

LIST ONLY ONE CAMPER PER FORM; REQUEST ADDITIONAL FORMS FROM THE UWEX OFFICE



7TH & 8TH GRADE CAMP



CAMPERS REGISTRATION FORM
WASHINGTON - OZAUKEE COUNTY 4-H CAMP
July 11 - 14, 2010

Return this form to:

UW-Extension Office, Camp Registration, 121 W. Main Street, P. O. Box 994 Port Washington, WI 53074. Please enclose the entire camp fee (\$135). This camp fee will be returned to you if cancellation is made **15 days before camp**. After that, a \$70 non-refundable fee will be charged until **one** day prior to camp. If cancellation is made on the day of camp, there will be a \$90 non-refundable fee. All information on this form will be kept confidential with your Extension Agents and the Camp Nurse. **If you need an accommodation for a disability to fully participate in this program/event, please contact Gail Kraus at 262-284-8288; 711 for Relay. Please give sufficient time to arrange the accommodation.**

****** FULL TIME participation is required ******
Campers who cannot participate for the full four days of camp, will be replaced with an alternate.

CAMPER FILL OUT THIS SECTION:

4-H CLUB _____ PHONE _____ AGE AT CAMP _____

NAME _____ MALE _____ FEMALE _____

ADDRESS _____ CITY _____ ZIP _____

E-MAIL _____

Please CIRCLE camper's grade as of April 30th

BUS BOARDING (please check (✓) one)
_____ PORT WASHINGTON _____ CEDARBURG _____

7th 8th

If there is someone in your grade that you want as a cabin roommate, Please list one person _____

1ST TIME CAMPER _____ Yes _____ No

We cannot guarantee that the person you have listed will be one of your cabin mates.

PLEASE CHECK ONE OF THE CHOICES LISTED BELOW

Please check camper's T-shirt size (✓) _____

7th - 8th Grade Base Outpost – Camp Upham Woods
* An orientation for all participants in the Base Outpost will take place at Upham Woods. **LIMITED TO THE FIRST 8 YOUTH**

Youth: ___ (10 - 12) ___ (14 - 16)

Adult: ___ Small ___ Medium _____
 ___ Large ___ X-Large
 ___ Large ___ X-Large

7th – 8th Grade Outpost Wilderness Adventure – Devil's Lake
* There will be a **REQUIRED** orientation for all participants in the Wilderness Adventure on **JUNE 15th**; 6:30 – 8:00 p.m. at the Cedarburg Fairgrounds. **LIMITED TO THE FIRST 15 YOUTH** **

_____ Yes, I want to Rock Climb (3-4 hour program); \$15 additional (only Wilderness Adventure Campers may rock climb)

CAMP ACTIVITIES

The following activities are part of the camp program. Please (X) those that your child **CAN NOT** participate in:

Swimming in lake/river _____ Canoeing/Boating _____ Archery* _____ Hiking on Irregular Terrain _____ Rock Climbing _____

General Sports _____ Challenge Course _____ Tae Kwon Do _____ Other _____

*ARCHERY: I understand while shooting archery, it may be necessary for the leader to position my child for proper stance and aiming for a safe shooting position. A leader may also need to adjust archery safety equipment to prevent injury to the archer.

I do permit my 4-H child to attend and participate in the 4-H camp program.

_____ (Parent or Guardian) _____

SIGNATURE

DATE

This form is to be filled out and returned to the UW-Extension Office with the **REGISTRATION FEE, BEHAVIOR AGREEMENT AND HEALTH FORM** completed.

FEE - \$135, DUE FRIDAY, APRIL 30, 2010. Make check payable to: **UW-EXTENSION FUND**
OUTPOST ROCK CLIMBING – ADDITIONAL FEE - \$15.00; PLEASE ADD TO ABOVE FEE.
(OVER)

Annual Ozaukee County 4-H Youth Behavior Agreement Form

1. Members are expected to:

- a. Attend all planned activities.
- b. Behave in ways respectful of others, (participants, chaperones, and hosting organization(s)).
- c. Inform chaperone of use of prescription medication.
- d. Respect public and personal property. Parent(s) or guardian may be held financially liable for any damage beyond reasonable wear and tear.
- e. Abide by all quiet hours and curfew times.
- f. Behave in accordance with applicable federal, state, and municipal laws.

2. Members are to refrain from:

- a. Using or possessing controlled or illegal substances (medication, tobacco, alcohol, drugs, etc.) except as prescribed by a physician.
- b. Using obscene or objectionable language; including racial or ethnic slurs.
- c. Physically leaving the program site without expressed permission of chaperone and/or host.
- d. Driving vehicles to, from, or during the activity, in accordance with the County's driving policy.

3. Members and their families understand the chaperone's role:

- a. To serve as an advocate for the members.
- b. To maintain regular contact with members to monitor health, attitude, behavior, problem situations, etc.
- c. To be aware of all prescription medications in use by members. (Chaperons may not dispense medication.)
- d. To make appropriate decisions in emergency situations to enhance the health and well-being of the members.
- e. To have responsibility to determine the occurrence of inappropriate behavior and take appropriate action(s) which may include:
 1. Counseling with involved member(s) to reach an understanding and cessation of the inappropriate behavior.
 2. Taking disciplinary actions at the time of the occurrence (not to include physical punishment).
 3. Informing parents and local Extension personnel of misbehavior at time of occurrence if severity warrants such notification.
 4. **Deciding to remove a member from the program and send the member home early at the expense of the member's family.**

I have read and understand the above expectations. If I break this agreement or my conduct is not satisfactory to the chaperone or the hosting organization(s), I understand that I may be sent home, and my parent(s) or guardian will be responsible for paying all costs incurred by the early departure. I understand that I may be asked to forfeit all funds expended upon my behalf during the event. I understand that I may be ineligible to participate in future 4-H activities. I understand that some 4-H programs may require additional expectation forms tailored to that event or activity.

(4-H Member's Signature)

(Date)

As parent or guardian, I understand the above rules/penalties, accept them, and agree to be bound by the same.

(Parent's or Guardian's Signature)

(Date)

Name _____

Day Phone () _____

Address _____

Night Phone () _____