



Budding Adventures

4-H Cloverbud Camp

Who: All Adams County 4-H Cloverbud Members (and friends),
ages 5 to 7 (as of 12/31/17)

What: Adams County 4-H Budding Adventures Cloverbud Camp

When: Tuesday, July 10, 2018 from 9:30am to 1:30pm

Where: Adams County Fairgrounds, Al Lesser Building

Why: This day camp is designed just for you! This is an exciting opportunity for you to have new experiences, make new friends, learn more about 4-H and, most importantly, to have fun!

Questions: Call (303-637-8108) or e-mail (jhurdelbrink@adcogov.org)
Julia at the 4-H office



The registration cost of \$15 covers the cost of supplies, t-shirt, snacks and insurance. Make checks payable to Adams County 4-H.

Space is limited to the first 30 Cloverbud members and their friends to sign up. Please fill out the attached information and return it, with the registration fee, to Julia in the Extension Office. **Registration forms are due to Julia by 4:00pm on Friday, June 29, 2018.** The camp is designed for Cloverbuds who are able to be away from their parents for a half-day and can participate in a group setting.

There may be Indoor and outdoor activities during camp, so please make sure that participants are dressed for doing both types of activities (sunscreen, bug spray, appropriate clothing and shoes)



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4-H Cloverbud Camp Registration

Cloverbud Name _____ Cloverbud Age as of Dec. 31, 2017 _____

Address _____ City _____

Club _____ e-mail address _____

Parent/Guardian Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

May we have permission to take and use photos of your child for 4-H related information? _____ Yes _____ No

Participant T-Shirt—Youth sizes (Please circle size): Small Medium Large

(We will do our best to give the participant the size they request. T-shirts will be ordered prior to the registration deadline to guarantee they will be here.)

Other siblings, cousins or family attending Cloverbud Camp _____

*** Pick-up Information***

Please designate name(s) of authorized person(s) to pick up child. Must be age 18 or older.

NOTE: Photo ID will be required and only authorized persons will be allowed to pick up child

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Please indicate any additional information that may be important for our Camp Counselors to know (ex. Allergies, etc):

I release care of my child to Adams County 4-H Cloverbud Camp. A medical release form has been included with this registration form.

Parent Guardian Signature _____ Date _____

Return Forms, with \$15 registration fee (make check out to Adams County 4-H), by 4:00pm on Friday, June 29, 2018 to: Budding Adventures Cloverbud Camp, c/o Julia Hurdelbrink, 9755 Henderson Road, Brighton, CO 80601.

Health Registration Form

Name of Event: **Cloverbud Adventure Camp** Date of event: 7/10/18 to: 7/10/18

Legal Name: _____ Birth date: _____

Home Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Parent's or Guardian's Name: _____ Phone: _____

Street address: _____ Cell Phone: _____
(if different from child's)

City _____ State _____ Zip _____

Place of employment: _____ Phone: _____

If neither parent or guardian can be located, in case of emergency call:

Name _____ Phone Number: _____

Persons designated to take child from event: _____
(include name, address and phone if not listed above)

Persons not permitted to take child from event: _____

List communicable diseases and past history of serious lacerations, injuries and illnesses: _____

List any known allergies and drug reactions: _____

List any prescriptive or non-prescriptive medications which youth must take:

<i>Name of Medication</i>	<i>Dosage</i>	<i>Frequency</i>	<i>Prescribing Physician</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe any special diets youth must follow:

Description of diet

Prescribing physician

Youth must have had a physical examination within the preceding 24 months by a licensed physician or a licensed nurse practitioner. The event has the right to refuse admission of a youth who does not have an examination verification.

Date of last physical examination: _____

Physician's Name: _____ Phone: _____

Attach Colorado Certificate of Immunization or complete the following:

Vaccine

Month and year

Each immunization was given

Diphtheria-Tetanus-Pertussis (DTP or baby shots)

Or

Tetanus-Diphtheria (TD)

Polio

Measles (hard, red)

Rubella (German measles)

Mumps

Other

Authorization to participate or exclude participation in event activities: I give permission for my child to participate in all event activities with the following exceptions:

Authorization for medical care: I hereby give my permission to event officials to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child, _____, should an emergency arise. It is understood that event officials will make a conscientious effort to locate the emergency contacts listed on this document before any action will be taken. If it is not possible to locate emergency contacts listed, I/we will accept the expense of emergency medical or surgical treatment.

Insurance Company: _____ Policy #: _____

Subscriber Name and address: _____

Parent's or Guardian's signature: _____ Date: _____