



# Day Camp Registration Form Summer 2023

Program Name \_\_\_\_\_ Program Date \_\_\_\_\_

*Keep original in County Office.*

County: ☐ Hardin ☐ Grundy ☐ Marshall ☐ Tama

## PARTICIPANT INFORMATION

Participant's Name \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Grade Completed \_\_\_\_\_

Current 4-H Club Member ☐ No ☐ Yes

Gender ☐ Boy ☐ Girl ☐ Prefer not to say

Military Family ☐ No ☐ Yes

Race: ☐ American Indian or Alaska Native Only

Hispanic or Latino ☐ No ☐ Yes

☐ Asian Only

Residence ☐ Farm

☐ Black or African American Only

☐ Rural (population under 10,000)

☐ Native Hawaiian or Other Pacific Islander Only

☐ Town (population 10,000-50,000)

☐ Other (race unidentified) or Combination

☐ Suburb or City (population 50,000+)

☐ White Only

## EMERGENCY CONTACT INFORMATION

Person to Contact First

Backup Contact (Relative or Friend)

Name \_\_\_\_\_

Name \_\_\_\_\_

Relation to Participant \_\_\_\_\_

Relation to Participant \_\_\_\_\_

Phone Number \_\_\_\_\_

Phone Number \_\_\_\_\_

## PLEASE LIST ANY ALLERGIES, MEDICAL CONDITIONS, OR SPECIAL CONCERNS

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## TO BE READ AND SIGNED BY PARENT OR GUARDIAN

I understand that my child must be healthy and reasonably fit in order to safely participate in 4-H recreation activities and that I will inform the program leader(s) of any medication, ailment, condition, or injury that may affect his/her ability to participate safely.

## MEDICAL EMERGENCY PARENTAL PERMISSION\*

The health history for my child is correct and complete to my knowledge. If an injury or other medical condition occurs or arises, I hereby give permission to the ISU Extension staff or volunteer to provide routine first aid and seek emergency treatment including x-rays or routine tests. I agree to the release of any record necessary for treatment, referral, billing or insurance purposes. I understand that I am financially responsible for charges to the attending physicians or health care unit. In the event of an emergency where I cannot decide for my child, I give permission to the physician/hospital selected by the ISU Extension staff or volunteer to secure and administer treatment for my child, including hospitalization. \*(If you cannot sign this section of the form for any reason, contact the County Extension Director regarding a legal waiver in order to attend and participate.) \_\_\_\_\_initial \_\_\_\_\_date

## PUBLICITY/IMAGE/VOICE PERMISSION

The Iowa State University Extension 4-H Program normally takes photographs, video, and/or tape recording of our programs. During activities, a photograph or video/audio recording may be taken of you or your child. Unless you request otherwise, your initial below will be considered permission for Iowa State University and the 4-H Program to photograph, film, audio/video tape, record and/or televise your image and/or voice or the image and/or voice of your child for use in any publications or promotional materials, in any medium now known or developed in the future without any restrictions. If you object to ISU using you or your child's image or voice in this manner, please notify the 4-H program leader. \_\_\_\_\_initial \_\_\_\_\_date

OVER

**4-H ASSUMPTION OF RISK AND RELEASE OF LIABILITY (*Please read carefully.*)**

I give permission for my child to participate in the 4-H program. I understand that 4-H club project activities/events may involve certain risks of physical activity and possible injury and that Iowa State University and its 4-H program will provide each participant with reasonable care, but that ISU cannot guarantee that my child will remain free of injury. In addition, some 4-H projects including but not limited to: shooting sports, horse or livestock projects, water activities, and other sporting activities have a higher degree of risk. I nonetheless wish to have my child participate as an Iowa 4-H club member in the 4-H club program and ASSUME the RISK of participating. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS the State of Iowa, the Board of Regents of the State of Iowa, ISU and ISU Extension and their officers, employees and agents (hereinafter the RELEASEES) from any and all claim and/or cause of action arising out of and related to any injury, loss, penalties, damage, settlement, costs or other expenses or liabilities that occur as a result of my child's participation in the 4-H program. This release, however, is not intended to release the above-mentioned RELEASEES from liability arising out of their sole negligence. \_\_\_\_\_initial \_\_\_\_\_date

(Must be signed by the parent or guardian if the participant is under 18 years old)

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Extension and Outreach

... and justice for all

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Issued in furtherance of Cooperative Extension work, Acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture. Cathann Kress, Director, Cooperative Extension Service, Iowa State University of Science and Technology, Ames, Iowa.