____ **AGE** _____ **SEX** _____

Please list below any physical condition that the Camp Nurse should know. This information will be kept confidential and used only for the welfare of the participant.

Present medical problems: _____

Medicines taken regularly: _____

Allergies: _____

Special Dietary Requirements: _____

Limitations on physical activity or any condition requiring accommodation: _____

Last Tetanus immunization date _____

My son/daughter has my permission to attend camp and participate in the programs and activities. If any illness develops or accident occurs, medical and or hospital care will be given. You have my permission to request hospitalization and medical or surgical treatment as recommended by the attending physician. I understand that in case of serious illness or injury I will be notified immediately, but if it is impossible to contact me at the phone numbers listed below, I give permission for emergency treatment as recommended by the attending physician.

Name of family doctor

Phone

Signature of Parent or Guardian

Date

Daytime Phone: _____ **Alternate Phone:** _____ **Alternate Phone:** _____