2015 4-H CAMP & JR. LEADER RETREAT
-- CHAPERONE REGISTRATION FORM --

Due Monday June 15, 2015

to Extension Office – 2500 College Drive A-700, Rock Springs, WY 82901

Jr. Leader Retreat – July 7-8 Camp – July 8-10

We invite any screened volunteer to help with 4-H camp. Even if you can only be there for one day, please know you are welcome!

- If coming on Wednesday, bring a sack lunch or eat prior to arriving at camp. No lunch is provided on Wednesday.
- A signed medical form MUST be completed and brought with you to camp. We are not collecting the forms in advance this year. This will ensure we have the morst accurate information at camp.
- Chaperones planning to ride the bus must reserve a spot.

CHAPERONE NAME: _____ Gender: M F

ADDRESS: _____ CITY: _____

TELEPHONE #: _____CELL PHONE #: _____

Junior Leader Retreat	☐ I can help at Junior Leader Camp ☐ Full Time ☐ Part Time List when: _____	☐ I need a ride ☐ I will drive to camp
4-H Camp	☐ I can help at 4-H Camp ☐ Full Time ☐ Part Time List when: _____ ☐ Part Time List when: _____ Free shirt if registration is turned in by June 16 Circle size –(Adult Sizes) S M L XL XXL	☐ I will need a ride ☐ I will drive to camp
Chaperone Roles All chaperones will stay in the cabins with youth unless prior arrangements have been made with the Extension Office.	Please check one box: ☐ I would like to help with a workshop ☐ I would like to help in the kitchen ☐ I would like to help at the shooting range ☐ I would like to help at the fishing pond	
Allergies	I have the following type of allergies ☐ Medical ☐ Food ☐ Environmental	Please list specific allergies or triggers:

EMERGENCY INFORMATION FOR 4-H CAMP

DO NOT TURN THIS IN WITH THE APPLICATION - BRING IT TO CAMP WITH YOU

1. Name of Chaperone_____

2. In case of emergency, call the following numbers. Please list numbers in the order you want them called.

Phone Number	**Person to speak to**	**Relationship to Chaperone**

3. Doctor's Name & Number: _____

4. State any pertinent medical information (chronic illness such as diabetes, epilepsy, fainting):

_____

_____

_____

5. I will be bring the following medications to camp. All medications must be in an original prescription bottle or original bottle in which purchased. Medications must be given to a Extension Personnel upon arrival at camp, no one is allowed to keep them in their cabins.

Medication	Special Instructions	Amount of medication	Times to be given

I hereby authorize University of Wyoming Extension -- Uinta County and its faculty members in charge to obtain all necessary medical care for myself in the event that I cannot arrange/authorize medical care myself. I hereby authorize any licensed physician and / or medical personnel to render necessary medical treatment to me. Every reasonable attempt will be made to contact person listed above before using this authorization.

_____

Signature of Chaperone Date

All medications -- including aspirin, allergy, etc. -- must be turned into Extension Personnel upon arriving.