



4-H Adventure Day Camp June 3, 2022



WHERE: Neligh Park Log Cabin, West Point
WHEN: June 3, 2022
7:45-8:00 a.m. Camper Check-in
8:00 – 3:30 p.m. Camp

WHAT: Be prepared to have fun....
• Wear clothes that can get dirty
• Old tennis shoes

Bring:
• Bug Spray / Sunscreen
• Water bottle
• Extra set of clothes
• Life jacket

COST: \$40.00 per camper

AGES: Youth ages 8 – 11 years as of January 1

Return this completed form and \$40.00 per camper **by May 27** to:

Nebraska Extension in Cuming County, 200 S Lincoln, Room 50, West Point, NE 68788

Make checks payable to: University of Nebraska-Lincoln

Camper Name: _____ 4-H Age as of January 1: _____

Junior Leader or Adult Volunteering: _____

Mailing Address: _____ City, State, Zip _____

Phone #: _____ Emergency Phone #: _____

Parent/Guardian Name: _____

E-mail Address: _____

4-H Club: _____ T-shirt size: _____

Allergies/Health/Food Restrictions/photo: **See back side to read, complete and sign authorization**

I want to be grouped with (one name only): _____

*Note, accommodations can be made if you need to pick up your child/children after 4:00 p.m. but no later than 4:30 p.m. Please indicate if you will need to pick up after 4:00 p.m. _____

Permission to Treat, Participate and Release of Claims

The Nebraska Extension staff and volunteers for Adventure Day Camp will do all within their power to ensure the safety of your child during the day camp activities. To help ensure a successful 4-H experience, it is vital that we know about our participants' unique needs or special concerns. Please list below anything that will better help us understand your child. List any activity restrictions, adaptations, special learning considerations or other relevant experiences on an attached sheet of paper.

Medications: All medications must be given to the Nebraska Extension staff at day camp in its original container with written directions for giving the medications to your child.

List medications your child will bring to day camp and take during the camp day.

Allergies- (food and environmental)

Please check all statements below that you agree to and sign.

I give permission to use my child's name/photo in publications, ads, news articles, videos, websites or other electronic media pertaining to 4-H.

My child does not take medication on a regular basis.

If deemed necessary, I (Parent/guardian) give permission to administer non-prescription medications in accordance with directions on the label for headaches, upset stomach, diarrhea, menstrual cramps, and poison ivy.

In the event of a medical emergency, the 4-H camp or Nebraska Extension or its representatives have my permission to take whatever measures they deem reasonable to render assistance and that I and/or my family will be financially responsible for any expense involved.

Participant _____

Parent/Guardian _____

Date _____