4-H Homeschool Outdoor School

September 21-23, For Youth Grades 5-8th

A Program of Oregon State University Extension 4-H
& Polk Christian Home Educators

Please complete and mail:
Home School Outdoor School
P.O. Box 640
Dallas, Oregon 97338
Questions call 503-931-2578
Email: Judi.Peters@oregonstate.edu

YOUTH APPLICATION

Your Name: _____
Address: _____
City: _____ State_____ Zip_____
Daytime Phone: _____Evening/Cell Phone_____
Are you a ☐ Boy ☐ Girl Birth date____/___/___Grade entering September 2009_____ *E-Mail _____
Parent Name: _____ Work Phone_____Occupation_____
Alternate Phone Numbers (Cell, pager, relatives)_____

Cabin Mate Request: _____(Every effort will be made to honor request, but no guarantees)

PERMISSION TO PHOTOGRAPH I authorize camp staff and/or their designee(s) to record on videotape and/or still photography my child, (name)_____and to use, and to authorize others to use, such recordings and photographs for general educational and promotional purposes. Further, I understand there will be no remuneration for any appearances, use or displays.

_____ _____
parent/guardian signature date

HEALTH STATEMENT

(to be completed by parent, physician or adult participant)

Is the participant currently under medical treatment? (describe)	Yes	No	Does the participant have any history of respiratory illness? (describe)	Yes	No
Is the participant diabetic?	Yes	No	Is the participant subject to seizures of any kind?	Yes	No
Date of last tetanus shot? Month & Year					
Is there any medical condition (heart condition, ulcers, etc.) or malformation now existing that may require treatment or affect the participant's participation in this program?				Yes	No
Has the participant had recent surgical operations or accidents or been exposed to infectious disease within the last two weeks? (Please bring notification to the activity if this changes prior to the event)				Yes	No
Does the participant have any allergies or dietary restrictions? If yes, please describe: ☐ Hay Fever ☐ Vegetarian ☐ Lactose Intolerant ☐ Other (explain)				Yes	No
Name of all medications:					
Name and phone number of physician:					
Emergency Contact: _____ Name _____ Relationship _____ Daytime phone _____ Evening phone					

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

As parent or guardian, if my child needs medical attention, I understand every effort will be made to contact me. I hereby give permission to the medical personnel selected by the person in charge of the 4-H event to order x-rays, routine tests, treatment, release any records necessary, and to provide or arrange necessary related transportation for the person named on this form. I hereby give permission to the physician selected by the person in charge of the 4-H event to hospitalize, secure emergency treatment for, to order injection, anesthesia, and/or surgery for my child as named on this form. I will assume all financial obligations incurred if not covered by insurance.

I understand and agree to follow the health and safety guidelines of the camp.

_____ _____ _____ _____
Camper Signature Date **Parent/Guardian or Adult Participant Signature** Date

Registration Fee $35.00 Check #_____ Date_____ Total _____
Late Fee if after Sept. 14th + $10.00
Make checks payable to: **4-H Outdoor School**
* Please indicate an email for correspondence.