



2017 4-H Adventure Camp Registration

Name: _____ Gender: _____

Address: _____

City: _____ Zip: _____

Phones: (Home) _____ (Cell) _____

County: _____ 4-H Member*: Yes No

**You do not need to be a 4-H member to attend camp!*

Please contact your County Extension Office for scholarship information

T-Shirt size: YM, YL, AS, AM, AL, AXL, AXXL Military Family: Yes No

Grade just completed: _____ Have you attended this camp before? _____ When: _____

How did you hear about 4-H camp? 4-H Counselor Friend Internet Other _____

Friend you would like to room with: _____

Request must be reciprocal. Call 287-5900 if you need special arrangements

Kid's Camp-June 22 to June 25 (completed grades 3-5)

Early Bird Registration by June 8 \$190.00★

Regular Registration after June 8 \$230.00★

Teen Camp-July 10 to July 14 (completed grades 6-8)

Early Bird Registration by June 26 \$230.00★

Regular Registration after June 26 \$270.00★

Kid's Camp- August 4 to August 7 (completed grades 3-8)

Early Bird Registration by July 21 \$190.00★

Regular Registration after July 21 \$230.00★

Payment Options

Check (make payable to District II 4-H Camp)

To pay by Credit Card
www.cascadelake4hcamp.com

Payment Plan:
Down payment \$75 Kids \$90 teens
Call 208-287-5900 for information

Mail registration form to:

Ada County Extension
5880 Glenwood
Boise, ID 83714

◆ Refunds of all camp fees less \$50 may be granted if requested before the Early Bird Deadline. No refunds will be granted after that time. Camp fees are transferable .

◆ I understand that the 4-H Adventure Camp Director and adult staff, with the assistance of camp counselors are responsible for making sure the safety and well being of my child is consistent for the entire camping time. I understand that if the above named participant does not conduct him/herself properly and in agreement with the policies and procedures, I will be notified and he/she may be sent home at my expense.

I understand and agree with the above stated policy:

Signature of parent/guardian: _____ Date: _____

Bus transportation to and from camp is included with your registration fees. Campers may be driven to and from camp with no reduction in camp fees. Please choose the bus that your child will be riding to camp and returning from camp. Bus schedules will be sent out one to two weeks prior to camp departure date. Other bus stops may be added depending on number of campers signed up at that location.

Bus to camp: Ada County Extension Canyon County Extension Fruitland Emmett Horseshoe Bend Driving Up

From camp: Ada County Extension Canyon County Extension Fruitland Emmett Horseshoe Bend Driving Home



4-H Camp Health Form

CAMPER MAY NOT REGISTER WITHOUT HEALTH FORM

Counselor Adult Staff Teen Camp June Kids Camp August Kids Camp

Name _____ Birthdate _____ Gender _____

Parent or Guardian _____

Home Phone _____ Work Phone _____ Cell Phone _____

Home Address _____ City _____ Zip _____

If not available in emergency, notify _____

Address _____ Phone _____

Physician _____ Phone _____

Medical Insurance: _____ Policy # _____

HEALTH HISTORY: Check if camper has had the disease or give date of last immunization.

_____ Chicken Pox _____ DPT _____ MMR

IMPORTANT: PLEASE NOTIFY THE CAMP OF ANY EXPOSURE TO INFECTIOUS DISEASE IN THE TWO WEEKS PRIOR TO CAMP.

▶ Please list all allergies _____

▶ Operations or serious injuries (dates) _____

▶ Chronic or re-occurring illness and treatment which may be needed while at camp (**Campers requiring one on one supervision for a medical or developmental conditional must be accompanied by a personal caretaker. These arrangements must be made no later than one week prior to camp with Dianne Hobbs, 5880 Glenwood, Boise, 83714, dhobbs@uidaho.edu.**) _____

▶ Dietary modification (including vegetarian) _____

▶ Current medication (**medication must be sent to camp in original package and will be dispensed by the camp nurse according to the package directions (applies to both over the counter and prescription medications)**) _____

