



CL²N Camp Registration July 10th - 13th



Name : _____ Age: _____

Birthdate: ____________ Gender: Male Female Year at Camp: _____

Address: _____ Home Phone: ____-____ Emergency Phone ____-____

****We will be assigning cabins prior to your arrival at camp. If there is someone that you want to be with be sure to list their name, otherwise we cannot guarantee that you will be placed in the same cabin.****

Name of one friend that you would like in your cabin _____



2009 Camp fee \$65.00 Please make checks payable to: CL²N 4-H Camp

(Refund policy: After June 26, camp fees will not be refunded; prior to June 26, 1/2 of the fee will be refunded.)

Nez Perce County 4-H Member Camper Fee \$60.00*

**All Nez Perce County members are given a \$5 scholarship thanks to the NPC 4-H Leader's Council.*



This year we will be offering camp t-shirts!!!

The cost for a camp t-shirt is \$10 for youth and adult sizes small through extra large. Shirts will be a 50/50 blend. *2XL and larger sizes will be an additional \$2. Cost of t-shirt must be included with camp registration payment.

YES! I want a 2009 camp t-shirt. I would like a (circle one):

Youth	Small	Medium	Large	X-Large		
Adult	Small	Medium	Large	X-Large	2XL*	3XL*

Camp Fee (\$60.00) \$ _____

T-shirt (\$10.00) \$ _____

Total Due \$ _____

— OVER —

Camper Agreement

"I wish to attend 4-H camp at Camp Wooten State Park. I will conduct myself in a proper manner and cooperate with the camp committee, class instructors, teen leaders, and other campers to help make our camp successful. I will do my share of camp chores and help to keep our camp clean for the next camping group."

Camper Signature _____

PARENTS PLEASE READ CAREFULLY

My son/daughter _____ has permission to attend CL²N 4-H Camp and participate in all camp classes and activities except the following (please list): _____

My child is participating in 4-H Camp on a voluntary basis. I hereby waive any and all claims for loss of property or personal injury arising from or connected with said camp, camp activities and transportation to and from camp, against the 4-H camp committee, chaperones, Camp Wooten Association, Washington State Parks and Recreation, University of Idaho Cooperative Extension System, Clearwater, Latah, Lewis, Nez Perce Counties, and all others connected with the camp.

It is recommended that all participants be current on their immunizations.

I have read and discussed the camp rules with my child. I understand that in the event of misconduct, I will be called and asked to retrieve my child, or they will be sent home at my expense.

HEALTH STATEMENT

Accident Insurance is included with the fee; sickness expense is not covered.

Doctor's Name: _____ **Phone:** (____)____-____

My child is in good physical condition and has not been exposed to any contagious diseases within the last 3 weeks. (Please add statement of any health conditions that camp leaders will need to watch for during camp): _____

List allergies and medications (food, plants, drugs, animals, penicillin, insects, etc. _____

I hereby authorize my child to attend and participate in 4-H Camp on a volunteer basis and to receive emergency treatment in a hospital emergency room or treatment by a medical doctor if necessary.

Date: ___/___/___ Parent's Signature _____ Phone: (____)____-____

Questions? Please call the Nez Perce County Extension Office at 799-3096

In compliance with the Americans with Disabilities Act of 1990, those requesting reasonable accommodations need to contact the Nez Perce County Extension Office, by June 26, 2009.