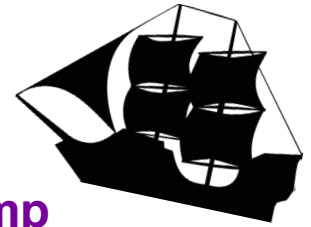




Buccaneers of the North



YOUTH/4-H JUNIOR JAMBOREE June 24-27, 2019 @ Twin Bears Camp

Junior Jamboree is an overnight camp designed for youth who are going into grades 4, 5, 6, 7 and 8. Camp will run June 24-27 at Twin Bears Camp, which is located on Chena Hot Springs Road between Mile 29 and 30.

Youth will rotate through classes based on the theme "Buccaneers of the North." Swimming, crafts, group games, campfire ceremonies, skits and singing will still be a part of the traditional camp fun! Campers will belong to a cabin group headed by a high school-aged 4-H counselor. Adult 4-H leaders and the 4-H agent will serve as chaperones, directors and volunteer leaders of activities.

ARRIVAL & DEPARTURE:

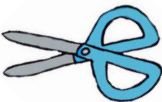
- Campers arrive at 6 p.m. Monday, June 24. (Please note: Dinner will NOT be provided for campers on June 24.)
- Campers leave at 11 a.m. Thursday, June 27.



REGISTRATION FEES:

- 4-H member — \$95 (\$85 for additional enrolled family members)
- Non-4-H member — \$110
- Registration deadline — June 17
- Late fee — \$20
- Limit — 40 campers

REGISTER BY JUNE 17! (\$20-late fee charged after June 17.)



REGISTRATION FORM — JUNIOR JAMBOREE 2019



Please detach, complete and return registration form by June 15. **Be sure to include the Emergency & Medical/Health Information Form on next page!** Mail both forms and payment to: 4-H Junior Jamboree, 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: _____ \$95 4-H member
 _____ \$85 additional family 4-H members
 _____ \$110 Non-4-H member
 _____ \$20-late fee if paid after June 17



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



Required for Junior Jamboree 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>Home phone</i>
<i>Alternate 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.