

4-H Junior Master Gardener Camp

June 16-18 For Youth Grades K-5th

A Program of Oregon State University Extension 4-H

Please complete and mail:
 Junior Master Gardener Camp
 P.O. Box 640
 Dallas, Oregon 97338
Questions call 503-931-2578
 503-623-8395
 Email: Judi.Peters@oregonstate.edu

YOUTH APPLICATION

Your Name: _____
 Address: _____
 City: _____ State _____ Zip _____
 Daytime Phone: _____ Evening Phone _____
 Are you a Boy _____ Girl _____ Birth date ____/____/____ Grade completing June, 2009 _____
 E-Mail: _____
 Parent Name: Work Phone Occupation _____
 Alternate Phone Numbers (Cell, pager, relatives) _____
 How did you hear about JMG Camp? _____

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 _____					
Food Allergies? _____					
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

Payment Information

Registration Fee
 (\$30 if paid on or before June 12) \$ _____
 Late Fee after June 12th (\$10) + \$ _____
TOTAL CHARGES: = \$ _____

Payment amount \$ ck# _____ **Make Checks Payable to JMG Camp**