



Emery County 4-H
 2009 Summer Camp Registration
 Emery County, Utah



Check the summer camps you are registering for

<u>SUMMER CAMP</u>	<u>AGE GROUP</u>	<u>CLASS SIZE</u>	<u>DATE</u>	<u>APPLICATION DEADLINE</u>	<u>IN-COUNTY TUITION</u>	<u>IN-STATE TUITION</u>	<u>OUT OF STATE TUITION</u>
<input type="checkbox"/> *Paleontology	9-12 th Grades	10	July 13-17	June 30	**\$75	\$150	\$875
<input type="checkbox"/> *Archaeology	9-12 th Grades	6	June 15-19	May 30	**\$75	\$150	\$875
<input type="checkbox"/> Computer Technology - Morning	6-12 th Grades	12	June 17	June 10	\$5	\$5	-
<input type="checkbox"/> Computer Technology - Afternoon	6-12 th Grades	12	June 17	June 10	\$5	\$5	-
<input type="checkbox"/> Dinosaur Day Camp	1-6 th Grades	50	July 14	July 1	\$15	\$15	-
<input type="checkbox"/> Dinosaur Day Camp	1-6 th Grades	50	July 15	July 1	\$15	\$15	-

*** Participants must be enrolled in grades 9-12 as of January 1, 2009**

**** With In-County Tuition Scholarship**

Name: _____ Age: _____ Gender: M F

Mailing Address: _____

Phone: _____ E-mail: _____

Parent / Guardian Name(s): _____

Parent Work or Cell Numbers: _____

Emergency Contact Information (if different from above): _____

Print and Send Application with Tuition to:

**USU Extension 4-H / Education Camps
PO BOX 847 Castle Dale, UT 84513**

For Questions Call or E-Mail:

**(435) 381-2381 / christine.jensen@usu.edu
or visit: <http://extension.usu.edu/emery/>**

General Information:

A check for full tuition must accompany your application form. Applicants are considered on a first-come, first-served basis. Applicants not accepted to the program will have their tuition checks voided and returned.

Tuition Fees Cover:

Tuition fees cover all lodging (if applicable), meals, educational material, planned recreation activities, and camp memorabilia.

Tuition Fees Do Not Cover:

Tuition fees do not cover transportation to and from the program site, personal spending money, or expenses for professional medical care or personal needs.

Airport Pick-up / Drop-off:

EC 4-H will provide free airport pick-up / drop-off for out-of-state students. Arrangements must be made at least 14 days prior to your arrival. Generally, pick-up / drop-off service will be available from 1-4 pm the day before and the day after the official start and end dates of the camp.

Student Responsibilities and Conduct:

Students are expected to attend all scheduled events, classes, and seminars. Students must conduct themselves in a mature and responsible manner following all program guidelines and fully respecting the rights of others. After application and upon acceptance to the program, students will be sent a follow-up packet with additional information regarding the program.

Cancellation Policy for Paleontology and Archaeology Camps:

Cancellations prior to 14 days of program start date: \$75 handling fee. Cancellations within 14 days of program start date: \$300 handling fee. All cancellations must be in writing.

Health and Insurance Information:

All students must be covered by personal medical insurance. In case of accident, illness or injury, EC 4-H shall have the right to administer first aid and/or take the injured student to medical services. The costs of these services are the responsibility of the parent or guardian. EC 4-H and its partner organizations insurance does not cover the personal property and equipment of participants; parents should check with their own insurance policy to ensure their child's personal property and equipment are covered against loss, theft or damage.

Safety:

Safety management is our priority. The physical and emotional well-being of our participants is the primary concern of our leaders. EC 4-H uses care in the selection of our leaders, transportation companies, outfitters, facilities, partner organizations, sponsors, and services. Our risk management protocol cannot remove all risk; parents and participants must understand the nature of our programs and accept the inherent risks involved in such activities.

ASSUMPTION OF RISK, WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT

I hereby give permission for my child to participate in the above listed programs. I have read and understand the program information materials for which my son or daughter is applying, and I agree to these terms and conditions. There are certain risks inherent in a number of these activities and programs; I understand the nature of these programs and accept the risks involved. I, or my child, my heirs and assigns, agree to release, waive, covenant not to sue, indemnify, and hold harmless EC 4-H and their agents of any and all liability from negligence and responsibility of any nature for any loss or damage to property or personal injury, including death or illness, incurred by my child while participating in a EC 4-H program. I give permission to EC 4-H to use photography and video of my child and to use his/her creative writing in promotional, documentary, and other educational publications.

