2016 4-H CLOVERBUD
-- REGISTRATION FORM
Due Friday June 10 to Extension Office
2500 College Drive A-700, Rock Springs WY 82901
Camp – Thursday, July 14, 2016 at Meeks Cabin Youth Camp

- Only one member per registration form (photocopy or obtain more from the Extension Office or online at http://www.uwyo.edu/uwe/county/sweetwater/4-h.html
- All fees must be paid before a spot is reserved for the camper.
- No refunds will be made after the registration deadline without a medical emergency.
- Lunch will be provided on Thursday for the campers.
- A signed medical form MUST be completed and brought to camp with the 4-H member. Do not turn these in with this registration form. We want to make sure we have the most up-to-date medical information so we are having campers bring them to camp with them.
- Members planning to ride the bus must reserve a spot.

MEMBER NAME: __________________________________________
AGE AS OF JAN 1st: _______ Gender: □ M □ F
ADDRESS: ______________________________________ CITY: ____________________________

Best phone number to contact a parent if we have questions on this form: 1) ____________________________
                                                                                       2) ____________________________

<table>
<thead>
<tr>
<th>Description</th>
<th>Fees</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-H Camp</td>
<td>Check in at 10:00 a.m. at the Youth Camp. Do NOT arrive before then.</td>
<td>Registration Fee (prior to June 14) Includes the t-shirt</td>
</tr>
<tr>
<td>T-Shirt</td>
<td>Free shirt if registration is turned in by June 14</td>
<td>Circle Size YOUTH -- 10-12 14-16 ADULT -- S M</td>
</tr>
<tr>
<td>Rides</td>
<td>Cloverbud Camp</td>
<td>□ I will need a ride to camp  □ I have a ride to camp</td>
</tr>
<tr>
<td></td>
<td>Camp will conclude after the family lunch which begins at 12:00 p.m. parents need to make arrangements to come pick-up their campers, or make arrangements with the Extension Office to give them a ride home.</td>
<td></td>
</tr>
</tbody>
</table>

Activities Permission
Campers may participate in supervised activities such as fishing, canoeing, obstacle courses, etc. If you have concerns with any of these activities, contact our office BEFORE camp starts.

Allergies
My child has 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 Parent or Guardian

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

<table>
<thead>
<tr>
<th>Number</th>
<th>Person to speak to</th>
<th>Relationship to Camper</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Doctor's Name & Number:

4. State any pertinent medical information (chronic illness such as diabetes, epilepsy, fainting. Other items such as bedwetting or sleepwalking):

5. Please list any over-the-counter medications your child CANNOT have such as Tylenol, Pepto Bismal, Allarest, etc. Be specific.

6. I plan to send the following medications with my child. All medications must be in an original prescription bottle or original bottle in which purchased. Medications must be given to Extension Personnel upon arrival at camp, youth will not be 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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I hereby give permission for my child to attend 4-H camp. I hereby give permission for you, in your capacity as 4-H volunteer in charge of health procedure at the Uinta County 4-H Camp, to provide medical attention you deem necessary.

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

Signature of Parent or Guardian  Date

All medications -- including aspirin, allergy, etc. -- must be turned into the camp personnel upon arriving.
DIRECTIONS TO UINTA COUNTY YOUTH CAMP
1. SOUTH AT URIE ON STATE HWY 414
2. WEST THRU MOUNTAIN VIEW AND ROBERTSON ON STATE HWY 410
3. LEFT AT END OF PAVEMENT ON COUNTY ROAD 271 ACROSS CATTLE GUARD
4. APPROXIMATELY 1.1 MILES ON GRAVEL ROAD
5. LEFT AT SIGN "UINTA COUNTY YOUTH CAMP" ACROSS BRIDGE

YOUTH CAMP