

# February 2018 Day Camps in Muscatine County

## Stem Lit To Go—\$20.00

Ages: Current 1st to 3rd grade

February 19, 2018

9:00am to 4:00pm

Muscatine Extension Office, Muscatine

Campers will experience STEM and literacy hands on activities throughout the day. Some of the topics they will explore are Healthy hearts, Popping Popcorn, Roller Coasters, Terrific Trees and Wonderful Wind, just to name a few.

Each camper will need to bring a sack lunch. Snacks will be provided.

Yes, my child will be attending \_\_\_\_\_

### Registration Form:

To enroll in any of these camps please complete this form and return it with camp fee **by February 15, 2018. If a camp has less than 8 campers, it will be cancelled.**

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_

Grade during 2016-2017: \_\_\_\_\_

Gender (circle one):    male        female

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

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

Ethnicity (circle one):

White    Asian    Hispanic    Black  
          American Indian/Alaskan

Currently enrolled in 4-H? Yes No

**Return registration & payment to:**

Muscatine County Extension

1514 Isett Avenue

Muscatine, Iowa 52761

The fees for service will be used to offset direct expenses and to support the 4-H Youth Development County Extension Program.

### 4-H Assumption of Risk & Release of Liability: (Please read carefully.)

I give permission for my child (listed on the registration) to participate in the 4-H program. I understand that 4-H activities/events may involve certain risks of physical activity and possible injury and that Iowa State University and its 4-H program will provide each participant with reasonable care, but that ISU cannot guarantee that my child will remain free of injury. In addition, some 4-H projects including but not limited to: shooting sports, horse or livestock projects, water activities, and other sporting activities have a higher degree of risk. I nonetheless wish to have my child participate in the 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 their officers, employees and agents (hereinafter the RELEASES 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 4-H program.) This release, however, is not intended to release the above mentioned RELEASEES from liability arising out of their sole negligence.

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

### Transportation:

My child will: (please indicate choice)

\_\_\_\_\_ walk/ride bike home

\_\_\_\_\_ ride home with fellow camper

\_\_\_\_\_ I will pick my child up

\_\_\_\_\_ My child will be picked up by:

\_\_\_\_\_

### Emergency Medical Information

First Contact Name:

\_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Backup Contact Name:

\_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

Name of Doctor:

\_\_\_\_\_

Doctor's Office Number: \_\_\_\_\_

Name of Dentist:

\_\_\_\_\_

Dentist Office Number: \_\_\_\_\_

**Please list any medical conditions or allergies that your child has:**

\_\_\_\_\_

### Publicity/Image/Voice Permission

During this program, the Iowa State University Extension 4-H Program of Muscatine may take photographs, video and /or tape recording of your child participating in the program. Initialing below gives us permission to use media of your child in any publication or promotional materials, in any medium, now known or developed in the future without restrictions. If you OBJECT to ISUMEO using you or your child's image or voice in this program, please indicate below.

\_\_\_\_\_ YES you may.

\_\_\_\_\_ NO you may not.

### Insurance Policy Information

\_\_\_\_\_ **NO**— Initial the following line stating that you do not have health insurance and are aware that Iowa State University/ University Extension/ 4-H does not carry health insurance for you or your camper.

\_\_\_\_\_ **Initial**

\_\_\_\_\_ **YES**—Provide the following information which is required by Iowa State University to expedite treatment and to facilitate the billing process in case of an emergency.

**Insurance Company Name:**

\_\_\_\_\_

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. \_\_\_\_\_ **Initial**

### 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 ISU Extension staff or volunteer to provide routine first aid 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 all charges to the attending physicians or health care unit. In the event of an emergency where I cannot decide for my child, I give permission to the physician/hospital selected by the ISU Muscatine Extension staff or volunteer to secure and administer treatment for my child, including hospitalization. (\*If you cannot sign this section for any reason, contact the County Extension Office for a participation waiver).

**Date:** \_\_\_\_\_ **Initial:** \_\_\_\_\_

**PARENT SIGNATURE:**

\_\_\_\_\_

(Parent/Guardian Signature and Date)