



REGULAR REGISTRATION

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

2022 MoYava 4-H CAMP

July 3 - 7, 2022 Due June 18th

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 3** at 2:00 p.m. and end Thursday, **July 7th** at 10:00 AM Total cost will be **\$270.00**. **NO FAMILY DISCOUNT** for Regular registration.

The total camp registration fee, completed medical release, multimedia release, and this application are **due no later than 5:00 PM by June 18th** (Make checks payable to the **Mohave County 4-H Leaders Council** and mail to County Cooperative Extension, 101 E Beale St Ste A, Kingman Az 86409 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** _____

Email _____ **GRADE IN SCHOOL** _____

PARENT/GUARDIAN _____ **ADDRESS** _____

PARENTS 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. I understand that this is a tentative event that depends on the current situation regarding COVID-19.

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

REFUND POLICY - Request for refunds must be received no later than 5:00 p.m., Friday, June 11th, 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 Mohave/Yavapai County 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)

Mohave/Yavapai 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

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.

Gun Safety	_____ May Participate	_____ May Not 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, Dr. Edward C. Martin, Associate Dean & Director, Extension & Economic Development, Division of Agriculture, Life and Veterinary Sciences, and Cooperative Extension, The University of Arizona.

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