▶ Any specific activities to be restricted _____

▶ Please list any special considerations you feel we need to be aware of (such as bed wetting, car sickness, sleepwalking) _____

Information is **CONFIDENTIAL** _____

PARENT'S AUTHORIZATION: To my knowledge this health history is correct so far as I know, and the person herein described has permission to engage in all Camp activities except as noted. I hereby give permission to the physician by the 4-H Camp to order x-rays, routine tests and treatment for the health of my child, and in the event I cannot be reached in an emergency, permission to secure proper treatment for, hospitalization, order injection, and/or anesthesia and/or surgery for my child as named above.

Signature of Parent or Guardian _____ Date _____

CAMPER AGREEMENT: I also understand and agree to abide by the restrictions placed on my activities and agree to assist the 4-H Camp staff in my health care.

Signature of minor 4-H Camper _____

University of Idaho
 4H Camp / Conference / Overnight Event
 Registration / Permission / Waiver

Signatures on back of page are required prior to participation in the Activity.

Name	(First)	(Last)	(Age)	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address	(Street)		(City, State, Zip)		
County & District	(County)		(District)		
Phone	(Home)		E-mail:		
Emergency contact(s) & Insurance info	NAME:		(Relationship)		
	PHONES:	WORK:	HOME:	CELL:	
	NAME: (if needed)		(Relationship)		
	PHONES:	WORK:	HOME:	CELL:	
	(Medical insurance company name)				
(Policy number)					
<p>PLEASE NOTE: Hospitals require proof of coverage before providing treatment unless a life threatening situation exists. It is suggested that participants bring a copy of their insurance card. Participants are covered by an American Income Life accident / illness policy while participating in activities sponsored by our Activity. In the event of injury or illness arising from participation in the Activity, American Income Life must be notified within 20 days of the date of the illness or injury. The Activity staff will have information on filing claims. Insurance provided through American Income Life provides only limited protection for injuries or illnesses that occur while participants are participating in the Activity, and the participant's family is responsible for all medical expenses not covered by Activity insurance.</p>					

**Acknowledgement of Risk and Waiver of Liability
 Parent/Guardian Permission**

Both participants and parent(s) / guardians must read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document. Please read both sides of this page. Sign and return this form to 4H Activity Advisor. If you are under the age of 18, this form must be signed by you as the participant AND by your parent or legal guardian.

I, the undersigned participant or parent/guardian, am aware that participation in the 4H Camp, Conference, or Overnight Event ("Activity") may include activities that are risky and dangerous. Both participant and his/her parent(s) / guardian(s) ("I") acknowledge and accept the risks and give permission for my participation in the Activity. I acknowledge that participation in this Activity has the following non-exhaustive list of particular activities that bear risk and danger and from which bodily injury to myself, or my child, up to and including death, may occur: activities supplemental to the Activity, such as walking or hiking to and from sites of interest or conference locations; physical activities, while on campus or off, that may involve strenuous exertion that could place stress on cardiovascular and/or musculo-skeletal systems including but not limited to baggage handling; use or operation, by me or others, of equipment and vehicles in the condition in which they are found; exposure to inclement weather including, but not limited to sun, rain, snow, ice, wind, and extremes of heat or cold; contact with dangerous animals, poisonous plants, insects and environmental or biological hazards; staying overnight on or off campus in university housing, commercial hotels or with host families; risks related to transit to or from the Activity locations including but not limited to travel by airplane, bus, van, private or rented auto; use of facilities, roads, sidewalks, and parking lots that may or may not be properly maintained; exposure to contaminated food and untreated water; risk related to the rendering or receipt of emergency first aid, or other emergency treatment, and transport in medical emergencies; accident or illness in locations without access to appropriate medical facilities or supplies; and other unknown and unanticipated activities and risks.

