



2018 Webster County 4-H Summer Day Camps

Outdoor Adventure

When: June 11th—13th from 9:00 a.m.—Noon

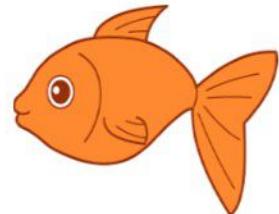
Who: Completed 4th—6th Graders

What: Youth will spend their time outdoors learning about wildlife while exploring the county parks by hiking, fishing, canoeing, bird watching, and much more!

Where: Kennedy Park (1415 Nelson Ave, Fort Dodge, IA 50501) at the Playscape

Cost: \$10 4-H members / \$15 Non 4-H members

RSVP: Monday, June 4th. Space is limited to 20.



Clover Kids Cooking Camp

When: June 25th—27th from 9:00 a.m.—Noon

Who: Completed 2nd-3rd Graders

What: During this day camp, youth will have the opportunity to learn the basic of cooking (measuring, food science, etc.) while baking fun and delicious recipes.

Where: Webster County Fairgrounds- 22770 Old Hwy 169, Fort Dodge

Cost: \$15 4-H members / \$20 Non 4-H members

RSVP: Friday, June 15th. Space is limited to 15.



Cooking Camp

When: June 25th—27th from 12:30—3:30PM

Who: Completed 4th-6th Graders

What: During this day camp, Youth will have the opportunity to learn the basic of cooking (measuring, food science, etc.) while baking fun and delicious recipes!

Where: Webster County Fairgrounds- 22770 Old Hwy 169, Fort Dodge

Cost: \$15 4-H members / \$20 Non 4-H members

RSVP: Friday, June 15th. Space is limited to 15.



Discover Art

When: August 7th-9th from 9:00-11:00 a.m.

Who: Completed 5th-7th Graders

What: This camp will provide the opportunity to explore their creativity. Participants will model clay, paint, and much more!

Where: Blanden Art Museum- 920 3rd Avenue South, Fort Dodge

Cost: \$15 4-H members / \$20 Non 4-H members

RSVP: Tuesday, July 31st. Space is limited to 10.

**Registration form and payment should be turned in to Webster County Extension Office:
217 S 25th St, Suite C-12 Fort Dodge, IA 50501.**

QUESTIONS? Call us at (515) 576-2119 or <https://www.extension.iastate.edu/webster/4h>

The fees for service will be used to offset direct expenses and to support the 4-H Youth Development Hamilton, Humboldt, Webster, and Wright County Extension Programs.



**IOWA STATE UNIVERSITY
Extension and Outreach**



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Registration Form

Note: Due to the volume of registrations we receive, this form along with payment is required in order for registrations to be processed. Registrations will be accepted on a first come basis. If attendee cancels, it must be done by RSVP date in order to receive a refund.

— 4-H Members, please complete front page only. Non 4-H members, please complete BOTH sides of this form. —

Name _____ County _____ Birthdate ____/____/____ Grade Completed _____

Address _____ City _____ State _____ Zip _____

Phone (____) ____ - _____ Family Email _____

Name of Parent(s) or Guardian(s) _____ Please check one: 4-H Member Non Member

Alternate phone 1 (____) ____ - _____ Alternate phone 2 (____) ____ - _____

All events are subject to change. If your event has already met a capacity limit we will add you to a waiting list for that event. Non 4-H members: please complete the back of this page; we will copy your emergency information to have on hand at each event.

| Attend | Cost | | Camp Date | Registration Due Date | Event |
|--------------------------|------------|--------|------------|-----------------------|--------------------------|
| | Non 4-H'er | 4-H'er | | | |
| <input type="checkbox"/> | \$15 | \$10 | June 11-13 | June 4 | Outdoor Adventure |
| <input type="checkbox"/> | \$20 | \$15 | June 25-27 | June 15 | Clover Kids Cooking Camp |
| <input type="checkbox"/> | \$20 | \$15 | June 25-27 | June 15 | Cooking Camp |
| <input type="checkbox"/> | \$20 | \$15 | August 7-9 | July 31 | Discover Art Camp |

Note: Due to the volume of registrations we receive, this form along with payment is required in order for registrations to be processed. You may print extra copies from our website, or call us at 515-576-2119 to have a PDF emailed to you. You may mail or drop off at our office at 217 S 25th St, Suite C-12, Fort Dodge, IA 50501.

Registration/Permission Form:

My child, _____, has permission to attend the workshops selected above. My child and I agree that he/she will behave in an appropriate manner by following all rules of volunteers, staff, and facilities. I will notify the Webster County Extension Office if we are unable to attend so someone else can fill my child's slot. I understand that an event may be cancelled if registrations minimums are not met.

Parent/Guardian Signature: _____ Date: ____/____/____

Registration Fee Information:

All applicable fees should be paid to Webster County Extension and are due by the registration deadline listed in the Summer Explorations brochure. In case registration minimums are not met, we request a separate check to be issued for each event per family. This helps our office to better reimburse you in case of a cancellation. Funding assistance is available by request to pay for registration costs.

