



# 2009 4-H 'DAY CAMP for KIDS' APPLICATION

June 30<sup>th</sup>, July 2<sup>nd</sup>, 7<sup>th</sup> & 9<sup>th</sup>



Application & Fees needed by June 23, 2009 5:00 PM

**ENROLL MY CHILD NAMED BELOW AS "CAMPER" IN THE SUMMER DAY CAMP FOR KIDS  
JUNE 30<sup>th</sup>, July 2<sup>nd</sup>, 7<sup>th</sup> & 9<sup>th</sup> FROM 8:00 AM TO 5:00 PM  
AT THE MOHAVE AGRICULTURE CENTER.**

**\$20 FEE PER CHILD (FOR ALL 4 DAYS): Checks payable to: Mohave County 4-H Leaders' Council Mail or deliver to Mohave County Cooperative Extension, 101 E. Beale Street, Ste. A, Kingman, AZ 86401.**

**CAMPER'S NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  Male  Female

**BIRTH DATE:** \_\_\_\_\_ **SCHOOL & GRADE (Fall 2009):** \_\_\_\_\_

**PARENT'S NAME:** \_\_\_\_\_ **DAYTIME PHONE:** \_\_\_\_\_

**ADDRESS (if different)** \_\_\_\_\_

**ALTERNATE ADULT & PHONE TO CALL IF NEEDED:** \_\_\_\_\_

**RESIDENCE (Circle one number from following two lines below)**

- |                         |                                      |                             |
|-------------------------|--------------------------------------|-----------------------------|
| 1 - Farm                | 2 - Town under 10,000 & open country | 3 - Town/City 10,000-50,000 |
| 4 - Suburbs over 50,000 | 5 - Central City over 50,000         |                             |

**ETHNIC GROUP (optional) Circle one letter from following two lines below:**

- W** - White    **B** - Black/Af. Am    **H** - Hispanic/Latino    **N** - NOT Hisp/Latino  
**I** - Am. Indian/Alaskan Nat.    **A** - Asian    **P** - Nat.Hawaiian/Pacific Islander

**I pledge my full cooperation as a participant in the Day Camp Program. I understand that I must remain within the 4-H Day Camp boundaries at all times and participate in the planned program.**

**DATE:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

(Camper's Signature)

**PARENT'S RELEASE STATEMENT:** I approve the above named youth to attend the 2009 4-H Day Camp. I hereby release the University of Arizona, members of its staff and employees, the 4-H Leaders' Council, and 4-H volunteer leaders, from all liability for injuries, accidents and/or illness of any kind sustained during 4-H Camp, including time of transportation. (It is understood that the University of Arizona Staff and Employees and 4-H volunteer leaders will supervise the activities of the 4-H youth during camp.) I further understand that any damage to camp facilities caused by the camper will be the financial responsibility of the parent or guardian to repair or replace. I also certify that he/she is physically able to attend camp and has permission to participate.

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

(Parent or Legal Guardian)

(Application form continued on second page)

## II Medical Information

**The following medical information about this camper is for the purpose of obtaining immediate medical attention if necessary and instituting adequate precautions and/or programs to make 4-H Camp a safe and enjoyable experience.**

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Regular medication required: \_\_\_\_\_

Types of activities prohibited due to physical limitations: \_\_\_\_\_

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**In the event of injury or illness to my child, I authorize the Camp Instructor to arrange for necessary and appropriate medical treatment by any doctor licensed to practice medicine in the State of Arizona, and I agree to pay all doctor and hospital bills.**

**SIGNED AND APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_**

*(Parent or Legal Guardian)*

### **III Consent for Publicity**

At times Extension and/or media photos and writeups may be made during the Day Camp. These may be printed in the local newspaper or used to describe the Day Camp for local advisory groups or professional meetings. Sign below if you approve your child's photo and/or name used this way:

**SIGNED AND APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_**

*(Parent or Legal Guardian)*

### **IV Other**

\_\_\_ Please send information to me in 2010 about summer day camps

\_\_\_ Please add me to the FCS Extension Quarterly Newsletter

**PARENTS PLEASE NOTE: CHILDREN MAY BE DROPPED OFF AND PICKED UP NO MORE THAN 10 MINUTES PRIOR TO AND FOLLOWING SESSIONS. PLEASE BE PROMPT!**

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**Application & fees should be received by June 23 by 5:00 PM**

**REGISTRATION IS ON A FIRST-COME, FIRST SERVE BASIS**

Persons with a disability may request a reasonable accommodation, such as a sign language interpreter, by contacting Vicki Coombs, Administrative Assistant, (928) 753-3788. Requests should be made as early as possible to allow time to arrange the accommodation.

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