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!

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Jr. Leader Retreat – July 11-12  Camp – July 12-14, 2017

- 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 most accurate information at camp.

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**2017 4-H CAMP & JR. LEADER RETREAT**

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**CHAPERONE REGISTRATION FORM --**

Due Thursday, June 15, 2017
to Extension Office – 2500 College Drive A-700, Rock Springs WY 82901

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CHAPERONE NAME: ____________________________ Gender:  M    F

ADDRESS: _____________________________________ CITY: ______________

TELEPHONE #: ________________________________ CELL PHONE #: ________________________________

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<table>
<thead>
<tr>
<th></th>
<th>Junior Leader Retreat</th>
<th>4-H Camp</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chaperone Roles</strong></td>
<td>□ I can help at Junior Leader Camp</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Full Time</td>
<td>□ I will be riding the bus</td>
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<tr>
<td></td>
<td>□ Part Time List when:</td>
<td>□ I will drive to camp</td>
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<td>______________________</td>
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Free shirt if registration is turned in by June 20

Circle size –(Adult Sizes) S  M  L  XL  XXL

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**Allergies**

I have the following type of allergies

□ Medical

□ Food

□ Environmental

Please list specific allergies or triggers:

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We are not collecting the forms in advance this year. This will ensure we have the most accurate information at camp.

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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!
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.

<table>
<thead>
<tr>
<th>Phone Number</th>
<th>Person to speak to</th>
<th>Relationship to Chaperone</th>
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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.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Special Instructions</th>
<th>Amount of medication</th>
<th>Times to be given</th>
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</table>

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(s) listed above before using this authorization.

Signature of Chaperone
Date

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