STEM Camps
Join us for a fun-filled week of exploring the Science and Technology behind some of the most exciting careers.

Bring a sack lunch and drink.

July 8- Animal Science
Put yourself in the shoes of a veterinarian for a day. Explore animals inside and out. Learn animal health, behaviors, and emergency care. With a veterinarian special guest.

July 9- Food Science
There is a lot more behind food than just eating. Join us as we play with food making cheese, electricity, and explosions. Bring an empty 2 liter pop bottle.

July 10- Robotics
An introduction to LEGO Robotics. Come build a robot, learn about sensors and practice basic programming.

July 11- Physics
Physics is the study of how things move. Join us as we build, test, and explore matter and its movement. We have a large variety of projects including catapults, boats, egg drops, and more.

July 12- Renewable Energy
Energy exists everywhere and renewable sources like the sun, wind, water, and heat from the ground are continuously there. Create projects exploring these energy options. Join us in a hands-on project in the community.

Registration Form
To enroll in any of these camps complete the front and back of this form and return with camp fee at least one week prior to camp.

Child’s Name
_________________________________________

Grade Just Completed _______

Gender _______

Parent’s Name
_________________________________________

Address
_________________________________________

City, State, Zip
_________________________________________

Home Phone
_________________________________________

Work or cell phone
_________________________________________

Ethnicity (circle one)
White  Asian  Hispanic  Black  American Indian

<table>
<thead>
<tr>
<th>CAMP</th>
<th>DATE</th>
<th>FEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Animal Science</td>
<td>7/8</td>
<td>$15</td>
</tr>
<tr>
<td>Food Science</td>
<td>7/9</td>
<td>$15</td>
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<tr>
<td>Robotics</td>
<td>7/10</td>
<td>$15</td>
</tr>
<tr>
<td>Physics</td>
<td>7/11</td>
<td>$15</td>
</tr>
<tr>
<td>Renewable Energy</td>
<td>7/12</td>
<td>$15</td>
</tr>
<tr>
<td>All week</td>
<td>7/8-7/12</td>
<td>$50</td>
</tr>
</tbody>
</table>

Make checks payable to: Clayton County Extension
Return to: Clayton County Extension
P.O. Box 357 • 120 S. Main St
Elkader, IA 52043

Deadline: July 1, 2013

Emergency Medical Information

First Contact Name:
_________________________________________

Relationship to Participant: __________________

Daytime Phone: ___________________________

Cell Phone: _______________________________

E-mail: ___________________________________

Backup Contact Name:
_________________________________________

Relationship to Participant: __________________

Daytime Phone: ___________________________

Cell Phone: _______________________________

E-mail: ___________________________________

Name of Doctor:
_________________________________________

Doctor Office Number: ______________________

Name of Dentist:
_________________________________________

Dentist Office Number: _____________________

Please list any allergies, conditions, or food sensitivities your child has:
_________________________________________

_________________________________________

My child will: (please indicate choice)
_____ walk/ride bike home
_____ ride home with: ______________________
_____ I will pick my child up

COMPLETE FRONT AND BACK
Insurance Policy Information

____ 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 health insurance for you.

____ 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

4-H Assumption of Risk & Release of Liability:

(Please read carefully.)

I give permission for my child (listed on the registration) to participate in the 4-H program. I understand that 4-H 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.

_________________________ Initial ________________ Date

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 give us permission to use media of your child in any publication or promotional materials, in any medium now known or developed in the future without restrictions. If you object to ISU using your or your child’s image or voice in this manner, please notify the adult leader.

_________________________ Initial ________________ Date

Clayton County 4th-8th Grade STEM CAMPS

Food Science

Animal Science

Robotics

Physics

Renewable Energy

Camps are open to boys and girls ages 4-18.

Freedom Bank Community Room

Elkader • July 8-12 • 9am-3pm