Registration form and payment should be turned in to Webster County Extension Office, 217 S 25th St, Suite C-12 Fort Dodge, IA 50501. QUESTIONS? Call us at (515) 576-2119.



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— 4-H Members, please complete front page only. Non 4-H members, please complete BOTH sides of this form —

MEDICAL EMERGENCY CONTACT INFORMATION

Person to Contact First (besides parents listed on front)

Name _____

Relation to Participant _____

Daytime Phone _____

Cell Phone _____

Name of Family Doctor _____

Name of Dentist _____

Backup Contact (besides parents listed on front)

Name _____

Relation to Participant _____

Daytime Phone _____

Cell Phone _____

Office Number _____

Office Number _____

HEALTH INFORMATION

Does the child have any of the following conditions or a history of any of the following conditions? (Check all that apply.)

Asthma Bronchitis Fainting Spells Diabetes Ear Infections Heart or cardio-vascular problems/disease
Convulsions/seizure Hay Fever Chronic bone, muscle or joint injuries Migraine headaches Other condition(s): (Please list): _____

Allergies or reactions: (Check all that apply.)

Aspirin Penicillin Dairy Gluten Peanuts Insect bites or stings Ivy/oak/sumac toxins
Other (Please list): _____ Date of last tetanus shot (approximate if necessary): _____

Is your child currently on any prescribed or over-the-counter medication? (If so, please record the condition/ailment, name of medication, dosage, time of day, prescribing physician.) _____

TO BE READ AND SIGNED BY PARTICIPANT (Youth)—BEHAVIOR EXPECTATIONS OF THE PARTICIPANT

It is important to follow the directions of the ISUEO leader(s) at all times. I understand that as a participant, I have the responsibility to make the activity a safe experience for everyone through my behavior and conduct. I also understand the danger of not following rules and directions and agree to follow them.

Participant Signature _____ Date _____

TO BE READ AND SIGNED BY PARENT OR GUARDIAN

I understand that my child must be healthy and reasonably fit in order to safely participate in 4-H recreation activities and that I will inform the program leader(s) of any medication, ailment, condition, or injury that may affect his/her ability to participate safely.

Parent/Guardian Signature _____ Date _____

INSURANCE POLICY INFORMATION

I understand that ISU Extension and Outreach (ISUEO) of Webster County purchases a primary accident insurance policy to cover 4-H members and participants during authorized group events and activities. I understand that I (parent or guardian) am responsible for any medical expenses that are excluded from the policy or exceed the policy limits. _____ Initial _____ Date

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 ISUEO 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 (other than those covered by an ISUEO accident insurance plan). In the event of an emergency where I cannot decide for my child, I give permission to the physician/hospital selected by the ISUEO staff or volunteer to secure and administer treatment for my child, including hospitalization. (*If you cannot sign this section of the form for any reason, contact the County ISUEO Staff regarding a legal waiver in order to attend and participate.) _____ Initial _____ Date

PUBLICITY/IMAGE/VOICE PERMISSION

The ISUEO 4-H Program normally takes photographs, video, and/or tape recording of our programs. During activities, a photograph or video/audio recording may be taken of you or your child. Unless you request otherwise, your initial below will be considered permission for ISUEO 4-H program to photograph, film, audio/video tape, record and/or televise your image and/or voice or the image and/or voice of your child for use in any publications or promotional materials, in any medium now known or developed in the future without any restrictions. *If you object to ISUEO using you or your child's image or voice in this manner, please notify the program leader.*

Initial _____ Date _____

TRANSPORTATION

I am giving my permission for my child to be transported during an authorized 4-H activity or event. I give my permission for: (check all that apply)

My child to ride with any adult volunteer driver.
 My child to ride with an authorized adult volunteer driver who has completed an MVR check.
 My child to ride in another youth's (18 or younger) vehicle to 4-H Club activities.
 My child to drive his/her vehicle to 4-H activities or events.
 My child to transport other 4-H Club participants in his/her or my vehicle.

I understand that if personally-owned vehicles are used for transportation to and from ISU 4-H Club events or activities, that the owner of the vehicle is responsible for any liability that might occur during the transportation. ISU does not provide coverage for any property damage, personal injury or liability that may occur while using personal vehicles. Vehicle owners are required to carry automobile liability insurance as required by the State of Iowa. _____ Initial _____ Date

ISU EXTENSION AND OUTREACH (ISUEO) 4-H EVENTS ASSUMPTION OF RISK AND RELEASE OF LIABILITY (Please read carefully.)

I give permission for my child to participate in the ISUEO 4-H program. I understand that activities/events may involve certain risks of physical activity and possible injury and that Iowa State University Extension and Outreach and its 4-H program will provide each participant with reasonable care, but that ISUEO cannot guarantee that my child will remain free of injury. In addition, some activities including but not limited to: water activities and other sporting activities have a higher degree of risk. I nonetheless wish to have my child participate in the ISUEO 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 Outreach 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 program. This release, however, is not intended to release the above-mentioned RELEASEES from liability arising out of their sole negligence. Parent or Guardian Signature _____ Date _____