

Fergus/Petroleum County 4-H Camps Registration form

Please include the appropriate registration fee(s) with this form

***Please return registration forms to the Extension Office, 712 West Main, Lewistown, MT 59457

Please check the camp(s) you are registering for—one form per child please

_____ **Sr. Camp** (May 31– June 2) Reg. due May 15, fee \$30

_____ **Tween Trip** June 12-14, Reg. due June 1, fee \$125

_____ **Cloverbud Day Camp** June 6, Reg. due June 1, fee \$5

_____ **Junior Camp** (June 26-28) Reg. due June 11, fee \$35

Name _____ Birth Date _____ Current Age _____

Mailing Address _____ Town _____ MT Zip _____

Gender: M / F Home Phone _____ Parents work number _____

Parents Name _____ 4-H Club _____

Would your parent(s) be willing to be a chaperone if needed? Father _____ Mother _____

Code of Conduct

I will conduct myself in a polite and positive manner at all times, with fellow campers, chaperones and guest speakers. I will be respectful of the facilities that are used to house camp. I will not associate with firearms, tobacco, illegal drugs or alcohol. I will stay with the group at all times and in our designated areas unless I receive special permission from a chaperone. I understand that after lights out I am not allowed in the sleeping quarters of the opposite sex. I understand the violation of these rules can result in dismissal from camp and my parents would be responsible for my transportation home.

Members signature _____ Date _____

Parents signature _____ Date _____

Camp Health Form

Emergency Contact if Parent can not be reached _____

Relationship _____ Home Phone _____ Work Phone _____ Cell Phone _____

Family Doctor _____ Doctors Phone _____

Existing Medical Conditions _____

Allergies _____

Medications _____

Date of last tetanus shot _____

I give permission for the camp nurse to administer simple medications such as Tylenol, Pepto Bismal or cold medications to my child. ___yes ___no

I give permission to the camp nurse, local EMS personal and local hospital personal to administer emergency care and/or surgery if the need arises.

Parents signature _____ Date _____

Home Phone _____ Work Phone _____ Cell Phone _____