In consideration of the University of Idaho ("UI") permitting me/my dependent to participate in the Activity, I and my dependent hereby voluntarily assume all risks associated with participation. To the extent permitted by law, I agree to indemnify, defend, save, hold harmless, discharge and release the State of Idaho, the Regents of the University of Idaho, their agents and employees from any and all liability, claims, causes of action or demands of any kind and nature whatsoever that may arise out of or in connection with my participation in any activities related to the above-named Activity.

It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall serve as a release, discharge and assumption of risk for my heirs, estate, executor, administrator, assigns and all members of my family. I am aware that if I provide a vehicle not owned and operated by the University for transportation to, at, or from any Activity site, or if I am a passenger in such a vehicle, the University is not responsible for any damage or injury caused by or arising from my use of such transportation. Furthermore, I acknowledge that I am solely responsible for any action that I take that is outside the scope of the scheduled Activity, regardless if occurring before, during or after the period of the Activity. I acknowledge that the university makes no representation with respect to the safety of any personally owned vehicle in which I may travel, or with respect to the qualifications of the driver of any personally owned vehicle. I understand that if I choose to travel in a personally owned vehicle, it is my responsibility to determine the safety of the vehicle and qualifications of the driver.

I hereby certify that, with or without accommodation, I and/or my dependent is in good health and I know of no medical reason why I/he/she is not able to participate in this Activity. I hereby consent to first aid, emergency medical care and if necessary, admission to an accredited hospital when necessary for executing such care, for treatment for injuries or illness that I/he/she may sustain while participating in any activity associated with the above named Activity.

<i>This form continues on the back of this page.</i>	INITIAL PAGE 1 HERE:
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I understand that any insurance provided through this Activity provides only limited protection for injuries that occur while participating and that I am responsible for all medical expenses not covered by Activity insurance. Activity insurance is provided by an American Income Life camp accident policy.

If my dependent has a disability, food or drug allergy, dietary requirements, or any condition requiring accommodation, I will contact Disability Support Services (208) 885-6307 at least one week (7 days) prior to the start of the Activity.

Whether or not I am a student, I will abide by: the University of Idaho Student Code of Conduct, Articles II through IX at <http://www.webs.uidaho.edu/fsh/2300.html>; the behavioral expectations of the Activity; and all applicable city, state and federal laws. My failure to do so may be considered grounds for denying my/my dependent's participation in the Activity.

I agree that you may photograph or video me or my child during, and in connection with, the Activity. I agree that you shall be the exclusive owner of all images and all copyright and other rights in the images. I agree that you may use any image in any media you wish related to the University of Idaho.

If you **DO NOT** GIVE PERMISSION TO PRODUCE OR USE IMAGES YOU OR YOUR CHILD, CHECK HERE

Note: If participant is under 18 years of age, a parent/legal guardian must also sign and accept responsibility for the participant's actions and terms of the above agreement.

PARTICIPANT'S SIGNATURE
Participant's Name (PLEASE PRINT):
Participant's Signature: X
Date:

PARENT(S) / GUARDIAN(S) SIGNATURE
Parent/ Guardian Name (PLEASE PRINT):
Parent/ Guardian Signature: X
Date:



CASCADE LAKE 4-H CAMP

Donnelly, Idaho

www.cascadelake4hcamp.com

contact@cascadelake4hcamp.com

WAIVER OF LIABILITY & INDEMNITY

I am the legal guardian for _____, a minor ("Child"), who will be at the Cascade Lake 4-H Camp provided by Cascade Lake 4-H Camp, Inc. ("4-H Camp"), participating in camping, use of the Cascade Lake Reservoir, and other activities ("Activities"). As lawful consideration for the intangible value that the Child will gain by participating in the Activities, I agree to all the terms and conditions set forth in this agreement ("Agreement").

I am aware and understand that the Activities are dangerous and involve the risk of serious injury, death, or damage of property brought to the 4-H Camp. I acknowledge that any injuries that the Child sustains may be caused or compounded by negligent emergency response or rescue operations of the 4-H Camp. I acknowledge the danger involved and agree to accept and assume any and all risks of property damage, injury, or death of the Child whether caused by the negligence of the 4-H Camp or otherwise.

