



2010 4-H Camp Registration

July 14-16 at Camp Rotary

The Magical World of 4-H

Name		Club	
Address:			
Phone #:	Age: (as of 10/1 of the current 4-H year)	Boy:	Girl:
Grade in School: (current year)	Two friends I would like in my cabin are:		

Please complete this form and return with payment to Teton County Extension Office
P.O. Box 130, Choteau, MT 59422 by **June 26, no registration will be accepted after July 1.**
(T-shirts based on early registration only, may not be available if registration is completed after June 26)

Please make all checks payable to: *Teton County 4-H Council*

List any additional information that would be helpful:

Enclosed is my registration and t-shirt fee:

_____ \$45 per Teton County 4-H camper, \$35 per each additional immediate family member (Scholarship assistance available for those in need. Call the Extension Office for more information)

_____ \$15 per Counselor

_____ \$65 per Non-member, \$60 per each additional immediate family member (must complete risk release form)

_____ \$0 free working chaperones

_____ \$50 vacationing chaperone

_____ \$10 (For child birth-8 attending camp with a parent/guardian/adult. A risk release form will be sent to non-4-H members following registration.)

_____ TOTAL AMOUNT ENCLOSED

Please indicate t-shirt size by circling

Children's : x-small small medium large

Adult's : small medium large X-large XX-large

My child will be picked up at camp by: _____

Person(s) not permitted to take my child from camp: _____

**A letter will be sent to all attendees after registrations are received with further details related to camp. We will also develop a list of those driving to camp to assist in carpool arrangements.

NO REFUNDS AFTER JULY 1 Complete Health Form on Back

MEDICAL RELEASE FORM FOR 4-H MEMBERS/ADULTS

Each 4-H member and adult volunteer/leader must have a completed medical record on file.

Name: _____

Address: _____

Name of Parent or Legal Guardian: _____

Physician _____ Phone _____

Dentist: _____ Phone _____

In Case Of Emergency - - Contact: _____

Phone: _____ Address: _____

Alternate Contact if Emergency: _____

Date of Last	Tetanus Shot _____	Polio Shot _____
	Mumps Shot _____	Measles Shot _____
	Rubella Shot _____	

Answer the following questions either yes or no. Any yes answers requires an explanation.

1. Respiratory problems: Yes ___ No ___
Explain _____
2. Heart Disease: Yes ___ No ___
Explain _____
3. Stomach or intestinal problems: Yes ___ No ___
Explain: _____
4. Diabetes or hypoglycemia (low blood sugar): Yes ___ No ___
Explain _____
5. Nervous disorder (convulsions, epilepsy, dizziness, ect.) Yes ___ No ___
Explain _____
6. Any Allergies: Yes ___ No ___
Explain _____
7. Are you currently under a doctor's care? Yes ___ No ___
Explain _____
8. Are you currently taking medications? Yes ___ No ___
Explain _____
9. Any physical restrictions or other medical problems that may require special considerations?
Yes ___ No ___ Explain _____
10. Any special diet or food restrictions? Yes ___ No ___
Explain _____

I, _____ do hereby give permission to any 4-H volunteer leader or chaperone
Parent or Guardian
to seek and obtain any medical care necessary for my child, _____
during my absence.

SIGNATURE OF PARENT OR GUARDIAN _____

Name of Insurance Carrier _____

Insurance Policy # _____ Date _____