



CAMP CLOVERBUD '09 BUGS & BUTTERFLIES



Camp Cloverbud is an action packed day camp open to youth ages 5-9.

Participants must be pre-registered by July 17, 2009

- **Parents** - If you are planning to spend the day with us, we can use your help!! Please indicate if you are staying on the registration form
- **What to wear:** Play clothes, since it is outdoors be prepared for inclement or hot weather
- **What to bring:** A sack lunch and water. Additional drinks and snacks will be provided
- **Where & When:** Thursday, July 23, 2009 at Snow Creek Pond
- **Schedule:**

8:45 a.m. - 9:00 Sign-in
 9:00-9:15 Orientation
 9:30-11:45 Morning stations
 11:45-12:15 Lunch
 12:30-2:00 Afternoon stations
 2:00 p.m. Parents pick up

- **Cost:** \$11.00 for non 4-H members. If children are enrolled in the Cloverbuds project the fee is waived.

University of Idaho
Extension

Complete and return registration form to the Boundary County Extension Office by
JULY 17, 2009

Will you be staying with your child during the day? Y/N _____ I am willing to help _____

Name of child: _____ Age: _____

Address: _____

Phone: _____ Alternate Phone: _____

Emergency Contact (Name & Phone) _____

Physician (Name/Phone) _____ Allergies/Reactions child has _____

I, _____, understand that this 4-H activity will be supervised by
(parent name - printed please)

Authorized representatives in the 4-H program and that, if a serious illness or injury occurs, medical and/or hospital care will be given. However, the State of Idaho, Regents of the University of Idaho, The University of Idaho Extension faculty and their respective agents, servants, employees, and volunteers (collectively, referred to as Releasees) are not responsible in case of accidental injury or illness. I further agree to hold harmless, indemnify, and defend all above named Releasees from and against all claims, demands or suits that my child may have. I understand, in case of a medical emergency, I will be notified. In the event I cannot be reached, I hereby give permission to the attending physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child as named above on this Health Certificate and do solemnly swear that the information set for in this Health Certificate is true and correct to the best of my knowledge and belief.

Signature, Parent or Legal Guardian

Date

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