

OCTOBER 9, 2009

10:00 a.m. - 2:00 p.m.

**KOOTENAI WILDLIFE
REFUGE**

Erika Thiel or Bobbie McGary 267.3235

LET'S GET WILD AT THE REFUGE

University of Idaho
Extension



Mountain bluebird photo: Janet Satchwell, Kootenai NWR, USFWS



White Tail Deer Ray Walsh, Volunteer - Kootenai NWR, USFWS



Bull Moose Nancy Schmidt, Kootenai NWR, USFWS



The First of many **FUN FRIDAYS** to come
"Let's Get Wild At the Refuge"! Join us for a
FUN action packed day at the Kootenai
Wildlife Refuge where you will learn about
GPS, wildlife, do some hiking and more!

Participants will need to bring a sack lunch and dressed appropriately
as we will be outside.

Complete the registration form on the following page. For more
information call Erika or Bobbie at 267-3235.

Highlights

- GPS
- Hiking
- Wildlife
- **FUN!!!!!!!!!!!!**

Date

- October 9 10am-2pm

Cost

- \$10.00 per child (Grades K-8)

Pre-registration

- Required - call 267-3235

**REGISTRATION
FORM ON NEXT
PAGE**



Boundary County Extension
6447 Kootenai Street
Bonners Ferry, ID 83805

Phone: 208.267.3235
Fax: 208.267.3056
Email: ethiel@uidaho.edu

The University of Idaho provides equal opportunity in education and employment on the basis of race, color, religion, national origin, gender, age, disability, or status as a Vietnam-era veteran, as required by state and federal laws. Anyone attending programs highlighted in this document that requires auxiliary aids or services should contact Erika Thiel at P.O. Box 267, Bonners Ferry, ID 83805, or by calling 208.267.3235, or via email at ethiel@uidaho.edu at least two weeks prior to the event.

Emergency and Identification Information

1. Family Information

Grade: _____

Child's Name _____ Birth Date: _____
LAST NAME FIRST NAME MI

Home Address: _____ Phone #: _____

Mother's Name: _____ Cell #: _____

Business Name: _____ Phone #: _____

Father's Name: _____ Cell #: _____

Business Name: _____ Phone #: _____

2. Physician to be called in emergency

Name: _____ Phone: _____

Address: _____

If physician cannot be reached, 911 will be called

3. Medical Insurance _____

Policy Number: _____ Medi-Aid Number: _____

4. Allergies or other Medical Limitations _____

5. Special needs of the child _____

6. **Permission for Medical Treatment.** Administrative procedures vary among medical personnel and medical facilities with regard to provision of medical care for a child in the absence of the parent. The exact procedures required by the physician or hospital to be used in emergencies should be verified in advance.

In case of an accident or emergency, I authorize an Explore 4-H Afterschool Fun staff member to call 911 and get the needed treatment and measures as are deemed necessary for the safety and protection of my child at my expense.

Signature Parent or Guardian

Date