

Child Name _____ **Grade** _____

Family Email (used for camp confirmation and reminders after deadline) _____ **4-H Member?** Yes No

Street Address _____ **Parent Cell** _____

City _____ **State** _____ **Zip** _____

Name of Parent(s) or Guardian(s) _____

Emergency Contact Name besides parents listed above & relationship: _____

Emergency Number/Daytime Phone: _____

HEALTH INFORMATION

Allergies or reactions: (Check all that apply.)
 Aspirin Penicillin Dairy Gluten Peanuts Insect bites or stings Ivy/oak/sumac toxins Other (list) _____

Is your child currently on any prescribed or over-the-counter medication? (If so, please record the condition/ailment, name of medication, dosage, time of day, prescribing physician.) _____

Date of last tetanus shot (approximate if necessary): _____

Does your child have any behavioral needs/concerns that we need to be aware of for a positive day camp experience? Please explain.

INSURANCE POLICY INFORMATION

I understand that ISU Extension and Outreach purchases a primary accident insurance policy to cover ISU Extension participants during authorized group events and activities. I understand that I (parent or guardian) am responsible for any medical expenses that are excluded from the policy or exceed the policy limits. _____ initial _____ date

TO BE READ AND SIGNED BY PARTICIPANT (Youth)—BEHAVIOR EXPECTATIONS OF THE PARTICIPANT

It is important to follow the directions of the Clover University leader(s) at all times. I understand that as a Clover University participant, I will help make the activity safe for everyone and will be respectful of everyone. I also understand the danger of not following rules and directions and agree to follow them.

Participant Signature _____ **Date** _____

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 camp 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.

Parent Signature _____ **Date** _____

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 and Outreach staff or volunteer to provide routine health care 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 and hereby guarantee full payment to the attending physicians or health care unit (other than those covered by an ISU Extension accident insurance plan). 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 Staff regarding a legal waiver in order to attend and participate.)

_____ initial _____ date

PUBLICITY/IMAGE/VOICE PERMISSION

The Iowa State University Extension 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 summer camp 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 program leader.

_____ initial _____ date

ISU EXTENSION AND OUTREACH ASSUMPTION OF RISK AND RELEASE OF LIABILITY (Please read carefully.)

I give permission for my child to participate in the ISU Extension Summer Camp(s) program. I understand that activities/events may involve certain risks of physical activity and possible injury and that Iowa State University and its summer camp program will provide each participant with reasonable care, but that ISU cannot guarantee that my child will remain free of injury. In addition, some activities including but not limited to: water activities and other sporting activities have a higher degree of risk. I nonetheless wish to have my child participate in the ISU Extension and Outreach 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 program. This release, however, is not intended to release the above-mentioned RELEASEES from liability arising out of their sole negligence.

Parent or Guardian Signature _____ **Date** _____

Please Complete for Farm Safety Day Registration:

Progressive Agriculture Safety Day 2017 Release and Consent Form

1) I give my permission for the child listed below to attend the Progressive Agriculture Safety Day. I understand that one of the purposes of the Progressive Agriculture Safety Day is to teach participants to stay safe around farm sites, farm equipment, and farm animals. During the Safety Day, safety barriers will be in place, safety rules will be enforced, and participants will be closely supervised by Safety Day instructors and group leaders. However, I acknowledge that there is the possibility of accidents. I release the coordinators, instructors, volunteers, sponsors, the Progressive Agriculture Foundation, and the Progressive Agriculture Safety Day program from all claims, in the event of injury to my child, unless the injury is the result of gross negligence or willful misconduct on the part of these parties.

2) First aid will be available at the Safety Day and medical and/or hospital care will be provided in case of serious illness or injury. I understand that if serious illness or injury occurs the emergency contact(s) listed below will be notified. If it is impossible to reach the emergency contact(s), I give permission for emergency treatment as recommended by the attending physician.

3) I give my permission for photographs, audio, and video to be taken of my child while engaged in Safety Day activities and for these images to be used to promote safety in the media, social media, on websites, and in promotional materials.

4) I understand that my child might be asked to complete a written knowledge test before and after the Safety Day to help evaluate the effectiveness of the Progressive Agriculture Safety Day program. Participation is voluntary, and my child may choose not to participate. I give permission for my child to participate in these evaluations.

I have read and agree to the above information. [Note: If you do not give permission for all or part of items 2, 3, or 4 simply mark through and initial the statement(s) that you do not agree to. However, if you do not agree to item 1, your child cannot attend the safety day.]

Parent/Guardian Signature: _____
Date _____

Camp Selection Below

Please check the box next to which camp(s) your child will be attending:

CHILD NAME: _____

Farm Safety Day—Kindergarten-3rd grade (\$10)
If attending, please sign & return the additional consent form from the sponsor, Progressive Agriculture Foundation on the other half of this sheet fold out sheet.

___ Washington Co Fairgrounds (June 1)

Babysitting Basics Course—5th grade and older (\$30)
___ June 5-June 9 _____ July 31-August 4

“Welcome to the Jungle” - Completed 1 year of preschool minimum (\$10)
___ Wellman (June 21 a.m.) _____ Riverside (June 21 p.m.)
___ Kalona (June 22 a.m.) _____ Marr Park (June 22 p.m.)

“Buzzers, Beeps, and Alarms” - 4th-6th grade (\$20)
___ Washington Fairgrounds (June 28)

“Ramp up with Robotics”—4th-6th grade (\$70)
___ Washington Fairgrounds (June 12-14)

“Recycled Racers” - 2nd & 3rd grade (\$20)
___ Kalona (June 12)

“Kids in the Kitchen” - 2nd & 3rd grade (\$20)
___ Washington Fairgrounds (June 21)

“Classifying Creatures” - Kindergarten-1st grade (\$20)
___ Marr Park (June 7)

“Bubble Mania” - Kindergarten-1st grade (\$20)
___ Marr Park (June 15) _____ Kalona (June 16) _____ Riverside (June 19)

“CSI & Spy” - 2nd-3rd grade (\$20)
___ Riverside (June 7) _____ Marr Park (June 8) _____ Kalona (June 9)

TOTAL DUE \$ _____

SCHOLARSHIPS ARE AVAILABLE UPON REQUEST.