



2017 4-H CAMP & JR. LEADER RETREAT -- CHAPERONE REGISTRATION FORM --

Due Thursday, June 15, 2017

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

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.

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!

CHAPERONE NAME: _____ Gender: M F

ADDRESS: _____ CITY: _____

TELEPHONE #:

CELL PHONE #:

Junior Leader Retreat	<input type="checkbox"/> I can help at Junior Leader Camp <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time List when: _____	<input type="checkbox"/> I need a ride to camp <input type="checkbox"/> I will drive to camp
4-H Camp	<input type="checkbox"/> I can help at 4-H Camp <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time List when: _____ <input type="checkbox"/> Part Time List when: _____	<input type="checkbox"/> I will be riding the bus <input type="checkbox"/> I will drive to camp
Free shirt if registration is turned in by June 20 Circle size –(Adult Sizes) S M L XL XXL		
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: <input type="checkbox"/> I would like to help with a workshop <input type="checkbox"/> I would like to help in the kitchen <input type="checkbox"/> I would like to help at the shooting range <input type="checkbox"/> I would like to help at the fishing pond	
Allergies	I have the following type of allergies <input type="checkbox"/> Medical <input type="checkbox"/> Food <input type="checkbox"/> 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(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.