

# Campbell County 4-H Camp Registration

## June 24 – 27, 2019

Return registration form & medical release by *Friday, May 31<sup>st</sup>*  
*NO Late forms accepted*

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

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

Your 4-H Club: \_\_\_\_\_

4-H age (As of Jan 1): \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

How many years have you been in 4-H: \_\_\_\_\_

Have you attended 4-H camp before: \_\_\_\_\_

Name of Chaperone: \_\_\_\_\_

(every club is responsible for male and female chaperones for their members)

4-H Camp - \$70.00 – please pay your club, then clubs pay the 4-H Council

Bus - Bussing will be available both to camp and back home

*See information sheet for arrival & pick-up information*

Riding Bus to Camp: Yes \_\_\_\_\_ No \_\_\_\_\_

Riding Bus home from Camp: Yes \_\_\_\_\_ No \_\_\_\_\_

Total owed to Club: \_\_\_\_\_

*\*registered campers who do not attend camp must still pay!*

*The University of Wyoming is an equal opportunity/affirmative action institution.*



# UNIVERSITY OF WYOMING EXTENSION

Campbell County Office  
412 South Gillette Ave.  
Gillette, WY 82716  
(307) 682-7281 • fax (307) 686-8530

## Parent Release Statement:

I am willing for \_\_\_\_\_ to attend the Campbell County 4-H Camp. I hereby release the University of Wyoming staff, Campbell County 4-H Council and 4-H Volunteers of all liability for injuries, accidents and / or illness of any kind sustained during 4-H camp, including time of transportation. I also certify that my child is physically able to make this trip, attend camp and has my permission to do so. Photos of 4-H campers may be used for promotional purposes. 4-H Members must act in accordance with the Campbell County 4-H Code of Conduct. Members in violation of the Code of Conduct will be sent home. In the event of injury or illness to my child, I authorize Camp Personnel to arrange for necessary and appropriate medical treatment by any licensed medical facility.

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

Date: \_\_\_\_\_

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# Campbell County 4-H Camp Authorization for Medical Care and Treatment

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

If unavailable, contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Conditions:

Medications: (include medication & dosage)

Allergies: (foods, medicines, nature- symptoms & medications acceptable)

Restrictions:

Additional Information:

Campbell County 4-H Staff and Medical Volunteers have the permission to give the following checked medications:

_____ Acetaminophen	_____ Aloe Gel	_____ Antacid
_____ Antibiotic Lotion	_____ Benedryl	_____ Bug Spray
_____ Calamine	_____ Claritin	_____ Eye Irrigation
_____ First Aid Spray	_____ Hydrocortisone Cream	_____ Ibuprofen
_____ Pepto Bismal	_____ Sunscreen	

Authorization and Release

In the event of an emergency, illness, or injury where medical treatment is required, I authorize the person in charge to obtain the services of a licensed medical professional or to seek care at the nearest medical facility. If an ambulance is required, the emergency numbers given will be used after 911 is contacted.

I understand that it is my responsibility to provide updates of health status, any changes in health conditions or medicinal needs prior to events in which this youth participates. I also authorize each of the following:

- The health history and medical information I have provided is correct. I understand it is my responsibility to provide updated medical information throughout the program year and prior to any event/activities.
- The youth identified has my permission to engage in all program activities.
- If an injury or other medical condition occurs or arises, I grant permission for medical treatment to be obtained and authorize the physician and/or the other medical staff to employ such diagnostic procedures and medical treatment as deemed necessary.
- I authorize the release of any medical records necessary for treatment, referral, billing or insurance purposes.
- I give permission for this entire form to be photocopied.
- I understand that I am financially responsible for any and all charges for any medical attention.

I agree that all activities and use of all facilities relating to participation in 4-H activities shall be undertaken at the sole risk of the youth/family. The University of Wyoming and Campbell County, their officers, trustees, representatives, agents, employees, volunteer leaders and youth of any 4-H programs/events or the premises where the programs/events occur. I do hereby release discharge, and hold harmless the University of Wyoming, Campbell County, their officers, trustees, representatives, agents, employees, volunteer leaders and youth of the 4-H program from all such claims, demands, injuries, damage to person or property, actions or causes of action, including but not limited to all acts of active or passive negligence on the part of the University of Wyoming, Campbell County, any 4-H program, their servants, agents, or employees.

**I have read, understand and agree to the terms and conditions of this release.  
By signing, I am also indicating this was done freely and without inducement.**

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Parent / Guardian Name (printed) Date

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Parent / Guardian Signature