



Early Bird Registration

**2020 MoYava 4-H Camp
July 5 - July 9, 2020**

Office Use Only	
Date rec'd	
Cash _____	m.o. _____
Ck# _____	

Application DUE May 15 to the Mohave 4-H Office

I would like to make reservations for the Mohave / Yavapai County 4-H Camp to be held at Mingus Springs Camp near Prescott, AZ. The camp will begin on Sunday, **July 5** at 2:00 PM and end Thursday, **July 9th** at 10:00 AM.

Total cost will be **\$240.00** for the first member of the family, and **\$220.00** per camper for each additional camper in the same family (ages 8-19). NOTE: the family discount rate applies for EARLYBIRD registrations **ONLY**.

We anticipate filling all 80 camper slots very quickly. For this reason, camp applications will be for 4-H members only unless space permits. Applications will be placed on a first come basis.

The total camp registration fee, completed medical release, and this application are **due no later than 5:00 PM by May 15th**. **Absolutely NO Exceptions.** (Make checks payable to the **Mohave County 4-H** and mail to County Cooperative Extension Office, 101 E Beale St Ste A, Kingman AZ 86401 Office, by the date due.

PLEASE COMPLETE THE FOLLOWING INFORMATION:

CAMPER'S NAME _____ **AGE** _____ **T-SHIRT SIZE** Youth S M L
Adult S M L XL XXL

ADDRESS _____ **CLUB** _____

CITY _____ **ZIP** _____ **BIRTHDAY** _____ **M/F** _____

Camper Email _____ **GRADE IN SCHOOL** _____

PARENT/GUARDIAN _____ **ADDRESS** _____

PARENT Email _____

PHONE _____ **EMERGENCY PHONE NUMBER** _____

I pledge my full cooperation as a participant in 4-H Camp. My signature indicates that I understand that camp means having a positive attitude, "learning by doing" and fun, and I am to remain within the 4-H Camp boundaries at all times and participate in the planned program.

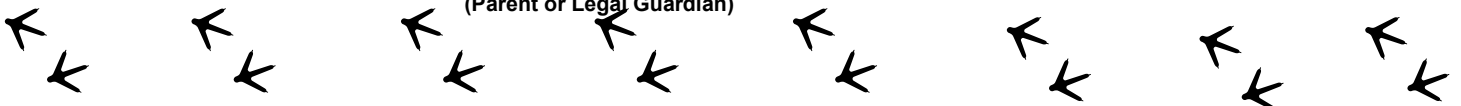
IF you do not grant permission, check this box. Unchecked box grants permission to the University of Arizona, it's certified volunteers to use images of my child (visual, audio, newspaper, and digital) in production and promotion of educational programming.

MEMBER'S SIGNATURE _____ **AGE** _____ **DATE** _____

REFUND POLICY - Request for refunds must be received no later than 5:00 p.m., Friday, June 14th, to obtain a refund, \$15.00 possessing fee will be deducted. Cancellations after this date will not be refunded.

PARENT'S RELEASE STATEMENT: I am willing for _____ to attend the 4-H Camp. I hereby release the University of Arizona, members of its staff and employees, the 4-H Council and 4-H volunteer leaders, from all liability for injuries, accidents and/or illness of any kind sustained during 4-H Camp, including time of transportation. It is understood that the University of Arizona Staff and Employees and 4-H volunteer leaders will supervise the activities of the 4-H youth during camp. I further understand that any damage to camp or facilities caused by the camper will be the financial responsibility of the parent to repair or replace. I also certify that he/she is physically able to attend camp and has permission to go.

SIGNED AND APPROVED BY _____ **DATE** _____
(Parent or Legal Guardian)



INFORMATION ON APPLICATION MUST BE FILLED IN COMPLETELY

The following medical information about this 4-H'er is for the purpose of obtaining immediate medical attention necessary and instituting adequate precautions and/or programs to make 4-H Camp a safe and enjoyable experience.

Family Doctor _____ Phone _____

Regular medication required
(Insulin, Antihistamine, etc.)

Type of activities prohibited due to physical limitations

Allergies (Food, drug, insect, etc)

Immunization Dates **(required)**

Measles/Mumps _____

Tetanus _____

Other _____

This certifies that the above named 4-H member is physically able to participate in 4-H activities with the exception of the items listed. In the event of injury or illness to my child, I authorize the Camp Director or Nurse to arrange for necessary and appropriate medical treatment by any doctor licensed to practice medicine in the State of Arizona, and I agree to pay all doctor and hospital bills.

SIGNED AND APPROVED BY _____
(Parent or Legal Guardian)

GUN & ARCHERY SAFETY PROGRAM - The 4-H Camp program includes a gun and archery safety program. This certifies that the above-named 4-H member has my permission and consent to take part in group activities and to handle firearms (pellet gun) and archery equipment under the guidance of a certified adult instructor while the group receives supervised instructions and training at the 4-H Camp.

I understand that any live ammunition used in this course will be furnished by the instructor and that the camper will **NOT bring live ammunition or firearms to camp.**

Participation in the Gun Safety and Archery Program is optional. Please check if you wish your child to participate.

Archery _____ May Participate

_____ May Not Participate

Water Activities _____ May Participate

_____ May Not Participate

Date Signature of Parent or Guardian

Persons with a disability may request a reasonable accommodation, such as a sign language interpreter, by contacting our office. Requests should be made as early as possible to allow time to arrange the accommodation.

Issued in furtherance of Cooperative Extension work, acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture, Jeffrey C. Silvertooth, Associate Dean & Director, Extension & Economic Development, Division of Agriculture, Life and Veterinary Sciences, and Cooperative Extension, The University of Arizona.

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4-H Camp
Permission to Swim Form
Must have completed form or you will NOT be allowed to swim!

The 4-H camp at Mingus Springs has a lake that is deep enough for us to offer swimming and other water programs. The purpose of this form is to grant your young person swimming permission (under the watch of lifeguards and adult staff), and to rate your child's swimming ability. We will have the "swimming buddy" system in place at all times and will have no more than 25 youth near the lake at the same time.

Camper's Name _____

As the parent/guardian of the 4-H camper named above, I **Give** permission **Do not** give permission for the 4-H camper to swim and participate in activities at or near the Mingus Springs Lake.

On a 1-10 scale (1 meaning my child cannot swim, 10 meaning my child is an excellent swimmer).

I would give my child the following rating:

1	2	3	4	5	6	7	8	9	10
Can't swim		Limited		Decent		Capable		Excellent	

Parent/Guardian Signature

Date