

Iowa State University Extension 4-H Summer Camps 2017

Name of Children: 1. \_\_\_\_\_ Age: \_\_\_\_\_ B-day: \_\_\_\_\_ Grade: \_\_\_\_\_
Involved program 2. \_\_\_\_\_ Age: \_\_\_\_\_ B-day: \_\_\_\_\_ Grade: \_\_\_\_\_
3. \_\_\_\_\_ Age: \_\_\_\_\_ B-day: \_\_\_\_\_ Grade: \_\_\_\_\_
4. \_\_\_\_\_ Age: \_\_\_\_\_ B-day: \_\_\_\_\_ Grade: \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Current School(s) attending: \_\_\_\_\_ Family Email: \_\_\_\_\_

My student(s) have permission to attend any of the activities associated with the Iowa State University 4-H program in which he/she is registered to attend. In case of emergency the staff/volunteers have the right to seek treatment for my child if necessary.

Parent/Guardian Signature \_\_\_\_\_

MEDICAL EMERGENCY CONTACT INFORMATION

Person to Contact First Backup Contact (Relative or Friend)
Name \_\_\_\_\_
Daytime Phone \_\_\_\_\_
Evening Phone \_\_\_\_\_
Name of Family Doctor /Office Number \_\_\_\_\_
Name of Dentist /Office Number \_\_\_\_\_

INSURANCE POLICY INFORMATION

The above-named participant(s) is covered by health insurance. 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.
Policy Holder's (P.H.) Name/Birth \_\_\_\_\_
Address \_\_\_\_\_ Relation to Participant \_\_\_\_\_
City, State, Zip \_\_\_\_\_ Occupation \_\_\_\_\_
P.H.'s Employer's Name/Address \_\_\_\_\_
Insurance Company Name \_\_\_\_\_
Policy # Plan # \_\_\_\_\_

Health Information (Please Print)

Does the child(ren) have any health conditions or allergies? If so please list for each child.

Child 1 \_\_\_\_\_

Child 2 \_\_\_\_\_

Child 3 \_\_\_\_\_

Child 4 \_\_\_\_\_

### Picture Permission

I give permission for my child(ren) to be photographed for purposes of promoting and sharing the activities they participate in with ISUEO and Midtown Family Community Center.

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Parent/Guardian Signature

Date

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

I give permission for to participate in the 4-H event/activity. 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. I nonetheless wish to have my child participate in the 4-H activity/event 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.

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Parent/Guardian Signature

Date

Please check which camps your child will attend:

\_\_\_\_\_ Babysitting Basics-June 1 – June 2 Cost: \$40 (2 days)

\_\_\_\_\_ Cooking Fun—August 7-11 Cost: \$90 (5 days)

\_\_\_\_\_ Make It and Take It Fun—August 14-18 Cost: \$90 (5 days)

All camps held at Midtown Center, 525 14<sup>th</sup> Street, SC 51105



IOWA STATE UNIVERSITY  
Extension and Outreach