LEARN

COOPERATE

BUILD TEAM SKILLS

Delta County 4-H

presents

4-H Survivor 2014

OUTDOOR SKILLS CAMP

Noon Monday, July 28th to noon Wednesday, July 14h
Twin Springs Group Sites Campground

Participants in Delta County 4-H Outdoor Skills Survivor Camp are randomly divided into teams. They will camp as a team. Each team will receive training in multiple outdoor skills and activities. Team building and training will take place on the first day of camp. The 2nd day of camp will entail group challenges and team building activities. The purpose of the camp is to gain outdoor living skills, build self esteem, make new friends, and have a great time.

After registration, participants will receive directions to the campground and a checklist of items needed for the weekend.

MUST BE RETURNED ON OR BEFORE JULY 23, 2014
Register early as space is limited

ENDURE

COMPETE

Ages 10 – 17
Delta County Rate
$35.00 per youth
Family Rate: $35.00 per person for the first two members
$10.00 for each additional family member
Non 4-H Member Fee – Additional $10 per person
MAKE CHECKS PAYABLE TO DELTA COUNTY 4-H COUNCIL
NO REFUNDS

4-H Survivor 2014
OUTDOOR SKILLS CAMP

SUMMER YOUTH OUTDOOR CAMP ENROLLMENT FORM – (Please Print)

DELTA COUNTY PARTICIPANT INFORMATION:

Name_____ Age____ Sex F ___ M ___ T-Shirt Size (adult sizes) ____

I have the following skills

_____ _____ _____ _____

Current 4-H Member? Yes ____ No _____ Name of 4-H Club _____
Grade____ Are you of Hispanic Ethnicity? Yes ___ No___
Race: ___White ____ Asian ____ African American ____ Native American ____Other (specify_____)
Residence: _____Farm _____ Rural _____ Town

PARENT/GUARDIAN INFORMATION:

Name: _____Phone:_____ Cell Phone _____

Address:_____ City: _____State: _____ Zip:_____

We waive any claim for liability and hereby release Michigan State University Extension from any claim or demand for injury to persons or property which may occur during Outdoor Living Skills Camp.

Pertinent information about our child/children such as medications, allergies, (including food restrictions) or special accommodations needed: _____

_____

Emergency Contact: _____ Phone: _____Cell Phone_____

I authorize Michigan State University to record and photograph my child's image and/or voice for use by Michigan State University or its assignees in research, educational and promotional programs. I understand and agree that these audio, video film and/or print images may be edited, duplicated, distributed, reproduced, broadcast and/or reformatted in any form and manner without payment of fees, in perpetuity.

_____ _____
Signature Date

PLEASE COMPLETE THE BACK OF THIS FORM
AND RETURN IT TO MSU EXTENSION 2840 COLLEGE AVE, ESCANABA MI 49829
Ages 10 – 17
$35.00 per youth
Family Rate: $35.00 per person for the first two members
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FIRST TIME CAMPER CLAUSE
Participants must be capable of spending the night away from home/parents in an outside environment.

Conduct Policy

Children participating will be expected to follow the camp rules- use of illegal drugs, alcohol, tobacco, theft or behavior deemed inappropriate will immediately result in being sent home upon notification. I have read and agree to abide by the camp conduct policy.

_____
Participant's Signature

4-H Youth Programs Permission/Health Authorization
Delta County 4-H Survivor Camp
July 28th – July 30th 2014

I wish for my child to participate in this activity. I acknowledge that my child is in good health and good physical condition. I understand that there are risks inherent in any physical activity. I assume the risks and accept the consequences involved in my child's participation in this event. I understand that if he/she is injured, I am responsible for my health care costs and I agree to release Michigan State University, its Board of Trustees, officers, agents, employees, volunteers, or students from any and all claims for injury or illness resulting from my child's participation in this event.

My son/daughter will be involved with the Delta County 4-H Youth Program. By completing this form, I will give an appropriate medical facility permission to treat him/her for minor injuries or medical problems should this need arise. In the event of a serious injury or illness, I will be contacted: treatment will proceed before contacting me ONLY if the situation is urgent and does not permit delay. If there is any question in the mind of the parent about the health of this participant, a complete health examination should be secured from a physician.

_____ _____
Child's Name County

_____ _____
Parent/Guardian's Signature Date

Insurance Information

Policy Holder's Name and relationship to patient _____

Name of Insurance Company _____

Policy Number _____

Official Authorization
Please Print

_____, mother and/or father residing at_____
(parent name) (address)

do hereby authorize the 4-H Youth Program of Delta County, Michigan, to seek any medical and/or surgical

treatment necessary for the care of my child _____
(child's name)

The above designated organization is hereby authorized to pursue necessary medical attention to provide treatment for said child, for which we shall be fully responsible. We also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payments directly to the medical facility.

Parent Signature_____ **Date** _____

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