Parent or Guardian Signature

Date



Medical History, Code of Conduct and Photo Release Form



Year _____

_____	_____	_____
Name	Home Phone	County
_____	_____	
Address	City, State, Zip	
_____	_____	
Email Address	Birth Date (mm/dd/yy)	
_____	()	
Parent /Guardian Name (if youth)	Phone can be reached at during event	



Emergency and Medical Information

NOTE : If you have been exposed to any communicable disease within a week before attending a 4-H event, please explain fully in a note to the chaperone.

Relatives or friends to act in my behalf in case of emergency if I cannot be reached:

_____		_____	
Emergency Contact Name		Emergency Contact Name	
()	()	()	()
Home Phone	Alternate Phone	Home Phone	Alternate Phone
_____		_____	
Address		Address	

_____	()	/	/
Family Physician	Physician's Phone Number	Date of last	tetanus

My child has the following allergies, medical concerns or special needs (please include any food or drug allergies): _____

Note: If bringing medications to the event or program, please make sure that your name is on them and that the adult in charge is advised of the directions for administration.

In the event of an emergency, I hereby give permission to the 4-H staff to request emergency services for me or my child, which may include transportation to a medical facility, and in the event that none of the contacts listed above can be reached, I also give permission to the physician to hospitalize and provide proper necessary treatment to me or my child.

Parent / Guardian Signature Date



Medical History, Code of Conduct and Photo Release Form



Year _____

Name

County

Code of Conduct

Our primary goal of the 4-H program is to build character while participating in 4-H. We expect all youth and adults to abide by the following behavior while participating in 4-H programs and events:

- I will exhibit positive character and behavior including (but not limited to) trustworthiness, responsibility, respectfulness, caring, citizenship and fairness.
- I will attend all sessions as part of a planned program and be in the assigned area at all times.
- I will follow guidelines and rules established for the planned programs.
- I will be responsive to the reasonable requests of the 4-H staff/club leaders and respectful of the needs for their personal safety and the safety of others.
- I will dress appropriately, use appropriate language and respect the rights of others.
- I will be respectful of public or private property and will be responsible for any damage, theft or misconduct.
- I will not possess or use alcohol, illegal drugs, or tobacco products.
- I will not behave recklessly, engage in sexual misconduct, assault, threaten or harm another person.
- I will promote the spirit of inclusion and comply with equal opportunity and anti-discrimination laws.

Member Agreement

Photo Release: Participants in USU events are sometimes photographed and videotaped for use in USU promotional and educational materials. I authorize Utah State University to record and photograph my image and/or voice for use by Utah State University or its assignees in research, educational and promotional programs; I understand and agree that these audio, video, film and/or print images may be edited, duplicated, distributed, reproduced, broadcast and/or reformatted in any form and manner without payment of fees, in perpetuity.

Code of Conduct/Waiver of Liability: I have read the 4-H Code of Conduct and agree to live up to these expectations while participating in 4-H programs and events. I am aware that all my actions and decisions affect others. I realize that my failure to act with good character could result in loss of privileges, consequences, and suspension from the event or program, or for future programs or events. I am willing to accept the appropriate and logical consequences of my actions. As a participant in a 4-H sponsored program, I release the County, State Extension programs and personnel, Utah State University and those affiliated from liability should I accidentally be injured due in part to my own negligence.

Member Signature

Date

Parent / Guardian Agreement

Photo Release: Participants in USU events are sometimes photographed and videotaped for use in USU promotional and educational materials. I authorize Utah State University to record and photograph the image and/or voice of my child for use by Utah State University or its assignees in research, educational and promotional programs; I understand and agree that these audio, video, film and/or print images may be edited, duplicated, distributed, reproduced, broadcast and/or reformatted in any form and manner without payment of fees, in perpetuity.

Code of Conduct/Waiver of Liability: I have read the 4-H Code of Conduct, and, like my child, agree to live up to the expectations while participating in 4-H programs and events. I will support the individual in charge in maintaining appropriate behavior and in the development of good character. I agree to reimburse the 4-H program for additional transportation costs if it is necessary to send our child home because of discipline problems, illness or injury that might occur. I release the County, State Extension programs and personnel, Utah State University and those affiliated from liability should my child accidentally be injured due in part to their own negligence.

I also agree to abide by this same code of conduct and to conduct myself in an appropriate manner at all 4-H events. I am willing to accept the appropriate and logical consequences of my actions, which may include being asked to leave the event or my child being disqualified from the event and/or the 4-H Program.

Parent / Guardian Signature

Date