I understand that the Cascade Lake 4-H Camp, Inc. and its volunteer board of directors and employees do not plan or supervise the Child's activities and are not responsible for my Child's safety and well being while at the 4-H Camp. I understand that my Child's activities at the 4-H Camp are planned and supervised by the camping director of the group he/she is camping with, and that the camping director is responsible for my child's safety and well being during the camping period.

I further understand the 4-H Camp, Inc., its volunteer board of directors or employees will not be liable for any injury that my Child may incur while participating in the Activities in or on the water or at the 4-H Camp during my stay. I expressly waive and release all claims, including future claims, against the 4-H Camp, its officers, volunteer board of directors, employees, agents, and its successors and assigns ("Releasees") on account of injury, death, or property damage arising out of my Child's participation in the Activities, whether or not attributable to the negligence of the 4-H Camp or any Releasee. I forever release and discharge the 4-H Camp and other Releasees from liability under or related to these claims.

I agree to defend, indemnify, and hold harmless the 4-H Camp and all other Releasees against any and all losses, damages, liabilities, deficiencies, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs, or expenses of whatever kind, including attorney fees, fees, and the costs of enforcing any right to indemnification under this Agreement and the cost of pursuing any insurance providers, incurred by or awarded against the indemnified party, arising out of or resulting from any claim of a third party related to the Activities, whether caused by negligence of the Releasees or otherwise.

This Agreement constitutes the entire agreement of the 4-H Camp and me with respect to my Child's participation in the Activities at the 4-H Camp. This Agreement is binding

on and shall inure to the benefit of the 4-H Camp and me and their successors and assigns. All matters arising out of or related to this agreement will be governed by the internal laws of the State of Idaho, without giving effect to any choice or conflict of law provision. Any claim or cause of action arising out of this Agreement may be brought only in the federal and state Courts located in the state of Idaho, county of Canyon.

By signing this Agreement, I acknowledge that I have read and understand all of the terms of this Agreement and that I am voluntarily giving up substantial legal rights, including the right to sue Cascade Lake 4-H Camp, Inc.

Signature of Legal Guardian

Date

Guardian name (printed)

Phone

Address, City, State, Zip

Medical Alerts: _____

Cascade Lake 4-H Camp is operated in accordance with USDA policy which prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disabilities, and political beliefs. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Bldg, 14th and Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Letter To My Child's Counselor

(To be completed by parent or guardian and mailed back with wavier forms)
Only your child's counselor and camp director will see this form

My Child's Name is: _____ Nick Name : _____

This is my child's _____ year at 4-H Adventure Camp.

This is my child's first time at an overnight camp? Yes No

I signed my child up for camp because _____

While at camp I hope they? _____

My child's favorite activities are _____

My child works best with others that _____

My child might be afraid of _____

My child is most happy when _____

When my child works in groups he/she _____

I would describe my child's personality as _____

My child has been diagnosed as having special needs such as behavioral problems, learning disabilities or emotional problems ____ No ____ Yes, My child can be best supported by _____

To help my child with homesickness, I would suggest _____

My child has recently gone through this life changing event that you need to beware of (loss of loved one, illness, change in living situation) _____

Any other information, comments, concerns or suggestions you would like to share? _____



2017 Art Contest

Sponsored by: UI Extension District II Camp Program

Directions: Draw & color a picture in the space below that describes something that you like about camping!

Due: By camp registration due date. All entries become the property of District II 4-H Camp to be used for promotional purposes.

Mail to: Ada County Extension, 5880 Glenwood St, Boise, ID 83714

Name: _____ Grade: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Prize: The Grand prize winner will receive a \$50 gift certificate to be used toward registration to attend Teen Camp or Kid's Camp next year. There will be a winner chosen from each camp. (The Kid's Camps are open to youth completing grades 3-5 and the Teen Camp is open to youth completing grades 6-8) Drawings entered in the competition will not be returned and may be used to promote future 4-H camps. Winners will be announced at the respective camps and a gift certificate for \$50 off a camp registration will be given at that time.