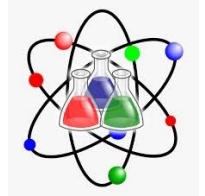


# "FUN-DAMENTAL SCIENCE"

Day Camp for Kindergarten-Second Graders (completed grade as of May 2021)

**Tuesday, July 13th, 2021 9 AM - 3 PM**

*Bring a sack lunch. Beverages and snacks will be provided.*



At Fun-damental Science Camp there will be lots of fun, hands-on activities that teach the basics of science. We'll explore bubbles, potions, light and more. Join us as we explore chemical reactions, learn about famous scientists, and discover the "fun" in science through exploration and experimentation.

*Parents -- All activities are carried out in a safe and clean environment! Please have your child wear appropriate clothing!*

## "Fun-damental Science" Registration K-2

Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Ethnicity (circle one) White Black Hispanic Asian  
American Indian/Alaskan

Where you live (circle one) Farm Acreage Town

Cost: \$15.00 (non-refundable) Limit 20 kids

Complete the **front and back** of this form by **June 30th** and mail with camp fee payable to:

Butler County Extension  
320 N. Main Street  
Allison, IA 50602

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

## EMERGENCY MEDICAL INFORMATION

First Contact Name: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_

Doctor Office Number: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_

Dentist Office Number : \_\_\_\_\_

Please list any allergies or conditions your child has:

\_\_\_\_\_

\_\_\_\_\_

Medication Needed \_\_\_\_\_

\*\*\*Over Please\*\*\*



IOWA STATE UNIVERSITY  
Extension and Outreach

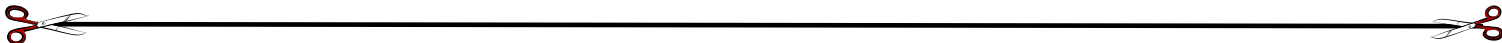
Butler County ISU Extension and Outreach | 319-267-2707 | OFFICE HOURS: Monday - Friday 8:00am - 4:30pm

PO Box 368 320 N Main St. Allison, IA 50602

LEARN MORE AT <http://www.extension.iastate.edu/butler/4h>

# We can't wait to see you at the 4-H Day Camp!

Day Camp will be held at the Butler County Fairgrounds  
101 S Main St., Allison



## INSURANCE POLICY INFORMATION

The named camper is covered by health insurance:

(Circle one)                      Yes\*\*                      No\*

\* 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.

\*\* 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

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.

**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.)

\_\_\_\_\_ initial                      \_\_\_\_\_ 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.

\_\_\_\_\_ initial                      \_\_\_\_\_ date

## 4-H ASSUMPTION OF RISK AND RELEASE OF LIABILITY

*(Please read carefully.)* I give permission for my child, (listed on the front page), 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 nonetheless 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.

\_\_\_\_\_ Parent Signature

\_\_\_\_\_ date

