Youth Registration Form: Please Print Clearly

Name: __________________________________________  Age: ______  Gender: Male/ Female

Mailing Address: ____________________________  City: __________ State: ______ Zip Code: ______

Parents Name: ____________________________  Email Address: _______________________________

Phone Number: ____________________________  Alternate Phone Number: ______________________

Emergency Contact: ________________________  Relation: _________________________________

Allergies: (Food or Other) ______________________________________________________________

Are you a current member of a 4H Club? Yes/ No

If, yes which club ______________________  Leader Name: ________________________________

How did You hear about our camp? _______________________________________________________

Circle Which Projects You Wish To Attend (Limit 1 per session)

Session 1:  Archery  Robotics  Cake Decorating  Leather Craft  Rockets
Session 2:  Archery  Robotics  Cake Decorating  Leather Craft  Rockets
Session 3:  Archery  Robotics  Cake Decorating  Leather Craft  Rockets
Session 4:  Archery  Robotics  Cake Decorating  Leather Craft  Rockets
A medical provider will need this form before treating a minor’s illness or injury. It should accompany the student when seeking medical treatment.

Name of Participant: _______________________________  Date of Birth:___________________

Name of Parent or Legal Guardian:_______________________________

Mailing Address: ___________________City:__________ State: ____________ Zip Code:_________

Employer Name: _______________________________ Work Phone:________________________

MEDICAL INFORMATION

Do you have any medical conditions or allergies? Yes or NO Please Explain:
__________________________________________________________________________________
__________________________________________________________________________________

If the student has any condition that may require special treatment it is imperative that a medical provider is alerted. Please indicate below any on-going medical or emotional problems that may require special attention (e.g., epilepsy, allergies, asthma, disability, anxiety, depression, etc.).

Use reverse side if necessary: _________________________________________________________

Has the student had any major illness during the past year?  Yes/No
If so, please Explain: ________________________________________________________________

Date of last tetanus Injection: _________________________  Are contacts or glasses worn? Yes or No

Allergies to medication:_______________________________________________________________

Does the student take any prescribed or over-the-counter medications? If so, what are they?
____________________________________________________________________________________

Primary Care Physician’s name:
_______________________________________________________________________________

Address: ______________________________  Phone: ______________________________

PARENT OR GUARDIAN AND WITNESS READ AND SIGN:

I hereby certify that to the best of my knowledge the above medical statement is accurate. I give my consent to the Tse Hootsooi Medical Center, or medical personnel at another institution, to provide whatever medical treatment they may deem necessary for the health and welfare of my son/daughter/ward. It is also understood that no major surgery will be performed on my son/daughter/ward without my further specific consent except in those cases of extreme urgency when the delay in obtaining consent may constitute a serious risk of life to my son/daughter/ward. I further realize that expenses for medical attention shall be my responsibility.

Parents Signature: ___________________________________ Date:__________________________
Parental Consent

I hereby give permission for my son/daughter to attend the 4-H Project Day at the following location: Tsaile, Arizona on Dine College Campus. Land Grant staff, 4-H staff, and educational mentors will service as chaperons during camp hours on the camp grounds and all day activities. Youth younger then 8 years old will need to be accompanied by parent/guardian. My son/daughter will be required to comply with the 4-H Project Day rules and regulations, as well as all Federal, State and Tribal laws and regulations and 4H Code of Conduct. I understand that my child will participate in activities that require use of various tools and demonstration equipment. I further understand that the 4-H Youth Project Day staff will provide security and will supervise all activities. However, all participants must be in compliance with and abide by all rules, regulations and policies established by the 4-H Youth Project Day. Diné College Land Grant Office, Arizona 4-H, and camp providers will not be responsible for any accidents, injuries or other misfortune, which may occur as a result of a participant’s violation of these rules, regulations or policies. If the student decides to leave the camp voluntarily before the advertised end date/time, the camp providers will release the student only into the custody of the parent/legal guardian and will not be responsible for the student after her/she leaves the site. The 4-H Project Day staff reserve the right to dis-enroll a student at any time due to a violation of any rule, regulation or policy established by the camp providers. Diné College Land Grant Office, Arizona 4-H, and camp providers will not be responsible for any accidents, injuries or other misfortune, which may occur as a result of a participant’s violation of these rules, regulations or policies. I understand and hereby acknowledge that certain risks are inherent to participation in activities. These types of injuries may be minor or serious and may result from one’s own actions, the actions or inaction of others, or a combination of both. I understand certain rules and regulations are designed for the safety and protection of participants and the camp employees and I hereby undertake to abide by these rules and regulations. I understand that certain activities require a minimum level of fitness and health; that being physical, mental and emotional, and that each person has a different capacity for participating in these activities. The 4-H Youth Project Day providers shall not be liable for any injury to my person or loss to my personal property arising from, or in any way resulting from my voluntary participation in these activities. I declare having read and fully understand this parental permission form and informed consent agreement in its entirety and hereby consent to participation acknowledging all foregoing. I also declare that all information provided in this application packet to be true and accurate.

PHOTO RELEASE: I give permission to the Diné College Land Grant Office and Arizona 4-H to use any slides, photographs, images, video and/or statements that may be taken of my child during the course of the program for marketing and/or promotional purposes. ________ (Initial)

Print Student’s Name: ________________________________

Signature: ________________________________ Date: ________________________________

Print Parent/Legal Guardian’s Name: ________________________________

Parent/Legal Guardian’s Signature: ________________________________ Date: ________________________________