4-H SUMMER DAY CAMP ENROLLMENT FORM 2017
Location: Onslow County Cooperative Extension

Camper Information

Name: _____ Phone: _____

Address: _____

City/State/Zip: _____

Date of Birth: _____ Age: _____

T-Shirt (Youth): S M L XL

(Adult): S M L XL

Health Information:

Please indicate in the space below ANY allegories or health conditions for which your child is currently being treated or from which they chronically suffer i.e., diabetes, heart condition, asthma, or other respiratory problems, seizures, ear infections, nosebleeds, allergies, ADD/ADHA, or any inability that may limit the child from fully participating in program activities.

_____

***Release: Photo release: I agree to allow photographs, video, and/or audio to be taken during 4-H Summer Day Camp which may be used for public information, marketing, exhibition, and educational purpose. _____ (please initial)

***Field Trip: In addition to activities at the Cooperative Extension will also travel to different locations. A field trip registration form, will be made available each week. All campers must have completed form to travel with the 4-H summer camp.

Parent/Guardian/Family Information

Mother's Name: _____

Work Phone: _____ Mobile: _____

Father's Name: _____

Work Phone: _____ Mobile: _____

Other Siblings in the 4-H Summer Day Camp Program: _____

Authorization for Release:

Please list the name and phone number of two (2) people who can be notified if your child needs to be picked up from the program in the event of an emergency and/or some other reason and a parent/guardian cannot be located or contacted.

1) Name: _____
   Phone #: _____

2) Name: _____
   Phone #: _____

Medical Emergency Information:

Hospital Preference: _____

Child's Physician: _____

Child's Dentist: _____

Name of Insurance: _____

In case of medical emergency, I understand every effort will be made to contact one or both parents/guardians and/or those persons listed under the "Authorization for Release" section of the enrollment form. In the event none of the above can be reached, I hereby give permission to the Onslow County Cooperative Extension 4-H to secure proper medical treatment by calling the appropriate persons and/or facility who may hospitalize and/or order injection, anesthesia, or surgery for my child.

Signature: _____ Date: _____