

Registration for 4-H Day Camp
Minimum of 15 participants -
Camp Filled on a First Come, First Served Basis
OSU Extension, Marion County
222 West Center Street
Marion, Ohio 43302

Name _____

Address _____

Age _____ Male _____ Female _____ T-Shirt Size _____ (Adult or Youth)

Registration Fee: \$15.00 (Payable to the Ohio State University Extension, Marion County)

List below any physical conditions of the camper that the Camp Director or Nurse should know. This information will be kept confidential and used only for the welfare of the camper.

Present Medical Problems _____

Medicines Taken Regularly _____

Allergies _____

Allergies to Medicines _____

Other Important Information _____

Last Tetanus Immunization Date _____

My son or daughter (name) _____ has my permission to attend 4-H Day Camp and participate in the program and activities.

I understand that:

I am responsible for transportation arrangements to and from the day camp.

I give permission to the Ohio State University Extension—Marion County to photograph my child and use all or parts of photographs in print or electronic materials to promote any and all public awareness for the program in which my child is involved.

Participants will be supervised and if a serious illness or injury develops, medical and/or hospital care will be given; however, the staff or facilities are not responsible in case of accidental injury or illness, I will be notified; but if it is impossible to contact me, I give permission for emergency treatment or surgery as recommended by the attending physician.

Signature of Parent _____ Date _____

Address _____

Telephone _____ Work Number _____

2nd emergency number if neither home or work number can be reached _____

Name of Family Doctor _____

Address of Doctor _____

Telephone Number of Doctor _____

***** Parents should arrive by 3:00 p.m. to pick up their child.*****