



CLOVERBUD DAY CAMP

July 15-17, 2019
UAF Georgeson Botanical Garden



This day camp offers an out-of-doors adventure for children who are just completing grades K, 1 and 2. It provides the fun of camp with the security of evenings at home. The program runs July 15-17, 9 a.m.-1 p.m., at the Georgeson Botanical Garden, located on UAF Campus.

Nature observations, crafts, games and educational adventures are designed to the interest and attention span of this age group. FUN is the key ingredient! Staff will include the 4-H agent, volunteer junior teens, adult leaders and resource people from the community.

DROP OFF/PICK UP:

- Day camp begins at 9 a.m.
- Pick up is at 1 p.m.

WHAT TO BRING:

- Sack lunch (beverages and snacks provided)
- Jacket
- Rain boots
- Potluck family picnic on last day!

REGISTRATION FEES:

- 4-H member — \$35
- Non-4-H member — \$40
- Registration deadline — July 8
 - Late fee — \$15
 - Limit — 25 day campers

INFORMATION:

- Tanana District Extension Office
474-1530 or 474-2427



REGISTER BY JULY 8! (\$15-late fee applied after July 8.)



REGISTRATION FORM — CLOVERBUD DAY CAMP 2019

Please complete, detach and return registration form by July 8. **Be sure to include the Emergency & Medical/Health Information Form on next page!** Mail both forms and payment to: 4-H Cloverbud Day Camp, UAF Cooperative Extension Service, P.O. Box 758155, Fairbanks, AK 99775-8155. For questions, call 474-1530 or 474-2427.

Camper's Name: _____ Gender: _____ Grade Completed: _____

Mailing Address: _____ City: _____ Zip: _____

Parent's Name: _____ Home Phone: _____ Work Phone: _____

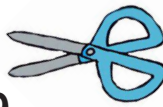
Email: _____

Are you currently enrolled as a 4-H member? _____ Yes _____ No

Check fee enclosed: _____ \$35 4-H member
 _____ \$40 Non-4-H member
 _____ \$15-late fee applied after July 8

PLEASE PRINT CLEARLY!
Thank you!

TOTAL DUE: \$ _____ (Make checks payable to Tanana District 4-H Leaders Council.)





REQUIRED FOR CLOVERBUD CAMP 2019

Emergency & Medical / Health Information

Name _____ Birth date _____ Sex _____ Age _____
Parent or guardian _____ Email _____
Mailing address _____
Physical address _____
Home phone _____ Work phone _____ Cell phone _____

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

_____		_____	
<i>Emergency contact name/relationship</i>		<i>Emergency contact name/relationship</i>	
_____	_____	_____	_____
<i>Home phone</i>	<i>Alternate phone</i>	<i>Home phone</i>	<i>Alternate phone</i>
_____		_____	
<i>Address</i>		<i>Address</i>	

Family physician _____ Phone _____

Under doctor's care now? _____ If yes, please explain on back.

Prescribed medicine _____

(All meds must be turned in to chaperone or camp nurse.)

Note: If bringing medications to the event or program, please make sure that your name is on them and that dosage directions are clearly indicated.

Allergies to medications/foods/insects/other? _____ List _____

Health History: Is youth subject to: Indicate **YES** or **NO**

_____ Hernia	_____ Hay fever	_____ Nervous disorders	_____ Asthma
_____ Frequent colds	_____ Fainting spells	_____ Sleepwalking	_____ Ear/sinus
_____ Allergies	_____ Insect stings	_____ Drug sensitivity	_____ Enuresis (bed wetting)
_____ Epilepsy	_____ Heart trouble	_____ Diabetes (take insulin?)	
_____ Food allergies	_____ Bleeding/clotting disorders		

If **YES** on any of the above, please explain _____

Has the youth had:

_____ Poliomyelitis	_____ Hay fever	_____ Rheumatic fever
_____ Appendicitis attack	_____ Measles	_____ Mumps
_____ Chicken pox	_____ Whooping cough	_____ Scarlet fever

Is the youth pregnant? _____ Date of last tetanus booster: _____

Identify any physical/emotional problems that would prevent full participation in the program. _____

Emergency Authorization: I hereby give my permission to the medical staff selected by the Cooperative Extension Service faculty/staff to order x-rays, routine tests and treatment for the above named youth. In the event I, or one of the above named designees cannot be reached in an emergency, I hereby give my consent to emergency medical treatment, hospitalization or other medical treatment as needed. I will assume all financial obligations incurred if not covered by insurance.

Signature of parent/guardian _____
Date

Leaders should keep a copy of this form to have available when they are with club members.