



SUMMER DISCOVERY DAY CAMPS



REGISTRATION

Please go to extension.iastate.edu/blackhawk/summer-programs or submit this form and payment to the Black Hawk County Extension and Outreach office at 3420 University Avenue, Suite B, Waterloo, Iowa 50701. **4-H membership is not required.**

Youth Name: _____ **Grade Completed:** K 1 2 3 4 5

Parent/Guardian Name: _____ **Phone #:** _____

Address: _____ **Email:** _____

K—2nd Camps

- June 18th: Dig Those Dinosaurs
- July 11th: Fizz, Bubble, Goo
- July 25th: Chef for a Day
- August 8th: Art Explosion

3rd—5th Camps

- June 11th: Zombie Survival
- July 9th: Wizarding World Of
- July 22nd: Candy Company
- August 1st: Art Around the World

Is the youth currently a member of 4-H or Clover Kids? YES NO

If yes, stop here. If no, the following questions are voluntary.

Ethnicity:

Hispanic/ Latino Non-Hispanic/Latino **Gender** _____

Race:

- White
- Black or African American
- American Indian or Alaskan Native
- Asian
- Native Hawaiian/ Pacific Islander
- Other

Residence:

- Farm
- Rural (population under 10,000)
- Town (population 10,000-50,000)
- Suburb (population (over 50,000)
- City (population over 50,000)

The fees for service will be used to offset direct expenses and to support the 4-H Youth Development County Extension Program.

Cost: \$15.00 per camp (non-refundable)

TOTAL ENCLOSED: _____



This institution is an equal opportunity provider. For the full non-discrimination statement or accommodation inquiries, go to www.extension.iastate.edu/diversity/ext.

Medical Information

Child's Birthdate: _____

Child's Doctor's Name: _____ Phone #: _____

Child's Dentist's Name: _____ Phone #: _____

Please list and describe any special needs, allergies, and/or medications that we need to be aware of:_____

Emergency Contacts

Emergency Contact Name: _____

Relationship to Child: _____ Phone #: _____

Second Emergency Contact Name: _____

Relationship to Child: _____ Phone #: _____

Insurance Information

The named camper is covered by health insurance (**Circle One**): YES* NO**

*If yes, provide the following information which is required by Iowa State University to expedite treatment and to facilitate the billing process.

Insurance Company Name:

** If no, initial this line stating that you do not have health insurance and are aware that Iowa State University/ University Extension/ 4-H does not carry any health insurance for you.I understand that my child must be healthy in order to safely participate in 4-H recreation activities, and that I will inform the program leader of any medication, ailment, condition, or injury that may affect his/her ability to participate safely. (**Initial this line**) _____

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 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. 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 for any reason, contact the County Extension office for a participation waiver.**)

Signature: _____ Date: _____

4-H ASSUMPTION OF RISK AND RELEASE OF LIABILITY (Please read carefully) I give permission for my child, (listed above), to participate in the 4-H program. I understand that 4-H 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 none-the less wish to have my child participate in the 4-H 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.

Signature: _____ Date: _____

PUBLICITY/IMAGE/VOICE PERMISSION During this program, the Iowa State University Extension 4-H Program may take photographs, video, and/or tape recording of your child participating in the program. Initialing below gives us permission to use media of your child 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 adult leader.

Signature: _____ Date: _____